CHRISTIAN JOURNAL for GLOBAL HEALTH

Examining the past to enable the future

The subject of decolonization of global health has come much to the fore with demonstrations at universities and in a succession of articles in the global health literature. The Western system of health is denounced as adjunct to the baleful effects of the Western political hegemony over low and middle income countries that characterized the 19th and 20th centuries. Similarly, a recent *Lancet* viewpoint disparaged a dependence upon standard research methods such as randomized controlled trials, meta-analyses, and systematic reviews as "Western" oriented.[1] This perspective could be imagined as Christian opinion, such as the Lausanne Report on Global Health where the Western system of healthcare is pejoratively characterized as a disease management system that "disintegrates the human body and reduces the patient's health complaint to the least by understanding and treating symptoms."[2]

This issue contains two submissions relating to decolonialization. One of the submissions, Western Saviours? by Simon Clift is being co-published with the Christian Medical Fellowship (CMF) of the United Kingdom. It was an informal effort to survey attitudes regarding cross-cultural medical mission from healthcare professionals both from the UK and from traditional receiving countries in Africa and Asia. The survey was facilitated by the International Christian Medical and Dental Association World Congress in Tanzania in June, 2023 and used a series of statements developed by the CMF Global Committee that attempted to characterize aspects of the relationships between colonialism and the medical missionary effort. This effort is important in making evident the thinking of Christians from low and middle income countries who now play very important roles in continuing Christian faith-based healthcare outreach in these countries. What surprised this reader was the extent to which attitudes towards colonization in the secular world were shared by these individuals. At the same time these colleagues regarded a continuing collaborative participation by Christian health professionals from high income countries as very important.

A commentary by noted medical mission historian Christoffer Grundmann reviews the public development of the decolonialization initiative in the larger context of culturally determined world views. While cultural diversity generates a plurality of plausibility structures, there are great differences in the potential for actual improvement from illness rendered by different approaches. However, the approach involving reductionistic analysis proves able to work effectively despite differences in cultural understanding. This transcultural effectiveness raises serious questions regarding the decolonization approach. Grundmann advises great sensitivity in acknowledging cultural differences while insisting that the effectiveness of Western scientific reductionism be acknowledged.

As a Christian journal, however, we would be loath to accept that transcultural understanding ends with the scientific method. The Christian gospel itself speaks to any and every culture with the same transforming message: all people are sinners and subject to disease and all peoples can be redeemed by means of the work of Jesus Christ and His sustainable healing. Instances of oppression and exploitation by some European powers during the heyday of colonialization are grounds for repentance and may be a basis for restitution. However, Christian mission was not invariably synchronized with such activities and there are many examples where Christian sympathy for the victims of colonial exploitation produced more just and equitable policy modifications.[3] Robert Woodbury, using mostly data in the public sphere, has used quantitative methods to show a distinction between beneficial missionary activity and exploitative colonial political or economic policy.[4] Nevertheless, some still

hold that anti-Western sentiment is a proxy for antagonism to the Christian faith and even Christian global health service. Decolonization of global health, therefore, should mean being respectful and sensitive to local culture and leadership. It should not discourage Christians from economically advantaged countries, and indeed from all countries, considering serving in global health mission contexts. Ongoing efforts may mean changing roles for such workers as outlined previously in this journal.[5]

This issue offers four original articles. The first by Pax, *et.al.* is a survey of opportunistic and helminth infections treated at a small clinic for HIV infected patients in Delhi, India. The distribution of cases is very likely representative of the wider population of HIV patients in North India. A striking feature of this population is persistently low CD4 counts along with relatively low drug compliance. Thus, knowledge of the prevalence of complicating infections is particularly important in disease management and public health measures.

The second by Phanzu, *et.al.* is a retrospective evaluation of an effort to use churches to increase awareness and detection of neglected tropical diseases, particularly leprosy, Buruli ulcer and yaws in the Democratic Republic of Congo (DRC). A total of 54,448 people in Kongo Central Province participated in awareness sessions with 33 active cases eventually brought into treatment. The strategic approach of health-promoting outreach through churches is commended as useful throughout the DRC.

The third by Voola, *et.al.* is a comparison of hand strength and dexterity between institutionalized and non-institutionalized children living with disability in India. The institutionalized children were weaker and less dexterous generally and may illustrate the effects of less opportunity for motor skill and play activity where family life is not maintained.

The fourth by Bishop, *et.al,* is a qualitative study of short term experiences in global health looked at from the perspective of the host organization. The study identified a number of important factors that when appreciated and planned for could measurably enhance the effectiveness of the short term healthcare mission endeavors. Culturally sensitive mutual design and implementation is a two-way experience.

Imelda Ritunga and her colleagues in Indonesia present a systematic literature review relating to privacy and confidentiality in the workflow processes accompanying telemedicine patient encounters. Fourteen articles were accessed and analyzed leading to a chart of recommendations developed to address these concerns.

Two case studies are also included. Kingsley Matope and her colleagues with support from the Meros Center evaluated a program in Malawi to provide church-based spiritual care to persons living with disabilities. A principle feature of this ministry was a worship service that paid attention to language, pace, duration, and content relevant to the disabilities prevalent to the worshippers. The program also had a home-based care element showing attitudes becoming more inclusive of persons living with disabilities. Oyebode Dosunmu used a case study to show how a systems engineering approach to analyzing an example of patient harm can identify the causal and remedy steps in an applied pharmacovigilance process.

Matthew Loftus reviews Paul Hudson's *Healthcare and the Mission of God*. Though the book is intended to be "a very brief starter... an appetizer introduction,"[6] he is critical of the lack of depth to which Hudson investigates a diversity of key topics. However, the book provoked a thoughtful summary of the major contemporary issues facing the medical mission enterprise: the increasing and consequential role of non-Western origin medical workers, funding shifts, advocacy, and strategy. Material contained in the Christian Global Health in Perspective course and other resources can expand upon this thoughtful and inspiring book.[7]

Finally, there are several poems to provoke your thinking and engage your practice. Building on the idea of examining the past to enable a better future, two poems reference the biblical Tree of Life. Joseph

Gudelos relates this to wisdom in health choices and Finley Zaluchu compares the first to the last. Rheamy Baliber-Duallo provides a poetic meditation on how the inclusion of people with special needs can be evidence of God's love. Jessie de los Santos offers a stanza on *God's Perfect Love* and Jeremiah Nicart imagines a soaring kite as he reflects on the anchor of faith and hope amid global challenges reflecting on Deuteronomy 31:6 and Jeremiah 29:11.

High maternal mortality and disparities between high and low income countries is a regrettably persistent feature of the contemporary global health scene. The journal recently issued a call for papers that address Faith-based Maternal-Child Health Care. Please consider spreading the word about this important research area.

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