

GP Salon

Global Health and Religion

Follow-up

October 2018

An event by the Global Perspectives Initiative and the
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
with the support of the World Health Summit



giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH



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Guests

Prof. Dr. Peter Agre, Johns Hopkins Malaria Research Institute

Prof. Dr. Wolfgang Huber, former Head of the Lutheran Church in Germany (EDK)

Dr. Azza Karam, United Nations Population Fund (UNFPA)

Phumzile Mabizela, Inerela+, the International Network of Religious Leaders Living with or Personally Affected by HIV/AIDS

Hosts

Dr. Ingrid Hamm, Co-founder Global Perspectives Initiative

Ulrich Nitschke, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH/PaRD Secretariat

Moderator

Dr. Ingrid Hamm, Co-founder Global Perspectives Initiative

Global Perspectives Initiative (GPI)

The Global Perspectives Initiative supports the United Nations' Sustainable Development Goals, which aim to make the world a fairer and safer place by 2030. GPI brings together stakeholders from politics, business, media and society, discusses approaches to sustainable global development and motivates people to act.

As a non-profit and neutral platform, the initiative gives rise to new ideas, raises awareness about the opportunities and challenges around the concept of a global society and thereby shapes the public discourse in Germany.

Thank you to our partners

We would like to express our deepest gratitude to our cooperating partner GIZ and Ulrich Nitschke as well as the World Health Summit for their exceptional support and engagement. We also would like to thank our guest speakers Prof. Peter Agre (Director of Johns Hopkins Research Institute), Prof. Wolfgang Huber (former Head of EKD Evangelical Church in Germany), Dr. Azza Karam (Senior Advisor at UNFPA United Nations Population Fund) and Phumzile Mabizela (Executive Director of Inerela+) for sharing their in-depth experiences and knowledge with us and all of our guests at the GP Salon.

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INTRODUCTION

In the past 10 years, Germany has become a visible actor in global health, with Berlin being the hub for international global health conferences. The capital hosted an intense global health week in October 2018, setting the scene for the renowned World Health Summit and the Grand Challenges Annual Meeting.

As a national platform for a global discourse on a fairer world, global health is among the Global Perspectives Initiative's leading topics. On October 16, 2018, we looked at one central element of the global health debate that is frequently neglected, but yet, often poses the Achilles' heel in dealing with global health issues as an integral part of development work: the relationship and interdependency between global health and religion.

In cooperation with the GIZ Sector Programme Values, Religion and Development, which is commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ), and PaRD – The International Partnership on Religion and Sustainable Development as well as the World Health Summit, we gathered international global health experts and religious leaders at our GP Salon to ignite a discussion on religion in the context of global health developmental policy. The results of the debates are summarized in the following paragraphs.

THE ROLE OF RELIGIOUS INSTITUTIONS AND NGOS IS UNDERESTIMATED

From time immemorial, the oldest providers of health services have been faith-based institutions. They have served as the first point of contact people would approach in case of humanitarian crises or disasters. For centuries, faith-based organizations (FBOs) operated hospitals providing services to their communities, sanitation, healthcare, and nutrition.

Today, an average of 30 percent of basic healthcare around the world is provided through and by faith-based institutions. Reports furthermore suggest that FBOs play a substantial role in providing healthcare in developing countries. Some publications estimate the extent of their contribution as up to 70 percent of all healthcare services.

FBOs are on the rise as real change-makers in global health, as a central access point to communities. Their influence and impact on site are enormous and often beyond development policymakers' imagination.

RELIGION IS STILL THE BLIND, WEAK SPOT IN GLOBAL HEALTH DEVELOPMENT

Until recently, development narratives have largely revolved around rational and linear progress – an approach that was fueled by both, the secular and the religious sides. Whereas the secular world found itself in suspicion and concern that religion was the source of conflict and a contradiction to rationality, religious institutions feared a divide in their communities and intervention in their sacred work. International donors and development agencies only recently began to recognize the important work of religious actors in development more intensely and commenced bilateral work and exchange. Nevertheless, though considered as equally important as governments or experts, cooperation with FBOs as part of western development efforts remain the exception.

This lack of comprehension bears risks for all global health initiatives as religious rituals can “re-enforce and aggregate the spread of infectious diseases,” commented Dr. Azzam Karam from the United Nations Population Fund (UNFPA) in her impulse statement. They also have the potential to scupper entire vaccine projects, lead to further stigmatization and create the breeding ground for taboo topics around health, sexuality, gender, and family, she added

Not taking religious leaders and impactful FBOs into consideration ultimately means missing out on major opportunities in international efforts to improve the well-being of people around the globe.

FBOS REQUIRE A LARGER SHARE OF VOICE IN PUBLIC AND EXPERT DISCUSSIONS

Reverend Phumzile Mabizela, Executive Director of the FBO Inerela+ and a church leader from South Africa living with HIV, expressed her concern and disappointment on the underrepresentation of faith-based and religious NGOs in global health conferences. “We are not given the credit and recognition that we deserve. Additionally, there seems to be a lack of understanding on the amount of work religious NGOs have done – in particular in developing countries.” Acknowledging the enormous support and aid on the part of western governments, she called upon them to indicate a major imbalance in funding: “European governments give money to African governments hoping that it reaches institutions like Inerela+. I would like you to know that we don’t get that funding. Even though we are doing the most work, also in rural areas, in dark corners – the faith community is there and is being transformed by FBOs like us.”

Furthermore, FBOs struggle to reach out to scientists and pharmaceutical companies in an attempt to receive support. “They don’t talk with us,” Mabizela said, doubting that challenges on the ground can be met without being in consultation with those institutions dealing with the respective health and religious issues on a daily basis.

EDUCATION IS THE MAIN DRIVER IN LINKING RELIGION WITH GLOBAL HEALTH

Phenomena such as “faith healing” demonstrate just how important the work of FBOs has become. “Faith healing” is an attempt to cure a wide range of ailments primarily through personal prayer and belief. In addition, in many religious communities, illness and diseases are still often referred to as “God’s punishment,” fueling the perception of personal guilt as a cause of illness and disease. FBOs assume the task of teaching religious leaders and communities about the importance of being reflective and self-critical, educate them on the reality of living with life-threatening conditions such as HIV and underpin their approach with scientific evidence. Changing beliefs, patterns prejudices and, eventually, behavior is one of the core elements in the work of FBOs.

The former Head of the Evangelical Church in Germany, Prof. Dr. Wolfgang Huber, said that “we have to overcome the combination of illness and guilt” and should moreover not neglect the relation between health and responsibility. This is a significant educational remit starting in the early childhood and culminating in how adults deal with their own health. This process is based on life-long-learning and links all elements with one another.

A PROCESS OF MUTUAL LEARNING ENSURES ROOM FOR PROGRESS

Religion has the potential to connect people. The past and present have shown, however, that it may well cause deep divides between communities, governments, and ethnicities resulting in harsh conflicts. In fact, “we tend to be in a place where a number of conflicts are increasingly fought in the name of religion,” said Azzam Karam. For all development work in the realm of global health and other areas, this means that governments and policymakers have to study how religion is being practiced in the respective countries. Karam expressed her concern about the ignorance of numerous policymakers stating that it is not only astounding how little is known about the value of faith in people’s lives but also that religion is not simply a matter of belief, but a way of life.

“The amount of ignorance, that many of the secular institutions harbor, is a very dangerous form of arrogance,” said Azzam Karam. “It behooves us to be more sensitive,” she warned. “Those who don’t have an ingrained understanding on how religions work and who then try to become more engaged can actually do a lot more harm than good,” Karam said.

Indeed, the availability of literature about the meaning of faiths and their mode of operation and manifestation is the basis for a fruitful collaboration and motivates the other sides to do their part of the learning process. Ultimately, this is crucial for a long-term process that has positive impact and well-invested means. Wolfgang Huber highlighted that there is neither a developed nor an undeveloped world. With both sides listening and learning from one another, he reminded that “we are all in a developing process.”

A MULTILATERAL AND CROSS-CULTURAL APPROACH IS REQUIRED

You may not look at the system through the lenses of religious leaders but expand your lens to community and traditional leaders, thought leaders and spiritual leaders – who may not be ordained but in every other way are leaders, warns Azzam Karam. This would include not only men but also women and young people, she added and would reduce the risk of collusion. Any form of collusion between political and religious spheres are downright negative, harmful and detract hard-won rights.

It, therefore, needs a multi-governmental and cross-cultural approach to weaken the attempts of certain governments to support religious organizations directly. Because as we all know: not all of that support is positive or productive. Therefore, working together with various governments, connecting them with other stakeholders and bringing in the religious domain as well as the civic domain is very crucial. “If we want to genuinely support a multilateral environment that supports human rights, we have no choice but to work with the multilateral entities that support the human rights mechanism and system,” Karam emphasized, adding that circumventing those and heading straight to the religious side is a contra-productive move.

CONCLUSION

Policymakers made progress in engaging with religious institutions. Yet, there are still shortcomings to solve, learnings to reflect on and opportunities to take. In his closing remarks, Ulrich Nitschke (GIZ/PaRD) emphasized that global health conferences must involve all parts of the community dealing with SDGs. “We always have to ask ourselves: who else must be at the table,” picking up on the earlier raised criticism that a variety of stakeholders like FBOs are yet underrepresented in global health conferences. The highest attainable standard of health is a right far beyond charity. It is a human right. The biggest threat lies in treating health as a commodity, a good for the well-off in society. Without incorporating religion and engaging with religious leaders in our global health efforts, health initiatives will not be sustainable in their implementation and the social discourse. Health is part of everything. And religion is one aspect of it.

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