DIFAEM

International Symposium

"Christian Responses to Health and Development"

German Institute for Medical Mission (DIFAEM)

Tübingen, June 26th and 28th, 2014

Contents

Welcome! Bienvenue! Herzlich Willkommen! Karibu! Namasté!

Dear Conference Participant,

50 years ago DIFAEM organized a conference that had a great impact both on the theological understanding and the practice of Christian health services. The conference document "The Healing Church" highlighted the pivotal role of the Church in the area of health and healing and was the starting point of ecumenical discussions on health, healing and wholeness.

Today, you have come to Tübingen to look again at the meaning and added value of Christian health services. We are looking forward to rich discussions that will give us new insights into the healing ministry today.

Primary Health Care, the fight against HIV and AIDS, Millennium Development Goals, mobilization of global resources for health, challenges such as climate change, demographic transitions, poverty and injustice are some of the old and new issues we are dealing with today. Our values and basis are still the same: A biblical concept of health and healing.

We are grateful that you bring your rich experience from your country and area of ministry to this symposium. We want to listen, to hear from each other and learn together how best we can practice Christian health care today to be relevant globally and locally facing today's health challenges.

I would like to thank all those who worked tirelessly to make this symposium possible, the programme committee and all those in the organization of the event, our speakers at the conference and contributors to the policy paper.

We are grateful to Bread for the World and the Evangelical-Lutheran Church in Württemberg for their support of this symposium.

Feel at home in our beautiful and historic town. We pray that this conference will be a blessing to all those who attend and the constituencies we serve.

Welcome! Bienvenue! Herzlich Willkommen! Karibu! Namasté!

Dr. Gisela Schneider
Director of DIFAEM

Organisational information

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Programme Committee

Dr. Ian Campbell, AFFIRM
Rev. Paul Holley, Anglican Health Network
Dr. Beate Jakob, DIFAEM
Dr. Johnny Oomen, Bissamcuttack, India
Dr. Sue Parry, EHAIA
Dr. Gisela Schneider, Director of DIFAEM

Organisation and Registration

Elfi Reischmann, Team Education, DIFAEM
Birgit Rätzke, Organisation, DIFAEM
Scarlet Wannenwetsch, Trainee, DIFAEM
Anna Buck, Media Contact, DIFAEM

Venue

Tropenklinik Paul-Lechler-Krankenhaus,
Paul-Lechler-Str. 24, D 72076 Tübingen

Christian Responses to Global Health and Development
International symposium 50 years after „Tübingen I"
DIFAEM, June 26th to 28th 2014

PROGRAMME

Thursday, June 26th - Pre-conference

Morning	Arrival of international participants Arrangement of posters for poster presentations	
11:00	**Press conference**	
12:00	**Snack and drinks**	
14:00	**Pre-conference**	
14:00	Welcome and introductions	Gisela Schneider
14:30	**Key note** Being Accountable for the Life of Religious Health Assets	Prof. Jim Cochrane
15:00	**Presentations of projects** (15 min each incl. discussion): ➢ Kenya, Boresha ➢ Zambia, HIV&AIDS, SALT ➢ Malawi, ASSET ➢ India, MITRA	 ➢ Joshua Tonui ➢ Elvis Simamvwa ➢ Yoas Mvula ➢ Johnny Oommen
16:00	**Coffee break**	
16:30	➢ Ecumenical Pharmaceutical Network (EPN) ➢ Christian Medical Association of India (CMAI) ➢ Germany, Dealing with depression at congregational level	➢ Sujith Chandy ➢ Bimal Charles ➢ Beate Jakob
17:00 - 17:30	Plenary discussion: Lessons learnt	Facilitation: Elisabeth Schüle
17:30	**Dinner and informal evening (Public Viewing)**	

Friday, June 27th – Symposium day 1

Morning **9:00 - 12:00**	**Arrival and registration of German participants** **Programme for international participants (sightseeing, shopping…)** **Special session with Prof. Dr. Grundmann for a wider audience (in German)**
12:00	**Snack and drinks**

Conference session I: The Christian contribution to health, healing and wholeness today

Time	Top	Who
13:00	Welcome and opening	Gisela Schneider (also facilitation)
13:10	Opening prayer	Bishop Jan Janssen
13.20	Keynote speech: World Council of Churches	Associate General Secretary Prof. Isabel Phiri
	Facilitation	Beate Jakob
13:50	The Legacy of "Tübingen I"	Prof. Christoffer Grundmann
14.20	What makes our health services Christian? Christian values under the challenge of increasing demand, brain drain and economic pressures	Johnny Oommen
14:50	**Coffee break**	
	Facilitation	Sue Parry
15:20	The Christian contribution to health today – economic perspectives	Prof. Steffen Fleßa
16:00	Podium: What is the comparative advantage of Christian health services today?	Speakers, Gisela Schneider (moderation)
17:00	Presentation and discussion of policy paper (1)	Beate Jakob
18.00	**Break**	
18:30	Worship service with Bishop Jan Janssen, Chair of EMW (Association of Protestant Churches and Missions in Germany	
19:30	**Dinner**	
20:00	**Sightseeing town of Tübingen or free time**	

Saturday, June 28th – Symposium day 2

Conference session II: Examples of good practice and the contribution of Christian health services to global health

Time	Top	Who
09:00	Devotion	Prof. Kim-Rauchholz
	Facilitation	Gisela Schneider
09:15	**Reaching the health MDG's: Lessons learnt** Introductory lecture (20 minutes) 3 country/thematic examples (10 minutes each): ➢ HIV and AIDS ➢ Maternal and Child Health ➢ Access to Medicines	Sue Parry ➢ Elvis Simamvwa ➢ Joshua Tonui ➢ Astrid Berner-Rodereda
10:05	Discussion	Moderation: Johnny Oommen
10:30	**Coffee break**	
11:00	Christian health care contributing to Universal Health Coverage	Frank Dimmock
11:20	Christian health care contributing to equity and protection from financial hardship	Bimal Charles
11:40	Christian health care contributing to revitalizing Primary Health Care	Alison and Ian Campbell
12:00	Discussion	Moderation: Jochen Bitzer
12.30	**Snack and drinks**	

Conference session III: Where do we go to? - The role of the churches in the post MDG process

14:00	**Facilitation**	Gisela Schneider
14:15	**Working groups** on the churches' contribution to global health (based on the particular sections of the policy paper) **1.** Justice in health care – how can we reach the marginalized and poor? **2.** Advocacy in health **3.** Human resources in health and financing health services	Moderators/Co-Moderators **1.** Steve Fouch, Ray Martin **2.** Albert Petersen, Sujith Chandy **3.** Joshua Tonui, Jochen Bitzer

	4. The contribution of Christian churches and communities to Primary Health Care **5.** Christian responses in middle and high income countries.	**4.** Elvis Simamvwa, Elisabeth Schüle **5.** Bimal Charles, Kjell Nordstokke
15:30	**Coffee break**	
16:00	**Presentation of group discussions**	Groups
16:45	**Discussion of policy paper (2) and approval** **Harvesting and finalizing**	Gisela Schneider
18:00	**Dinner and cultural evening:** **Boating or Motette at Stiftskirche Tübingen**	

Speakers and moderators

Astrid Berner-Rodereda is HIV&AIDS consultant of Bread for the World and spokeswoman of the Action Alliance against AIDS, Germany.

Jochen Bitzer is a medical doctor with specialisation in pediatrics and public health. He is head of DIFAEM health services.

Alison Rader **Campbell** is a community development consultant with an interdisciplinary background in social sciences and development studies and a master's degree in community development. She is part of AFFIRM Facilitation Associates, London, UK.

Ian Campbell, a medical doctor and international health programme facilitator, is coordinator of AFFIRM Facilitation Associates, London, UK.

Sujith Chandy is Professor of Clinical Pharmacology and Head of Pharmacy at the Christian Medical College, Vellore, India. He is board member of the Ecumenical Pharmaceutical Network (EPN).

Bimal Charles, a medical doctor and medical epidemiologist, is the General Secretary of Christian Medical Association of India (CMAI).

Jim Cochrane (BSc, MDiv, PhD), Emeritus Professor, is Co-Director of the International & African Religious Health Assets Programme (IRHAP/ARHAP), University of Cape Town Hub, South Africa.

Frank Dimmock, a medical doctor, is Global Poverty Alleviation Catalyst with the Prebyterian Church (USA).

Steffen Fleßa is Professor of Health Economics and Health Management at the University of Greifswald, Germany.

Steve Fouch is Christian Medical Fellowship (CMF) Head of Nursing. He serves on the International and European regional boards of Nurses Christian Fellowship International.

Christoffer H. Grundmann is John R. Eckrich University Professor in Religion and the Healing Arts at Valparaiso University, Indiana. Professor Grundmann holds a couple of Doctor of Theology from the University of Hamburg, Germany.

Beate Jakob is a medical doctor and theologian. She is DIFAEM staff member (Study Department).

Jan Janssen is Bishop of the Lutheran Church of Oldenburg and Chair of EMW (Association of Protestant Churches and Missions in Germany).

Ray Martin serves as Executive Director of Christian Connections for International Health (CCIH). He is a medical doctor with 46 years experience as an international development and public health specialist.

Yoas Mvula is Health Coordinator at CCAP Nkhoma Synod, Malawi.

Samuel Mwenda is a medical doctor specialised in health systems management. He is Director of the Christian Health Association of Kenya (CHAK) and the Coordinator for the Africa Christian Health Associations Platform (ACHAP). (Unfortunately could not get a visa).

Kjell Nordstokke is Professor Emeritus of Diakonia at Diakonhjemmet University College in Oslo, Norway.

Johnny Oommen is medical doctor and head of the Community Health Department of the Christian Hospital Bissamcuttack, Orissa, India.

Sue Parry is a medical doctor from Zimbabwe. She is the Regional Coordinator for the WCC's Ecumenical HIV and AIDS Initiative in Africa (EHAIA) in Southern Africa, Programme Executive of WCC's health desk, and board member of the Ecumenical Pharmaceutical Programme (EPN).

Albert Petersen is head of DIFAEM's Pharmaceutical Department.

Isabel Apawo **Phiri**, a Malawian Professor of African Theology, is Associate General Secretary of the WCC.

Mihamm Kim-Rauchholz, a Korean theologian, is Professor for New Testament and Greek at the Internationale Hochschule Liebenzell, Germany.

Gisela Schneider is a medical doctor with specialisation in public health and tropical medicine. She is Director of DIFAEM.

Elisabeth Schüle, a doctor in public health, works with DIFAEM health services and is HIV&AIDS consultant to Bread for the World.

Elvis Simamvwa (Zambia) is health services manager holding a master degree in strategic planning. He works as a facilitator with AFFIRM Facilitation Associates, Zambia.

Joshua Tonui is Executive Director of AIC (Africa Inland Church) Health Ministries, Kenya.

Abstracts

Ecumenical Pharmaceutical Network (EPN), Nairobi, Kenya

Background

Church-based organizations are active in health care delivery particularly in Africa. It is estimated that up to 40% of health services in the rural areas of most African countries are provided by church health facilities. This contribution is critical for the attainment of the Millennium Development Goals (MDGs) on health. In addition, churches and church institutions have the poor and under-served as their primary target. Church health systems are within communities and potentially a force for transformation. For these systems, quality pharmaceutical services are vital since medicines form a vital tool for health and healing.

After the declaration of Alma Ata, the Christian Medical Commission of the World Council of Churches set up a pharmaceutical programme in 1981 to assist church health programmes in management and rational use of medicines. In 2000, the programme evolved into the EPN, an international network of Christian Health Associations, church health institutions, faith-based pharmaceutical supply organizations, NGOs and individuals, working to ensure that pharmaceutical services are just, compassionate and of good quality. EPN therefore seeks to work with these church systems to ensure that their pharmaceutical services are just, compassionate and of good quality and to make sure that there is availability of affordable quality medicines to all who need them.

Vision: A valued global partner for just compassionate quality pharmaceutical services for all.

Mission: To support churches and church health systems provide just and compassionate quality pharmaceutical services.

Values

EPN values have their basis in the teachings of Christ and the desire to uphold virtues that enhance the dignity of humankind. These values include integrity, compassion, respect for others, conscientiousness, continuous learning, professionalism, and fairness.

Strategic priority areas

The following are the priority areas of EPN identified based on the understood need of the church pharmaceutical sector, the expertise within EPN and informed by the experience of supporting church pharmaceutical systems for more than three decades. In addressing these priority areas, EPN seeks to promote approaches that address strengthening of the health system as a whole.

- Access to and rational use of medicines
- HIV and AIDS care and treatment
- Professionalisation of pharmaceutical services
- Pharmaceutical information sharing

By focusing on the above areas, it is hoped that EPN will be able to contribute to the society and the church in its attempt to provide health and healing in the spirit and compassion of Jesus Christ and by the example He gave us through His ministry here on Earth.

"Hands on Health"-Programme

Project Holder: Anglian Church (WeAreUs) in Malawi (malaria and sanitation), Zambia (HIV&AIDS), and Tansania (just starting)

Year of Project start: 2011

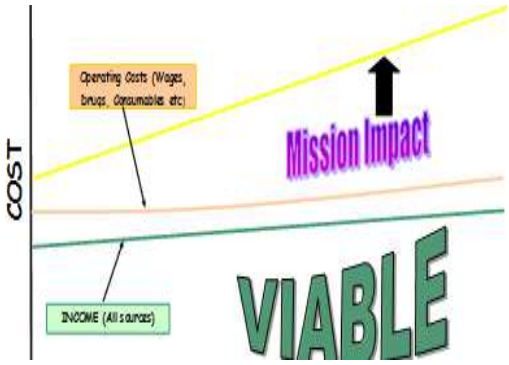
Background

Effective/efficient health services delivery has become more complex and costly due to changing disease and economic patterns. These changes are affecting the viability and/ or non-viability of Church health services worldwide. A theological based social analysis and response had to be undertaken with focus on developing adaptive services. The intention is to promote community-centric health services, which will be sustainable and viable. Community participation and response creates awareness of local health needs and resources.

Relationship with the Church, community and staff is critical to ensure the sustainability of Mission health services. Lack of resources will always precipitate unhealthy relationships with the community and mission effectiveness. When the community relationships are strong, mission sustainability, focus and strategy is strong. At the same time. It is a common experience that in this situation, income and expenditure stay more closely aligned.

Target Group

The church, staff and whole community



Goal/Objectives

1. To strengthen community engagement in and ownership of health.
   - Strength based assessment of health competency/resources.
2. To encourage health facility adaptation in response to greater community engagement and ownership of health.
   - staff adapt to new ways of working and thinking

Result

1. Improved health outcomes and sustainability.
2. Improved capacity in articulating health support needs by communities/health staff.

Lesson Learnt

Communities have capacity if/and when properly engaged.
Staff can adapt to new ways of thinking and working.
Moving away from provision to facilitating own health.

What makes Project Christian?

Theological planning and implementation strategies. Reflection based on Biblical teachings. Church based holistic strategy and policies.

Overview of Christian Medical Association of India

History

Established in 1905 as Medical Missionary Association, renamed and registered as Christian Medical Association of India in 1926

Vision: "That they may have life… and life in its fullness"

Mandate

"JESUS called the twelve disciples and gave them power and authority to drive out all demons and cure diseases. Then He sent them out to preach the Kingdom of God and to heal the sick" Luke 9:1 – 2

Mission Statement

In response to the love and command of Christ, CMAI's mission is to serve the churches in India in their ministry of healing and to build a just and healthy society

Status of CMAI

- Allied agency of National Council of Churches in India (NCCI) to assist and support the Church and its healthcare institutions to dedicate themselves to the Healing Ministry
- Network of over 320 Christian Health Institutions and more than 9000 health care professionals of doctors, nurses, administrators, chaplains and allied health professionals.

Major Activities

- Promoting Capacity Enhancement (doctors, nurses, allied health professionals, administrators and chaplains): fellowship, technical excellence, ethics and social relevance in professional practice and exchange of learning.
- Formal Training Programs: Two Nursing Boards approved by Government affiliating 60 nursing schools, Central Education Board (AHP) accredits 55 paramedical schools, Christian Academy of Medical Sciences (Doctors), Chaplains and Administrators
- Institutional Development: Projects, workshops and trainings for hospital staff
- Community Health Work: Implements filed projects and demonstrates various models of healthcare delivery for larger dissemination
    - AIDS Desk &combating substance abuse
    - Women's Desk
    - Community Health and Development Projects
    - Communication Health Initiatives
    - Palliative Care
- **Advocacy**

  Issues within the healthcare of the country are addressed to policy makers
    - Christian Coalition in Health, India (in collaboration with Catholic and Evangelical Institutions)

- **Partnership Projects**
  - Centers for Diseases Control – Promoting National blood Safety in partnership with Department of AIDS Control, Government of India, CMC Vellore and membership
  - Global Fund – Tuberculosis and Malaria (with churches and like minded organization)

MITRA
(meaning Friend; Acronym for "Madsen's Institute for Tribal & Rural Advancement")
A Community Health Initiative of Christian Hospital, Bissamcuttack

Project Holder: Christian Hospital, Bissamcuttack, Odisha, India

Year of Starting
1954 : The Christian Hospital, Bissamcuttack
1980 : The Community Health Programme
1993 : Mitra – in its present form

Background
South Odisha is one of the most needy and most beautiful parts of India. The Health and Social Development indicators for this predominantly tribal region are far below the national and state averages. Christian Hospital, Bissamcuttack (CHB) is a 60-year-old, 200-bedded mission hospital of the Jeypore Evangelical Lutheran Church. Mitra is CHB's Community Health wing, that works with 12,700 people in 53 villages. The ideas generated are shared with Government and NGO agencies.

Target Group
Direct Involvement : 12,700 people in 53 tribal villages
Lessons learnt feed into a widening circle of stakeholders through the Mitra TRU

Goal and Objectives
To live and work in relationship with the people of 53 villages, towards the 4-fold dream of Health For All, Education For All, Economic Security For All and Social Empowerment for All.

Results

Indicator	1995 (Baseline)	2010	2013
Population Covered by MIS (No. Villages in parenthesis)	9,071 (38)	12,004 (50)	12,375 (50)
Crude Birth Rate (Live Births per 1000 population)	32.8	23.4	23.4
Crude Death Rate (Deaths per 1000 population)	20.8	11.8	7.7
Infant Mortality Rate (Infant Deaths per 1000 live births)	201.3	99.6	46.8
Under-5 Mortality Rate (Child Deaths per 1000 live births)	295.3	138.7	86.8
Fever Death Rate (per 1000 population)	7.1	3.8	0.9
Malaria Parasitemia Rate in Children under 5 Years (%)	-	58.6 %	11.5 %

Lessons Learnt

Alma Ata is not dead! Health For All is still a relevant dream! Primary Health Care works!

What makes this project a Christian project

If Christian is an adjective and not necessarily a noun, then Mitra may be considered a Christian project. We draw our inspiration and standards from the life and death of Jesus and His Kingdom values. *However, we do not preach or discuss religion or try to convert anybody to Christianity.*

Our method is to empty ourselves, share the pain of the people, take the role of a servant, and try to be the change we want to see – as in Philippians 2 : 5 – 8. *However, we fall far short of our own expectations of ourselves, and therefore cannot claim to have reached anywhere.* While the leadership belongs to the Christian community, the majority of the Mitra team of staff and village volunteers don't, but we hope that together we are something beautiful for God. We have seen miracles – breaks in the pattern that couldn't have happened other than through divine intervention – and we thank God for the same, calling Him by whichever name we individually identify with.

BORESHA Project

Project holder: AIC Health Ministries in partnership with DIFAEM and Action Medeor
Year of start: May 2012

Background

The targeted regions in Kenya are arid and semi-arid, the population is mostly nomadic and the economic activity is majorly pastoralism. Insecurity contributed by the proximity to the border with warring nations and cattle rustling is a major threat. Access to quality healthcare is a major challenge.

Target Group: Mothers and Children under 5 years

Goal and Objectives

Goal

To improve the general health situation of the local people in West Pokot, Turkana and Marsabit counties in Kenya through health systems strengthening.

Objectives

1. Improve access to the curative/preventive health services in the 7 health facilities
2. Improve quality of clinical curative services in the 7 health facilities
3. strengthen laboratory services in the 7 health services
4. Strengthen medicine management system
5. Strengthen preventive services through outreaches
6. Strengthen and stimulate partnerships between all stakeholders
7. Strengthen organization capacity of the health staff and institutional governance
8. Improve infrastructures and basic needs like electricity, water supply, communication.

Results

1. Access and quality of curative and preventive health services has been improved in the seven health facilities

2. Quality of laboratory services has been improved the seven health facilities
3. The seven health facilities now have better medicine management systems
4. There has been improved and expanded cooperation between AICHM health facilities and local partners/ stakeholders
5. The seven health facilities now have improved institutional capacities to manage finance, human resource, health services and information systems.
6. There have been improvement in infrastructure i.e. electricity, water and communication systems.

Lessons Learnt

1. Community outreaches and Community Health Volunteers create demand for services and improve health facility-community linkages
2. A well trained health facility committee improves management practices in the facilities

What makes this project a Christian Project?

The project is in line with the healing ministry of Jesus Christ our Lord. It also provides AIC health ministries with a great opportunity of expressing the love of Christ to others in need.

The ASSET Primary Health Care Project

Project holder: Nkhoma Church of Central Africa Presbytery Synod, Nkhoma Hospital Public Health Department

Year of project start: April 2011

Background

The decision to implement the ASSET* project in Malawi was based on the overall need to alleviate suffering evidenced by poor health indicators and the fact that most of the disease burden in Ntchisi District is resulting from public health issues. ASSET project was introduced to local communities of Malambo and Chinthembwe in Ntchisi District, Malawi, Central Africa from April 2011 using the SALT approach. The ASSET project aims at strengthening health workers within the district health system and mobilizes local communities to use their own assets as well as promote ownership and contribute to improved health outcomes.

Target group: Under five children, pregnant women, vulnerable and underprivileged families

Goal and objectives

The partnership of local communities, faith-based and non-governmental organizations and government in Ntchisi District (Malawi) will stimulate and strengthen district wide health responses through re-vitalization of Primary Health Care.

Results: Communities actively engaged towards addressing priority health concerns

Lessons learnt

Active involvement of the communities at all levels of project cycle is vital for project ownership and sustainability

What makes this project a Christian project?
The project is demand driven by the needs of people and is inclusive of the most marginalized in the society with equity and fairness in the provision of services that addresses the needs of the community with love and care in a holistic manner. Christian Health Services always provides care in treating the people having known that healing comes from God. I was sick and you took care of me - Mathew 25:36.

Dealing with depression at congregational level
A pilot study in a German local church

Project holder, year of project start
From 2011 to 2013, this project was implemented in a Protestant deanery comprising 40 parishes. Project holders: DIFAEM and the Department of Practical Theology at the Theological Faculty of the University of Tübingen in cooperation with health professionals forming an alliance against depression ("Bündnis gegen Depression").

Background
In Germany, the numbers of people suffering from depression are increasing. The German context offers a window of opportunity to bring in experiences with the involvement of congregations in healthcare as many people are disappointed by a purely medical approach to health. On their search for health and healing people are open to approaches that include the social and spiritual dimension of healing. This is especially true for people suffering from mental illnesses which always affect the person as a whole. The project addressed the research question of, "How can congregations in their capacity as social networks and places of worship and spirituality assist people suffering from depression?"

Target group
Direct target group: Persons suffering from depression and their relatives. Indirect target groups: Church leaders and congregation members.

Goal
Congregations are inclusive communities where people with depressive disorders are socially and spiritually supported.

Objectives
- Church leaders and congregation members are informed about the disease pattern of depressive disorders and sensitized to the needs of persons suffering from depression.
- Church leaders and congregation members learn how to interact with depressive persons.
- Congregations cooperate with health professionals and advisory centers.

Results
Online interviews (quantitative) with pastors: In 16 percent of all pastoral counseling sessions the consulters are people with depressions. However, 62 percent of the pastors don't feel well equipped to counsel persons with depression.

Qualitative interviews with persons suffering from depression and with their relatives: The majority of interviewees don't feel to be integrated in a congregation. Some complain about hurtful messages and experiences of stigmatization as people don't understand why they are unable to work and to socially interact. Depressive persons often have a sense of guilt ("God punishes me") and feel God to be absent though they long for God's presence and help during phases of depression.
Two congregations were very open to a phase of implementation: A Sunday service addressed the issue of depression incl. theological questions; congregation members were trained in counseling; lectures of psychiatrists offered medical information; parish groups discussed issues of mental disorders and learnt about social and spiritual factors that can help in phases of depression.

Lessons learnt
In congregations, there are still many misconceptions about depression. There is a need of sound medical information and of a discourse about theological questions in terms of depression.

What makes this project a Christian project?
The project is based on the assumption that a professional therapy of depression can be complemented if sick persons are socially and spiritually supported. Congregations are encouraged to be actively involved in dealing with depression.

Participants

Name	Institut	E-Mail
Abraham, Mathew	India / Catholic Bishop's Conference	
Albrecht, Peter	Germany	
Bastian, Rainward	Germany, Former Director of DIFAEM	
Berner-Rodereda, Astrid	Germany / Brot für die Welt	
Campbell, Ian	UK / Affirm	
Campbell, Alison	UK / Affirm	
Chandy, Sujith	India / Ecumenical Pharmaceutical Network	
Charles, Bimal	India / CMAI	
Charles, Sujatha	India / CMAi	
Cochrane, James	IRHAP	
Dimmock, Frank	USA / Presbyterian World Mission	
Fisher, Jonathan	UK / Christian Medical Fellowship	
Fleßa, Steffen	Germany / University Greifswald	
Fouch, Steven	UK / Christian Medical Fellowship	
Gann	Germany / DIFAEM-Tropenklinik	
Gates, Connie	India / Jamkhed-Comprehensive Rural Health Project	
Geater, John	UK / Prime International	
Grundmann, Christoffer	University Valparaiso Ind., USA	
Grundmann, Ingrid	USA	
Härter, Julia	Germany	
Harms, Dorothea	Germany	
Herbert, Noami	Malawi / WeareUS	
Hoffmann-Kuhnt, Christoph	Germany / Member of DIFAEM	
Holme, Idar Magne	Norway / Diakonhjemmet, Oslo	
Janssen, Jan	Germany / EMW	
Kim-Rauchholz, Mihamm	Germany / Liebenzeller Mission	
Kretschmer, Harald	Germany / Tropenklinik, former Chief Medical Officer	
Lalthanmawia, Ronald	Indien / CMAI	
Mann, Christoph	Germany / formerly EHAIA	
Martin, Ray	USA / Christian Connections for Int. Health	
Mascher, Elke	Germany / Gossner Mission	
Nordstokke, Kjell	Norway / Diakonhjemmet, Oslo	
Oommen, Jonny	India / CMAI	
Päivänsalo, Ville	Germany / University Helsinki	
Parry, Sue	EHAIA / Zimbabwe	
Parry, Stephanie Gilpin	UK	
Patenge, Markus	Institute for Global Church and Mission	

Phiri, Isabel	Switzerland / World Council of Churches	
Rauchholz, Manuel	Germany / Liebenzeller Mission	
Renz, Eberhardt	Germany / Bishop em. ev. Luth. Church	
Ruppert-Mann, Gesine	Germany / Physician	
Sadgrove, Joanna	Malawi / WeareUS	
Schäfer, Joel	Germany / Economic Student	
Scherbaum, Helmut	Germany / Refugio	
Simamvwa, Elvis	Zambia / AFFIRM	
Soderling, Michael	USA / Center for Health in Missions	
Tonui, Joshua	Kenya / Africa Inland Church	
Vennemann, Matthias	Germany / Health Consultant	
Weber, Klaus	Germany / Surgeon, Member of DIFAEM	
Yoas, Mvula	Malawi / Nkhoma Synod.	