

### Why Best AND Emerging Practices?

- Best Practices are well established, evidence-based solutions to common, technical challenges.
- But what the Church faces in the global health arena are challenges that are complex/adaptive which require new thinking and thus emerging practices.

### The Complexity

- the influence of the Western church is waning while the church of the majority world is growing
- the Western church (be it the local church or Christian NGO's/nonprofits) still controls much of the material resources but isn't always so good at stewarding them.
- Figure Great zeal to do good in the West but limited in our application of zeal with knowledge.
- > Still a massive problem with unhealthy dependency (well entrenched and still being created by our efforts)
- > Still 6000 + unreached people groups around the world.
- Multiple "players" in the field also hoping to do good.



### Added complexity



- rowing influence of secular/humanist (atheistic/materialism) global health organizations
- our Western efforts at helping care for the whole person still fall short
- Followers of Christ often are not living healthy lives
- our work is coming under closer scrutiny by the rest of the world
- there is a paucity of research focused on the work of those doing health related missions
- > there is still no seminary we are aware of that has integrated a "Theology of Health" into its DNA
- there is still no health sciences school we are aware of that adequately teaches and reinforces what health is from a biblical perspective
- > very few examples of local church's that see themselves as centers for health and wholeness in their communities

## What makes Christian Short-term health care missions Christian?

- 1. The overall emphasis is demonstrating and proclaiming the gospel.
- 2. Our work is to be accomplished through the local church\* with a goal of building and strengthening (or even establishing) the church.
- 3. We point to Jesus Christ as the Great Physician. All healing comes from God.
- 4. Prayer is a major hallmark of our ministry.
- 5. We conduct our work in love and humility so that people give God the glory.
- 6. To imitate Christ's methods and commission of healing

Principle and Practice #1: We embrace the 7 Standards as outlined by the Standards of Excellence in short term missions.

- 1. God-Centeredness
- 2. Empowering Partnerships
- 3. Mutual Design
- 4. Comprehensive Administration
- 5. Qualified Leadership
- 6. Appropriate Training
- 7. Thorough Follow-Up (including metrics)



Principle and Practice # 2 : Healthcare missions team equipping – team members should undergo adequate equipping prior to engaging in global health missions' outreach.

#### Paradigm shifts

- We are not the hero's
- ➤ Biblical/Christian understanding of HEALTH
- ➤ Mutual transformation/Worldview → Beliefs → Values → Behavior
- ➤ Integration of faith and vocation calling
- Recognizing God as the one who heals what we put at the center of our outreach is what the people will worship when we leave
- Balance between BEING and DOING
- Understanding unhealthy dependency



# Principle and Practice # 3: Thorough Planning – thorough and collaborative planning for short-term healthcare mission trips

- 1. Determine what people want done this should be determined by the incountry partner. Is it a relief/recovery/rehab/development situation?
- 2. Employ well thought out strategies ABCD, Adaptive Leadership approach, CHE
- 3. Engage at multiple levels:
  - > People
  - > Partner
  - Churches
  - ➤ Local Health Professionals
  - > Government
  - > Other Christian groups and parachurch organizations



## Principle and Practice # 4: Nurturing Relationships - We will nurture relationships without fostering dependency.

- ➤ People don't care how much we known until they know how much we care!
- We will train the in-country health professions with whom we work in those areas where they have requested training.
- We will go with an attitude of learning as well.
- We will honor our hosts by using safe and effective local equipment and procedures whenever we can.
- Point to Jesus first, not our materialistic life-styles, Western model of medicine, United States, etc
- No junk for Jesus

## Principle and Practice # 5: Obey the rules

We will obey the host country rules and laws, to the glory of God. (unless this would require us to compromise our Christian values)

- Obtaining permission to practice
- No bribery
- No smuggling health materials into the country
- Obtain malpractice insurance



#### Principle and Practice # 6: No Double Standards

we will not compromise basic healthcare ethics. If something is unethical where you come from it's also unethical where you go to serve

- 1. Give medications in a health-care setting (may be situational)
- 2. In-country local primary health care provider who knows the patient and the culture should prescribe the medications
- 3. No experimental medications
- 4. No expired medications
- 5. Safe distribution of medications
  - > Child-safe
  - Labeled
  - > WHO essential medications
- 6. Purchase medications in country whenever possible



### No Double Standards (continued)

- 7. We will obtain informed consent for any anything that we do for people including prescribed medications.
- 8. We will keep accurate and accessible medical records and make arrangements for their long-term local maintenance.
- 9. We will correctly utilize interpreters so that the people understand health information and what we are doing on their behalf and what they can do to stay healthy.

# Principle and Practice # 7: Promote Sustainable Health Missions

We will promote sustainable short-term missions (as well as long term)

- We seek long-term relationships, not medical missions tourism.
- > We will be health education teachers whenever and wherever we can.
- > We will encourage and support community engagement and ownership.
- We will encourage an integrated community development approach



# Principle and Practice # 8: Right Emphasis for the Situation

We will differentiate between relief, recovery/rehabilitation and development efforts (from WHH)

1. Disaster relief (stop the bleeding)

#### Short-term

- Caring for emergent medical needs
- 2. Recovery/rehab

#### Medium term

- restore people and their communities to the positive elements of their pre-crisis conditions.
- working with the tsunami victims as they participate in their own recovery
- 1. Development

#### Long-term

- Building healthcare capacity
- **Education**
- Encouraging Primary Care



## Principle and Practice # 9: Share our Values

- We will take advantage of every opportunity to share our beliefs and values with the secular international medical relief and development community.
- Nothing is more powerful than our own personal story of faith in Christ.
- This will have little if any value if we are doing shoddy work just because it's being done in a LMIC (low to middle income country)

#### Principle and Practice # 10:The Great Convergence:

#### the Greatest Commandment with the Great Commission

The first compels us to express love of neighbor through quality, compassionate whole person care that addresses the brokenness of the human ...

- 1. Body
- 2. Soul
- 3. Spirit

... in the individuals social/cultural context

The Second compels us to use our resources to make Jesus known where He is not yet known.

Is there a greater ministry focus for establishing the Church than caring for the whole person in the way of Jesus?

# Principle and Practice # 11: Focus on people

Adjust time/task expectations

#### Consider

- Translation time
- Educational time
- Surgical times
- Love the people who we are with



### Principle and Practice # 12: Multiplication

- We need more laborers in the harvest field!
- Encourage the creation of Christian health professional groups.
- ➤ Multiplicative training encouraging indigenous Christian health professionals to be engaged in missions themselves.
  - Give a man a fish
  - Teach a man to fish
  - Enable/Encourage a man to teach others to fish



## The work and calling of Health for All Nations

Catalyzing Solutions to Complex Global Health Challenges through:

- > Networking
- >Innovation
- **Publishing**
- > Equipping