I come from a medical background. Having worked in clinical care, research and academia and with a national HIV program in my earlier career years, I joined the Christian Health Association of Malawi (CHAM), a network of 180 church-owned hospitals, health centers and health worker training schools. While at CHAM, I was exposed to the Africa Christian Health Associations’ Platform (ACHAP), a network of CHAs in sub-Saharan Africa (including Madagascar) bringing together national fully ecumenical CHAs from 11 countries, Protestant and Catholic CHAs from five countries, and national-level denominational networks from five countries.

In their totality, these Christian health networks are significant providers of health care in the region. They represent the critical and historic healing ministry of the Church: often serving poor, socio-economically marginalized and hard-to-reach populations. Therefore, when I joined the World Council of Churches in 2016 as Program Executive for Health and Healing, the contributions of churches on health were not lost on me.

Nevertheless, I still reflected on whether facility-based health services and associated initiatives are the only possibility to express the Church’s mission mandate of healing and witness today. I felt that the congregations remained a hub and privileged space of the Church that can be optimized to promote health and healing. To my surprise, I found in my new office extensive literature and reports of consultations, research, program activities, journal articles, etc., all pointing to the central role of the local congregation in the ministry of healing. “The Christian ministry of healing belongs primarily to the congregation as a whole, and only in that context to those who are specially trained.”

The theological grounding was firm, and the social, cultural and economic arguments were equally solid.

Health-Promoting Churches?

After the Alma-Ata Declaration of Primary Health Care of 1978 motivated by the Christian Medical Commission of the World Council of Churches, the World Health Organization enacted the Ottawa Charter for Health Promotion in 1984 to enhance contributions towards realization of the agenda of Health for All.

1 The Healing Church, World Council of Churches Studies No. 3 (Geneva: WCC, 1965), 35.
by the Year 2000. The Charter surmised that health is made or broken not in the hospitals, but in the places and settings where people live and work. Thus, they started the “healthy settings” approach, including “healthy cities,” “healthy universities,” “health-promoting schools,” etc. Unfortunately, places of worship were not included in this initiative for reasons beyond the scope of this article.

“Health is more than physical and/or mental well-being and healing is not primarily medical” and so ours is a quest for a healthy and sustainable balance between health promotion and disease prevention on one hand, and curative, rehabilitative and palliative services on the other.

“Health-Promoting Churches” would thus resonate with the WHO healthy settings approach while at the same time capturing the quest of the churches for wholistic health. “Health is more than physical and/or mental well-being and healing is not primarily medical” and so ours is a quest for a healthy and sustainable balance between health promotion and disease prevention on one hand, and curative, rehabilitative and palliative services on the other. The current health architecture globally is evidently tipped towards the latter; Health-Promoting Churches is thus both protest and prophetic action from the churches. Establishing Health-Promoting Churches where they do not yet exist is a way to build significant health capacity throughout the world and to empower the churches to participate in realization of God’s promise of wholeness.

Health Education in and through Churches
Knowledge is power, so health education is the first step in empowering individuals, families and communities toward wholistic health. During the elaboration of the Health-Promoting Churches, I visited church communities in the Pacific, Caribbean, African and American contexts. When I asked church members what role they expected their churches to play in health, invariably health education topped the list.

The Health-Promoting Churches: Reflections for Churches on Commemorative Health Days provides a starting point for churches to engage on health by providing health education. On the appropriate date closest to the commemoration, a reflection can be read during church service and/or other church gatherings, published in church bulletins or on radio stations. Several themes are covered in this book to allow a broad exploration of health issues, thus stimulating the congregations’ interest on health matters.

These days are globally recognized, so there is usually already some mobilization from the national or local health authorities. Churches can therefore more easily plug into these mobilizations and establish partnerships with relevant health actors in their localities. For example, on World Diabetes Day, a church can link with the appropriate department of the Ministry of Health, diabetes associations or pharmaceutical companies and run a more comprehensive “health day” with health education and screening for diabetes. It is instructive that Christians expect to receive credible information from churches on health matters.

Programmatic Health Ministries
Health lies at the nexus of religion, medical science, politics and development. To be successful therefore requires that the church’s health ministries should be “bilingual,” or speaking the language of churches on one hand and the language of medical sciences and development on the other. The second language is analytical, data-driven and evidence based. Clear objectives and targets are required, inputs are tracked, and outcomes and impact are measured both quantitatively and qualitatively. Effectiveness of a church’s health ministry is therefore judged based on its ability to achieve the desired goals—
in this case, promoting health and wellbeing of the community and witnessing to the love of Christ.

Accordingly, the second volume is an attempt to provide hands-on tools for churches to initiate and run health ministries that are programmatically sound, with the rigor of public health programming while being solidly based on biblical teaching. *Health-Promoting Churches: a Handbook to Accompany Churches in Establishing and Running Sustainable Health Promotion Ministries* was thus prepared with these in mind.

Interestingly, the model was not developed *de novo* nor from a theoretical perspective. It is a synthesis of ongoing health ministries in several churches, harnessing good practices and building in measures to correct challenges faced and to safeguard against pitfalls that were identified. For example, “Roles and responsibilities of the church health committee” have been proposed in a way that promotes a multidisciplinary and diverse committee and avoids situations where medical professionals dominate the health ministry or where non-health professionals feel like they cannot contribute adequately enough to be on the committee.

Documentation, monitoring and evaluation were identified as major weaknesses in most church health ministries. The handbook therefore goes to great length to provide measures that strengthen this area strategically. For instance, each chapter provides standards of success, or key indicators to help ensure that the essence of the chapter has been achieved.

### Challenging Health Matters

There are several diseases and health problems for which there isn’t much controversy as to what causes them and how they can be prevented or treated. However, this does not necessarily mean that such diseases can be easily eradicated. Nevertheless, efforts from all sectors can be easily harnessed to defeat the problems. Diseases like malaria and diabetes would fall in this category.

And there are other health problems that evoke controversy, raise deep moral and ethical questions and even challenge our theology, in example, our understanding of God. Problems like mental health, infertility and HIV would be in such a category. These problems would require a deeper level of engagement. One such tool for deeper engagement is contextual Bible study methodology.

The third volume in the Health-Promoting Churches toolbox therefore is a compilation of 27 contextual Bible studies on such difficult health issues, including mental health, health care prioritisation, disability, population growth, stigma and discrimination and reproductive health rights. Developed from a participatory approach, these studies come from contextual backgrounds in different parts of the world.

Contextual Bible study involves re-reading familiar biblical text in new light and reading unfamiliar biblical texts in a familiar contextual light. For instance, the parable of the good Samaritan, if re-read in the context of health care financing where costs of health care are unaffordable to many, would shed new light on the innkeeper, his role in the healing of the injured person and the virtues that he embodies.

The ultimate goal of contextual Bible study is transformation: of individuals, communities or situations. Each study therefore ends with discussion of practical actions that the church community can take to realize the transformation that is required to seek redemption in their context.

### Vision of Health

To the extent that health challenges are now shaking our world(s) in strange proportions, they call us to still focus on health as a mission frontier, but with re-sharpened tools to engage in these changing times. The messianic promise of abundant life for all peoples remains our vision and calling for health and wholeness in these difficult times.

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6 [https://www.youtube.com/watch?v=gAxyNfyEX6A](https://www.youtube.com/watch?v=gAxyNfyEX6A)