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Keynote address by Prof. Dr Isabel Apawo Phiri, WCC deputy general secretary, at the Consultative meeting towards developing the Ecumenical Health Strategy, 27 February 2017, Maseru, Lesotho.

WCC Programmes

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By Prof. Dr Isabel Apawo Phiri, deputy general secretary, Public Witness and Diakonia, World Council of Churches, 27 February 2017, Maseru, Lesotho.

The WCC President for Africa

Representative of the All Africa Conference of Churches

Representative of the United Methodist Church Global Missions Board

Representative of DIFAEM

Representatives of IMA World Health

Representatives of the Christian Council of Lesotho

Representatives of the Africa Christian Health Associations

My colleagues from WCC Staff

Sisters and Brothers in the Lord

Good morning

I bring you greetings from the general secretary of the WCC, Rev. Dr Olav Fykse Tveit who is attending an equally important WCC meeting in Addis Ababa, Ethiopia. He would have loved to join us, and he wishes us fruitful deliberations.

I join Rev. Prof Mary-Anne Plaatjies van Huffel to welcome you all to this meeting. Thank you for honouring our invitation. Most of you have travelled long distances and at a huge personal cost. We are grateful. We are also privileged to enjoy a cordial relationship with the Africa Christian Health Associations Platform (ACHAP) and the individual associations themselves as clearly demonstrated by our gathering here this week.

The WCC traces its work in health to two consultations, known as Tübingen I and Tübingen II. The Division of World Mission and Evangelism of the World Council of Churches, and the Commission on World Mission of the Lutheran World Federation

organized a meeting in May 1964 to look at some of the issues facing medical missions. The meeting was hosted by the German Institute of Medical Mission (DIFAEM) in Tübingen, Germany under the theme “The Healing Church” (1). Tübingen II was held in September 1967 under the theme “Health: medical-theological perspectives”. As a direct result of these consultations the Christian Medical Commission (CMC) was established, taking over and scaling up the role of Health Panel of the Committee for Specialized Assistance to Social Projects of WCC.

The CMC held its first meeting from 2 – 6 September 1968 in Geneva with membership from medical and theological personnel and clergy from WCC member churches (2). There were also observers from the Roman Catholic Church – who remarkably said “we are all searching for solutions to common problems and there is no reason why ecclesiastical allegiance should prevent or weaken our common effort in witness and service”. At the same meeting the commission already resolved to seek an official relationship with the World Health Organisation.

The CMC was established as a convergence of two interests: coordination and theological reflection (2). There were then over 1,200 hospitals of member churches, the costs of running them were fast-rising and most governments on attaining independence started establishing similar facilities. There was a felt need for joint planning and collective negotiations with governments. The second interest was determining the unique contribution to health and medical services that should be offered by the Church. The Church is not simply another service agency or foreign aid programme. Or like someone asked: “What is a Christian hospital?” as a question to provoke intense reflection on the theological basis of our work (3).

The WCC, through the Christian Medical Commission, played a critical role in the 1960s and 70s in facilitating data collection, research and evaluation, helping to deliver in most appropriate ways health services relevant to local needs and to the mission and resources of the churches (4). The CMC was concerned with determining the unique role of the medical missions. They agreed that they need to treat the whole person and not just the disease – the holistic approach. They determined that the community and the

environment are also part of the health system – primary health care. They learnt to collaborate with other missions like education and agriculture to improve health outcomes – multi-sectoral collaboration. All in all the CMC was a true champion, a leader and not a follower.

The CMC used the Contact magazine (the first issue was published in 1970) to communicate its findings and to share theological reflections. Through Contact, the CMC was bringing to the world's attention many projects that offered innovative ways to improve the health of populations in developing countries. The impact of Contact was immense. Many people came to know of the CMC through this publication. People in medical missions learnt about each other and became part of a global movement, “a hospital without walls”, as someone remarked. “Why are we not able to produce excellent things like this one done by that little outfit across the fields?” asked the then WHO Director-General, in reference to Contact, as WHO headquarters is located very close to the WCC (4).

The CMC distinguished itself in being an ecumenical forum where all participated. It excelled in conducting what they then called “surveys”, and in discussing experiences and lessons from the field. The CMC was an accomplished think-tank, analyzing what is coming from the field and disseminating it across the world through Contact, and also specifically advocating with the UN and other governmental agencies. Eventually the World Health Organization (WHO) paid attention and several meetings took place between the staff of the CMC and the WHO to explore “possible collaboration and the mechanisms of action”. A joint working group was established which prepared a six-page statement that was subsequently approved by both organizations.

On 27 May 1974 the statement formed the “Memorandum of Understanding” between the WCC's CMC and the WHO, which enabled a working relationship by “joint involvement in common endeavors on a very practical level.” The WCC became the first faith-based organization (FBO) through which churches' health workers could have a voice and a platform for advocacy on health policies at the annual WHO Assembly and

Executive Board. Just to mention a few, the CMC tangibly introduced or strongly influenced introduction of the following:

1. the primary health care model, including the Alma Ata declaration
2. concept of essential drugs, and the essential drug list
3. model of pooled procurement of pharmaceuticals
4. codes of conduct for drug donations, drug production and distribution, and
5. ethical marketing of breast milk substitutes

The contribution of the churches to the fight against AIDS has been a subject of many studies and is well documented. The recent outbreak of Ebola in West Africa and the crucial role played by the mission hospitals and other church structures has reaffirmed yet again that our calling to health and healing is as relevant as ever.

The history of the CMC, proceedings of Tübingen I, II and III and other related accounts have been well documented and are available to inform, motivate and guide us. In addition, issues of the Contact magazine are archived and accessible on the WCC website.

Sisters and Brothers – We are here now. While we acknowledge the medical and ecumenical changing landscape, we also realize that at a significant level, certain things have remained the same. Global public health realities have changed with advances in biomedical technology, new drugs and regional and global structures and networks devoted to health. Yet inequalities still exist. Gross inequalities between the developed and low-and-medium-income countries exist in all the indicators on SDG 3. The vision of Health for All by the Year 2000, a vision that was largely influenced by the WCC, still lies in the distant horizon. Primary Health Care, mooted by the WCC, adopted by the WHO and implemented by national governments remains unfinished business. Primary health care, Health for all, universal health coverage, AIDS-free generation, 90-90-90, are different rallying songs for the same battle: health and healing for all people.

The WCC has recently reaffirmed that health and healing is central to the Christian mission, and I quote:

“Actions towards healing and wholeness of life of persons and communities are an important expression of mission. Healing was not only a central feature of Jesus’ ministry but also a feature of his call to his followers to continue his work (Matthew 10:1). Healing is also one of the gifts of the Holy Spirit (1 Corinthians 12:9; Acts 3). The Spirit empowers the church for a life-nurturing mission, which includes prayer, pastoral care, and professional health care on the one hand, and prophetic denunciation of the root causes of suffering, transforming structures that dispense injustice and the pursuit of scientific research on the other.

Health is more than physical and/or mental well-being, and healing is not primarily medical. This understanding of health coheres with the biblical-theological tradition of the church, which sees a human being as a multidimensional unity, and the body, soul and mind as interrelated and interdependent. It thus affirms the social, political and ecological dimensions of personhood and wholeness. Health, in the sense of wholeness, is a condition related to God’s promise for the end of time, as well as a real possibility in the present. Wholeness is not a static balance of harmony but rather involves living-in-community with God, people and creation. Individualism and injustice are barriers to community building, and therefore to wholeness. Discrimination on grounds of medical conditions or disability – including HIV and AIDS – is contrary to the teaching of Jesus Christ. When all the parts of our individual and corporate lives that have been left out are included, and wherever the neglected or marginalized are brought together in love, such that wholeness is experienced, we may discern signs of God’s reign on earth.

Societies have tended to see disability or illness as a manifestation of sin or a medical problem to be solved. The medical model has emphasized the correction or cure of what is assumed to be the “deficiency” in the individual. Many who are marginalized, however, do not see themselves as “deficient” or “sick”. The Bible recounts many instances where Jesus healed people with various infirmities but, equally importantly, he restored people to their rightful places within the fabric of the community. Healing is more about the restoration of wholeness than about correcting something perceived as defective. To become whole, the parts that have become estranged need to be reclaimed. The fixation on cure is thus a perspective that must be overcome in order to promote the biblical

focus. Mission should foster the full participation of people with disabilities and illness in the life of the church and society.

Christian medical mission aims at achieving health for all, in the sense that all people around the globe will have access to quality health care. There are many ways in which churches can be, and are, involved in health and healing in a comprehensive sense. They create or support clinics and mission hospitals; they offer counseling services, care groups and health programmes; local churches can create groups to visit sick congregation members. Healing processes could include praying with and for the sick, confession and forgiveness, the laying-on of hands, anointing with oil, and the use of charismatic spiritual gifts (1 Corinthians 12). But it must also be noted that inappropriate forms of Christian worship, including triumphalistic healing services in which the healer is glorified at the expense of God, and where false expectations are raised, can deeply harm people. This is not to deny God's miraculous intervention of healing in some cases.

As a community of imperfect people, and as part of a creation groaning in pain and longing for its liberation, the Christian community can be a sign of hope, and an expression of the kingdom of God here on earth (Romans 8:22-24). The Holy Spirit works for justice and healing in many ways and is pleased to indwell the particular community which is called to embody Christ's mission." (5)

Brothers and Sisters, we have gathered here reaffirming that collaboration across denominations is more effective than competing for scarce resources or than acting alone. What unites us is stronger than our differences. As a fellowship of churches, the WCC works through the member churches and their structures. The ecumenical health strategy that we seek to develop is meant to galvanize our efforts on a mutually agreed programme of work to strengthen our contribution towards the SDG 3. You will notice that we have two distinct but interrelated aspects: the service delivery and internal organizational issues. While primarily delivering on the health goals, our strategic plan should also include strategies to strengthen the fellowship and our internal capacity. Most of our health programmes, health facilities and CHAs are also in dire need of sustainable development themselves, including sustainable financing of core operations.

We therefore need effective means of collaboration among ourselves, including modalities of sharing challenges, lessons and best practices, South-to-South collaboration, to address these internal issues.

As the WCC we commit ourselves to continue to play our role as a convener, a facilitator, and a catalyst. We have a strong history of supporting Christian health associations and serving as a bridge to the UN and other similar agencies. We need to agree on strategies for collecting data and experiences from the ground, analyzing and packaging them, and using them for advocacy to relevant quarters. Effectiveness of our work depends on the input and support from you – member churches and the health structures.

WCC remains steadfast in its commitment to health and healing for all. We affirm that health and healing was a central feature of Jesus' ministry and of his call to his followers; healing is also one of the gifts of the Holy Spirit. Health is more than physical or mental well-being, and healing is not primarily medical. Health is more than medicine – it is to do with the way people live and the way they die, the quality of life and the quality of death. The community and the environment are an integral part of the health system. It is the Holy Spirit who empowers the church for a life-nurturing mission. Health cannot be removed from any people's quest for peace and justice and is therefore an integral part of the WCC theme of a Pilgrimage of Justice and Peace."

I look forward to fruitful deliberations, and I invite each one of us to contribute actively to our discussions. Health and healing is our mission and our calling, and may God grant us the grace to do it, and to do it well.

Sisters and Brothers, I thank you for your attention and may God bless you.

References:

1. The Healing Church; World Council Studies No. 3, World Council of Churches, Geneva 1965

2. Christian Medical Commission First Meeting Sept 2 – 6, 1968. World Council of Churches, Geneva.
3. The Heritage of Healing, Prof. Jacob Chandy. Christian Medical Association of India. New Delhi.
4. Contact No. 161/162. June-July, Aug – Sept 1998. World Council of Churches, Geneva.
5. Together Towards Life. World Council of Churches, Geneva 2013

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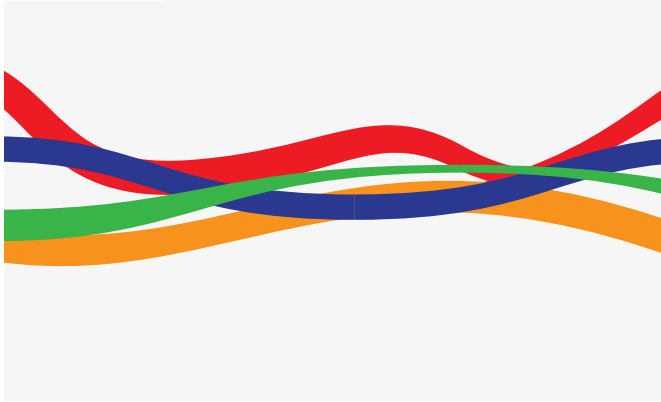
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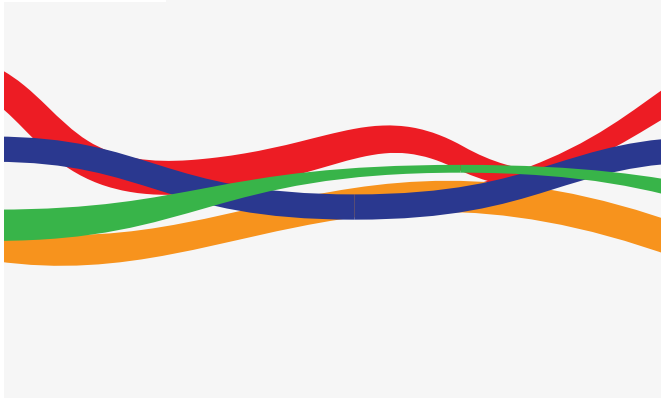
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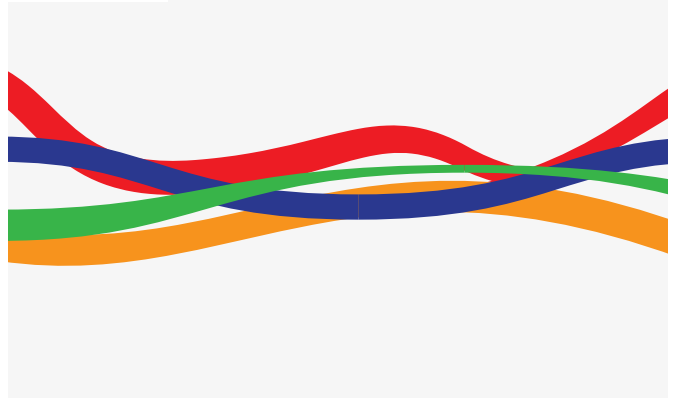
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