

Micah Paper

General Background for Micah Papers

In preparation for our 6th Triennial Global Consultation we explored what would be the most effective outcome and all agreed that rather than publishing a Declaration we would set up **working groups** on thematic issues that were identified. The working groups would be tasked with developing what we will call a **Micah Paper**.

The concept of a **Micah Paper** is drawn from two types of known publications:

- **White Paper:** the purpose of a white paper is to help readers understand an issue, solve a problem, or make a decision. Types of white papers include:
 - A **policy document** often produced by governments that set out their proposals for future legislation and or strategy. They can be published as authoritative papers which may contain a draft Bill that is being planned. The paper would provide a basis for further consultation, discussions and actions.
 - A **guiding document** that informs readers in a concise manner about a complex issue and presents the issuing body's philosophy on the matter.
 - An **informational document** to promote or highlight the features of a solution, a product or a service.
- **Encyclical Letter:** the purpose of this circular letter was to inform churches about issues of concern and guide them in their response.
 - A **letter** sent out by the Pope to inform Bishops and the wider church (and even public), in which he lays down policy on religious, moral, or political issues.
 - A **doctrinal and/or theological reflection** to draw on to inform action.

Every generation faces challenges in their context and should be prompted to reflect with fresh perspectives both theological and practically, drawing on past learning and at the same time renewing perspectives, with an openness for new insights and transformational changes. Micah Papers seek to enable this reflection and encourage a Spirit-led response to the issues of concern faced by our generation.

Purpose: Micah papers should be seen as a **consultative tool** to enable development of reflective thinking and holistic action. They should play a dual role in presenting integral mission perspectives as well as inviting further opinions and discussions on the issues presented.

Micah Paper – general outline

As each topic addressed may require different approaches, the outline below only seeks to create a working framework to enable working groups to start with an end goal in mind. The specific terms of reference per theme is then elaborated to guide the group further. The Papers should be rooted in biblical and practical perspectives, and used as tools of awareness raising, training and information exchange. They should be bold in their aspirations and challenging in their conclusions.

Framework

- Description of the Issue of Concern
- Reflection:
 - Ideological / philosophical / theological
 - Conclusion drawn
- Overview of current responses:
 - Examples / reference to case studies
 - Identifies gaps (based on reflection conclusion)
 - Contextual comparisons
- Strategic approaches
 - What responses are needed, by whom, where, when, how etc.
 - What specific niche can (should / could) Micah play
- Recommended action / outcomes / next steps
 - Activities, products, service
 - Advocacy, campaigning, lobbying
- Ongoing learning
 - References for further review
 - Recommended books and publications
 - Suggested training available
 - List of organisations / individuals working in this area
 - Establish a Community of Practice on the topic for Micah to continue as a learning / sharing platform

Working Group Structure

- *Geographical Scope*: Micah is a Global network and movement and as such all working groups would be open to all members. It is recognised that certain themes are more relevant and poignant in certain contexts so that the working group may not be made up of representatives from each region.
- *Size*: in order for the working group to be effective a core group will need to commit to the task and time frame agreed. This should be between 6-15 members. A wider group is welcomed as a participatory and consultative review group that can feedback into drafts and share insights.
- *Lead*: each working group needs to have a focal person who agrees to chair and lead and facilitate the working group. This person will be requested to take responsibility for delivery of the final outcome: the Micah Paper.
- *Discussion platforms*: financing working groups will be difficult but where needed a proposal can be drafted and submitted to possible funders for consideration. A majority of the discussions will be carried out through e-mail, conference / skype calls and if possible a face to face meeting of the core group (drawing on event schedules where possible so as to feed into a wider audience for participation).

The publication of the Micah Paper will be done by the Micah Global publication arm: **im:press**. All contributors will be formally acknowledged. It is planned that the Micah Paper will be translated into the international languages used by members.

Specific Terms of Reference

Health and Well-being

Rationale

The MDGs and SDGs have been great framework to create a united approach to health care and without a doubt improvements have been possible because of this.

However, there are obvious problems:

- Health care access in the Global South has moved towards a two tiered system:
 - Government system: broken down, poor management, poorly stocked, under staffed (who are poorly paid and hence travel out to seek better jobs)
 - Private system: set up as a profit making business for the wealthy
- Health insurance schemes seek to address access but rates are too high for the poor to be involved
- Infrastructure limitations
- Quality care is poor

Theological Reflections:

- What does the Bible say about health and our responsibility to it (through an integral mission lens.
- Do we lean too heavily on technology to heal – what is the role of faith
- What could an integrated health care system look like
- What do we do about access and the injustice of the expulsion of the poor.
- What are priority issues we need to highlight and why
- What role can / should Micah play?

Conclusion: Develop a working group around the topic **Health and wellbeing**, with the outcome being a **Micah Paper** with a title drawn from this?

- **Working Group Focal Person:** Santosh Matthew
- **Working Group – Core Group:** 6-15 participants

Jannine Ebenso		
Jim Oehrig		

Time Frame:

Start Date: 1st December 2015

End Date: 1st June 2016

- Sheryl Haw
- International Director
- Micah Global
- director@micahnetwork.org
- 19th November 2015

Annex: for quick reference**Millennium Development Goals (MDGs)**

Out of the 8 MDGs, a number were directly linked to health indicators, although one could attribute all 8 in some way to improvement of health (see summary below of the more direct goals and targets). We need to continue to ask questions about what worked and what did not, why and how to improve. The process of developing the SDGs did this to a certain extent, but the learning still needs to be captured and reflected on as we turn to the new Goals.

Sustainable Development Goals (SDGs)

17 Goals, still showing how linked each goal is to the overall wellbeing of us all.

SDG 3: Ensure healthy lives and promote well-being for all at all ages

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Questions

- What should be the primary focus of national coordination groups to advocate for health improvements
- What role can / should the church play
- How do we influence good governance and access to health care when health has become business around the world.

MDG 1: Eradicate extreme poverty and hunger

- 1c) Halve, between 1990 and 2015, the proportion of people who suffer from hunger:
 - 1.8: Prevalence of underweight children under-five years of age
 - 1.9 Proportion of population below minimum level of dietary energy consumption

MDG 4: Reduce child mortality

- 4a) Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate:
 - 4.1 Under-five mortality rate
 - 4.2 Infant mortality rate
 - 4.3 Proportion of 1 year-old children immunised against measles

Strategy Focus

The 3 main areas focused on to reduce child mortality have been:

1. Improving post-natal home care and follow up of new-borns with the first 28 days so as to prevent complications and or manage them rapidly
2. Treating all aspects of under 5 care and health management:
 - a. Nutrition (breastfeeding and good nutrition, growth and development monitoring)
 - b. Immunisations
 - c. Rapid treatment of child hood diseases
3. Maternal Support:
 - a. Health education care on the child
 - b. Pre-natal health care and support
 - c. Health care for mothers (pre and post-natal)
 - d. Improvement of child birth support

Questions:

- How effective were these strategies?
- Which countries lagged behind and why
- What could have been done better and why
- What distinctive role does / could the church play in this?

MDG 5: Improve maternal health

- 5a) Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
 - 5.1 Maternal mortality ratio
 - 5.2 Proportion of births attended by skilled health personnel
- 4b) Achieve by 2015, universal access to reproductive health
 - 5.3 Contraceptive prevalence rate
 - 5.4 Adolescent birth rate
 - 5.5 Antenatal care coverage (at least one visit and at least four visits)
 - 5.6 Unmet need for family planning

Strategy Focus

The 2 main focus areas to improve maternal health have been:

1. Strengthening of health care systems, with a priority focus on interventions that are pro poor, are cost effective, form policies that improve health care. Advocate for increased investment in health care, especially for maternal health
2. Report on impact of maternal and new born mortality and morbidity stats and the correlation with the socio economic status. Carry our research on how to improve maternal health.

Questions

- There seems to have been limited impact on the MDG – why and what needs to change
- Were these the right indicators to follow – what was missing

MDG 5: Combat HIV/AIDS, malaria and other diseases

- 6a) Have halted by 2015 and begun to reverse the spread of HIV & AIDS
 - 6.1 HIV prevalence among population aged 15-24 years
 - 6.2 Condom use at last high-risk sex
 - 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
 - 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
- 6b) Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
 - 6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
- 6c) Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
 - 6.6 Incidence and death rates associated with malaria
 - 6.7 Proportion of children under 5 sleeping under insecticide-treated bed-nets
 - 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
 - 6.9 Incidence, prevalence and death rates associated with tuberculosis
 - 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Issues

HIV and AIDS continues to impact millions and the increased access to antiretroviral drugs has lessened the sting, but long term side effects and dependence has not been fully grasped.

Malaria continues to be a major killer with resistance to treatment growing.

TB is increasing, with serious resistance to drug regimes being noted around the world.

Neglected Tropical Diseases, with the Ebola background, need greater support

Non Communicable Diseases linked to lifestyle are on the increase.

Questions

- What role should the church be playing to address transmission of diseases, treatment, education etc?
- Do we need to discover new ways of tackling HIV

MDG 8: Develop a global partnership for development

- 8e) In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

- 8.13 Proportion of population with access to affordable essential drugs on a sustainable basis

Questions

- Access remains a major problem – why and how do we tackle it.