HEALTH FOR ALL NATIONS

COVID-19 and the Majority World:

https://www.lausanne.org/gatherings/covid-19-and-the-majority-world

Table of Contents

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Social distancing is a rich man's game. Especially in the global south, majority world and in dense, poor areas, social distancing, testing and quarantining are not feasible. These measures were adopted by comparatively wealthy countries. Even in these countries, marginalized communities are faring worse even with approved measures. We need a different approach to medically caring for the poor and vulnerable.

Most Measures Against the Virus Aren't Working for the Vulnerable

In terms of Corona Virus itself, models such as in India do not expect anything but repeated, lengthy lockdowns to "flatten the curve" (see below).

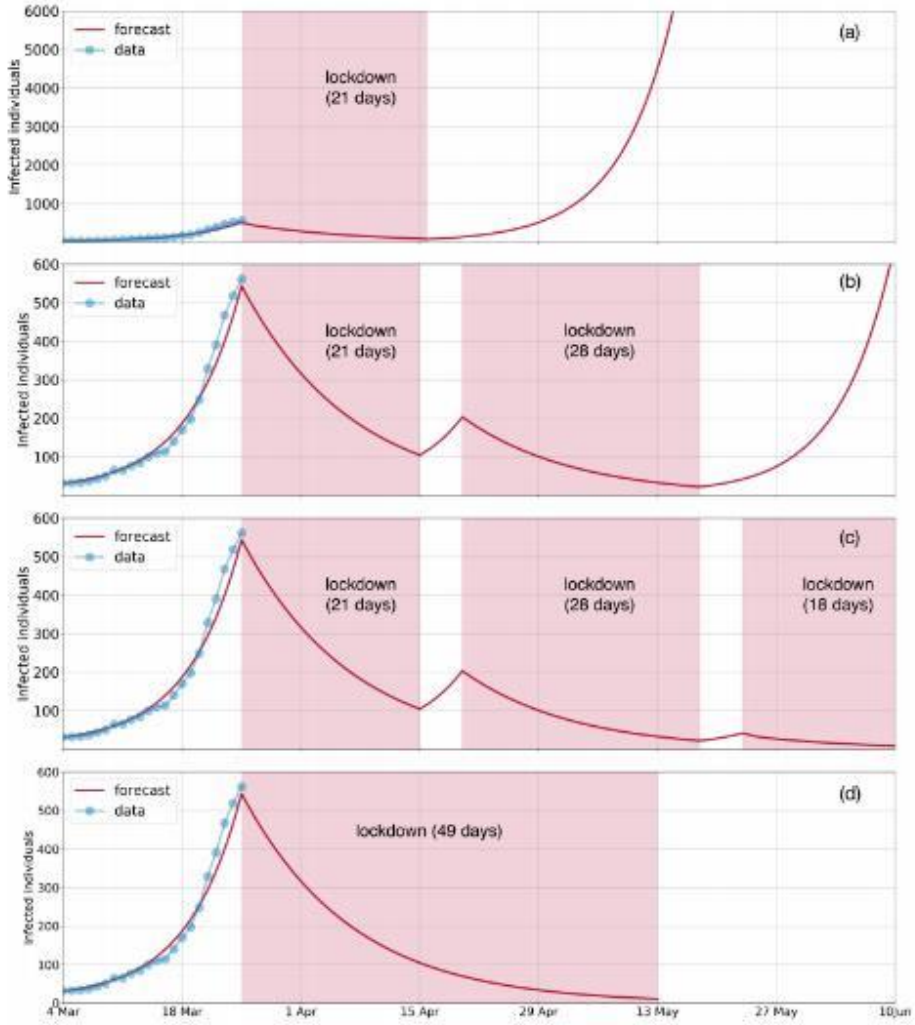

Figure 4. **Forecast of the COVID-19 epidemic in India with mitigatory social distancing.** Each of the four panels shows the variation in the number of infectives with lockdowns of various durations. The three-week lockdown starting 25 March does not prevent resurgence after its suspension as shown in panel (a). Neither does a further lockdown of 28 days spaced by a 5 day suspension, shown in panel (b). The protocols in panels (c) and (d), comprising of three lockdowns with 5 day relaxations and a single 49 day lockdown reduce case numbers below 10. This forecast is based on all cases being symptomatic so $\tilde{\alpha} = 1$. The fit parameter is $\beta = 0.0155$ and we set $\gamma = 1/7$.

Medical experts working in places like India have suggested finding social-distancing solutions not for the healthy bread-winners but for the vulnerable—i.e. the elderly, the disabled, and people with preexisting conditions. Some suggestions include placing these people in a separate room or communities agreeing to house people in these categories together in a dedicated building (house swapping). If communities were willing to do this it would still require someone to stay in touch with them, perhaps do home visits, and maintain accountability, encouragement, and (minor) medical advice.

Already-unhealthy communities will be especially at risk of death outside of the hospital. While some deaths will be due to untreated COVID-19 cases, many will be from lack of food or bad food/water, and life-threatening diseases other than COVID. Essentially, these lockdowns intensify the medical fragility, mortality rates, and lack of resources in vulnerable communities.

The reality is—which we'll get into later—the aforementioned quarantine measures for the most vulnerable may them from the virus, but they do not actually protect the more vulnerable communities—the poor. In fact, middle-class-based social distancing measures place vulnerable communities at greater risk.

> **"This whole pandemic apart from exposing the frailty of our 'powerful' in our nations and the cracks in our society between rich/middle class & the poor, the organized labour & the migrants, urban & distant rural, it also exposes the 'poverty of our churches.' We are busy encouraging the flock at this time of social distancing (important primarily for the middle/rich). It not only shows we are out of depth in offering a perspective to this new situation but more importantly that we are 'absentees in the public domain' — no one is even missing us (no surprise)." (Jayakumar Christian)**

Mental health was also discussed by a counselor from Nairobi. She expects the mere stress of this crisis to result in many more mental health concerns, from kids who cannot study in school, men who cannot work, and pregnant women all experiencing depression and anxiety. The local churches and ministers need to be prepared with an "army of counselors" who can both monitor people now and can continue to follow up in person later. We need to focus on creating personal connections in the midst of social disruption and chaos.

Most Measures Will Lead to Widespread Starvation and Violence

If you do watch the webinar, you will find that most of the time is devoted to the issue of food scarcity and starvation. COVID-19, and particularly governments' response, is intensifying poverty—and therefore violence.

If we want to help some of these communities survive, we need to act quickly to alleviate hunger, provide opportunities, and therefore dampen violence. As says a church planter in now-riotous Ugandan slums, "Turns out, starving the people in the slums apparently is not the best

idea in a pandemic." While medical professionals are right in their modeling and recommendations, these recommendations work in the context of accessible medical care (hospitals) and middle-class society, not slums or impoverished communities.

"How does 'flattening the curve' help the poor?!"

In addition to the risk of starvation, hungry people will also be less resistant to the virus as it passes through their communities. We don't know how long the starvation will last because of economic impact—much less the longevity of the corona virus itself. (These concerns also don't even begin to address the long-term issues associated with border closures—for example, the role that tourism, NGO work, and general outside funding play in the Malagasy economy).

"Poverty and hunger are co-morbidities with COVID-19."

There is a "pretty direct correlation" between the level of chaos brought by the pandemic and violence. Many communities are already simmering and this will put them over the edge. Generally, global ministers see reaching out to these communities as a 4 Stage process now:

1. Discussions and Preparation
2. Death and Starvation
3. Recapitalization (What are the resources?)
4. Reconstruction (local business and social networks)

One member of the Health for All Nations task force urges, "Church leaders need to be thinking 4 months past the pandemic to how we can reinvigorate economy in these communities and short-circuit violence." How can we help rebuild and inspire? Hope may reduce violence that will be bad for all.

"All our solutions need to deal with the virus and with the hunger."

The Church Must Advocate from the Poor to the Powerful

Churches must be prophetic voices for the poor to the privileged. A minister from India warns that totalitarian government leaders will most likely use the "new normal" as an opportunity to seize control in a state of emergency and continue to marginalize. However, we cannot just take the side of the poor. We need to use our position to advocate for the poor to the wealthy and powerful for the sake of change, peace-brokers. We may also be able to champion different medical resources (besides the quarantine internment camps like in Madagascar or Nairobi).

In these communities, pastors and to some extent other ministers (we as missionaries) carry more authority and veracity than a WHO worker or government representative. We can educate and gather the community in a more helpful, trust-inducing way.

One young leader from Uganda challenges, “If the church cannot gather to celebrate then we can work together for the community that is in pain.” He essentially is arguing for the church to push back on government enforced measures enough to provide relief in the local community (instead of continuing to fight government to meet in church).

Are the Poor the New Unreached People Groups?

The question comes up about places where there are no churches. Who is going to minister in these places? It’s a little confusing on the webinar because of different voices and people jumping off and on.

However, two things rise to the surface:

(1) There is virtual silence about reaching the more inaccessible places . . . probably because they just got even more inaccessible.

(2) There is a growing awareness that the poor communities are the unreached peoples. They have been chronically overlooked and unreached by the churches geographically near but socio-economically distant. Therefore, there is great hope as people are trying to reach these communities with resources and the gospel.

On the question of balancing sheltering-in-place with reaching out to these communities in-person:

(1) If we have good reason to believe we will infect someone (we have had contact with someone else with or have a fever ourselves) we have an obligation to not hurt them.

(2) However, it is almost impossible to maintain relationships long-distance. Church history bears out the Christian tendency to risk health for the sake of caring for the sick and the poor. Indeed, our God risked all by taking on human flesh, suffering and dying to come to us.

“People are more concerned about getting food than they are getting the virus."

Resources:

- Christian Journal of Global Health: COVID-19 edition . There are several different articles on here you might find helpful.
- Luther’s letter on Christian response to plague
- Health for All Nations (Lausanne): Complex Problem Consultation. This form allows you—and more importantly local leaders—to submit your complex problems to a team of experts and leaders wherein they will review your case, ask clarifying questions, and offer some tentative solutions/suggestions.