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## Global Connections National Conference 4-6 November 2009

### Healthcare Mission Feedback

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#### ***The issue***

Over the years, those of us working in healthcare mission have become aware that the traditional models of healthcare are changing, and not just in the mission sector. The existing models are slowly breaking down and being replaced, but it is not yet clear how Christian responses to global health needs as part of fulfilling the Great Commission are going to change and develop. At the same time we are facing unprecedented degrees of global health inequality, with those in the nations in which we seek to minister suffering the most with the least access to good care. We are also aware that while many churches and Christian groups are pioneering in health related ministries, many others steer clear of healthcare, or have actively withdrawn from health ministries. In light of these changes we recognise the need to re-examine why and how we do healthcare as mission. This re-examination began with an initial consultation in April 2009 with over sixty healthcare mission stakeholders, and fed into the next meeting in November 2009 of which this is a report

The vision of the Healthcare Mission Forum of Global Connections is to re-envision and mobilise the Church and missions community in this land to be a witness to the world in its healing and missionary activity, to help it encourage and resource national healthcare mission movements in other parts of the world, and to re-invigorate our understanding of the work of bringing the whole gospel of Jesus to the whole person throughout the whole world.

The Healthcare Mission iGroup was a special meeting of the forum, and was one of six interest groups that met as part of the Global Connections Annual Conference November 2009 entitled 'The Whole Church Taking the Whole Gospel to the Whole World'.

#### ***The Working Groups***

After the April 29 Consultation, five key areas were identified for further research and discussion, and five working groups were commissioned to gather ideas and information to present to the iGroup for further discussion. The working groups and questions were as follows:

##### **Missiology**

- Agree the vision and values for Christian health ministry
- Developing a missiology of health, healing and shalom
- Seeing health through God's eyes – Christian distinctiveness



- Interface between healthcare provision and spiritual ministry
- Rediscover our Christian prophetic voice
- Defining principles of Christian health workers

### **Partnerships**

- Moving from competition to collaboration
- Commitment to less competition (how to build effective partnerships – church to church and agency to agency)
- Who has the power? Money
- Building servant partnerships – with humility
- Connecting health facilities, communities and churches

### **Evidence / Story Telling**

- Encourage good research of the local context
- Gather evidence base for effectiveness and the coverage of health mission

### **Building Local Capacity**

- How can we serve (and build capacity) in the local/national churches
- Exploring career prospects in overseas country and UK (on return)
- Formation of Christian National Staff
- How can we help to enable local Christians to access global monies for healthcare
- Flow of health personnel to the UK. Are we relating to the medical missionaries who have come from overseas? Or have they simply come to UK for a better paid job? Are they planning to go back to their countries?

### **Communication with UK Church**

- Envision UK churches for partnership in health mission
- Offer strategies and practical options
- Engaging grass-roots support here
- Develop guidelines for good practice in short term service
- Promote the value of Christian service overseas - training, support, returnee opportunities

NB – there was limited feedback from this last group, and there was therefore no time to look at this issue in depth, although issues related to it came up throughout the feedback from the other working groups.

### ***Working Group Feedback***

The working groups fed back and the following issues were highlighted:

#### **Missiology**

##### *Issues Raised*

- Developing churches as healing communities
- Short term mission that is serving, relational and meets mutual needs
- Building capacity is key
- Partnerships are key

*Further Questions:*



- What is a truly Christ centred Biblical model of health and healthcare – and how is it practised and taught?
- How do we equip churches to be healing communities?

## **Partnerships**

### *Issues Raised*

- Christian Partnerships:
  - Express unity
  - Are Trinitarian
  - Graceful and gracious
  - Based on agape
  - Messy, painful, costly & difficult
  - Transforming
  - Kingdom building
  - Work in the 'Overlap'
  - We need to 'leave ourselves behind'

### *Further Questions*

- How equal can partnerships be in practice?

## **Capacity Building**

### *Issues Raised*

- Training that recognises importance of faith
- Involve churches
- Use technology creatively
- Micro-finance
- South-to-south partnerships
- Spiritual formation – ourselves and nationals
- Lobby govt, Royal Colleges, etc. Over clinical governance

### *Further Questions*

- Explore new models of Christian hospitals
- Training can worsen brain drain! What can we do?
- How do we engage UK churches & church leaders?

## **Sharing Stories**

### *Issues Raised*

- Sharing narratives important evidence gathering (email: [leanne.kennedy@interhealth.org.uk](mailto:leanne.kennedy@interhealth.org.uk))

### *Further Questions*

- Who is this for? Church, missions, partners, secular bodies?
- Who else is doing this already and what can we learn from them? (e.g. [www.ccih.org](http://www.ccih.org) & [www.arhap.uct.ac.za](http://www.arhap.uct.ac.za))

## ***Issues Learnt***

These are things that members of iGroup had learnt or been struck by during our three days of meeting together.

- The importance of developing partnerships that minister in the overlap between the two organisations' priorities and strengths.
- The value of thinking together as a group, and getting to the heart of the question
- We are children of God before we are medics
- There is a huge gap between the concerns of the leadership of denominations and the concerns of those of us engaged in healthcare mission. Is there a way of bridging that gap, and who are the interlocutors to facilitate this?
- That there is a strong emerging Christological theology and missiology of health and healthcare – but also an awareness that we need to do more to earth this in day-to-day practice.
- That there is a huge diversity in emerging models and practices of healthcare mission.
- While partnership is key, can we ever get round the 'us and them' issue – and indeed do we need to?
- Incarnational mission can only be Incarnational up to a point, we will always be 'other' to some extent.
- We need to share the bad news stories as well as the good if we are to learn and to have integrity.
- Relating to major donors and partners for small organisations is a bit like a mouse dancing with a friendly but over exuberant elephant! The mouse is liable to get squashed despite the elephant's best intentions.
- The Body of Christ is inter-dependant. So we should not be afraid of some degree of dependency in our partnerships and capacity building – as long as it is recognised as a mutual dependence.

## ***Issues and questions that still need addressing***

These are issues that iGroup members had hoped to see addressed in the meetings, or had highlighted as major issues subsequently.

- Achieving a consensus on what are the strategic priorities for healthcare mission
- Addressing funding issues:
  - How we find funding
  - How we handle distribution of funds without dominating or controlling destructively
- Self sufficiency for local healthcare projects:
  - Is it achievable?
  - Is it desirable?
- What are the health needs that we are not meeting
  - How can we identify them?
  - How can we meet them?
  - How can we fund initiatives to meet them?
- Exploring the interaction between Christian healthcare organisations / projects and major national and international secular bodies such as governments, World Health Organisation, DFID, USAID, UNAIDS, UNICEF, etc, etc.
  - How do we lobby these bodies on behalf of the communities we serve?

- How do we join the dots between community and hospital, and between different healthcare projects and organisations working in the same region?
- How do we encourage more Christian healthcare professionals into mission?
  - How do we impact UK professional training structures to ensure people have relevant skills, and can maintain professional development and accreditation while overseas for long periods?
- How do we engage allied health professionals in mission, and invest more into community based rehabilitation as part of healthcare mission ministries?
- What are the other barriers, e.g. Muslim majority nations, restricted access nations, etc. How do we work creatively with and around these barriers?

### ***Priority areas for Healthcare Mission Forum***

The following are the main issues that the iGroup feel that the forum needs to take forward over the next year or more.

1. Mapping Christian healthcare mission: what is being done by whom, where and how, and with what impact?
  - a. Who is this for and how will the data be used?
    - i. For donors/governments/international bodies
    - ii. For ourselves?
    - iii. For the church?
    - iv. All of the above?
  - b. Who will do this?
  - c. Who else is already doing similar research, and what can we learn from them/work with them on?
  - d. What are the gaps in healthcare?
  - e. What new ideas and projects are different groups looking at developing (to avoid duplication of services).
2. Funding – mapping what the sources of funding for health projects are at all levels: UK Charitable funders, UK government, national governments, UN bodies, other major international donors, etc, etc.
3. Engaging and enabling of church leaders with healthcare mission – including impacting on theological training
4. Further exploration of a grounded, Christological missiology of healthcare mission.
5. Develop a framework (or frameworks) for how agencies work together constructively and strategically on healthcare mission

### ***Proposed Plan of Action***

1. Steering group of Healthcare Mission Forum meets in next 3 months to identify from the above specific, time bound projects to develop over the next couple of years.
2. Explore establishing an ongoing, virtual ‘think tank’ on healthcare mission
  - i. Producing occasional papers based on research/discussions/best practice models based on the above five priorities
  - ii. Organising occasional study days on these issues (some jointly with other Global Connections fora).

3. Explore establishing an online forum/discussion group for general sharing of ideas, questions, resources etc.
4. Consider the possibility of a major conference in 2010/2011 (themes and focus arising out the think tank and forum)

*'Healthcare Mission' Group Co-ordinator: Steve Fouch*

## **Credits**

### ***Healthcare Mission iGroup***

**Convener:** Steve Fouch (Christian Medical Fellowship)  
with Janet Baker (Wycliffe Associates), Linden Boothby (Links International), Peter Chow (Chinese Church in London), Anita Davies (Medical Service Ministries), John Geater (PRIME), Andrea Hotchkin (BMS World Mission), Pam Howorth (AIM International), Ted Lankester (CHGN), Nadine Lusi (CBM), Huw Morgan (PRIME), Sandy Morgan (Global Connections), Pam Rose (Worldshare), Julie Thomas (MDN Fusion), Chris Vlleman (Healthcare Christian Fellowship International), Geoff Warne (Leprosy Mission International), Sara Watson (World Vision), Heather Williamson (Presbyterian Church in Ireland).

### ***Missiology Working Group***

**Convener:** Steve Fouch,  
with Dean Pallant (Salvation Army), Liam Chapman (Healthcare Christian Fellowship), Edgar Ruddock (USPG), Paul Thaxter (CMS), James Wells (Emmanuel Healthcare), June Nash (Leprosy Mission), Rosemary Scott (AIM), John Geater (PRIME), Zannah Jeffreys (Community Health Global Network)

### ***Partnerships Working Group***

**Convener:** Pam Rose (World Share / Church of England),  
with Mike Coleman, Jim Currel, Pam Howarth (AIM International)

### ***Story Telling Working Group***

**Convener:** Ted Lankester & Zannah Jeffreys (Community Health Global Network),  
with Bill McAlister, Ian Campbell (AFFRIM), Steve Fouch (CMF).

### ***Capacity Building Working Group***

**Convener:** Huw Morgan – PRIME,  
with Nick Wooding (CMS), Linden Boothby (Links International), Richard Smith, John Geater (PRIME)

### ***Communication with UK Church Working Group***

**Convener:** Liam Chapman (HCF)  
with Martin Lee (Global Connections), Linden Boothby (Links International) and David Deakin (Tearfund)