

**Faithfulness to the Mission of the Church in health care: points of method emerging from reflection over an experience.**

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**Abstract**

*Two points of method emerge from the experience of the health institutions of the Church in Uganda, challenged by the effects of the HIV/AIDS epidemic and the many other challenges of health systems' reforms. These points of method have informed the work of the health and HIV/AIDS related offices of the Episcopal Conference of Uganda. The first, stemming from the charismatic pole of the unity between charism and institution, describes a practical application of the principle of subsidiarity in the relationship between the central offices of the Conference and the "works of God" that the Spirit continually generates in His People. The second is the way through which the same offices of the Conference "expose" the persons involved in the institutional structures of the health works of the Church to the demands of the Mission, re-activating the dynamic relationship between governance and management. Both points of method are deemed relevant to enhance and focus the service that the Episcopal Conference's central offices for health – as such - are offering to the persons accepting, in the name of Jesus, the challenge of HIV AIDS and of the healing ministry at large.*

**Introduction**

At the end of the visit of the Bishops of Uganda to the Holy See, the visit "*ad Limina Apostolorum*", among the recommendations of the Holy Father to the Bishops there was one encouraging the efforts of the Bishops' Conference in the "spheres of health care, education and development" to show clearly the "Church commitment to the integral well being of her sons and daughters and of all Ugandans"<sup>1</sup>. This indication of the Holy Father to the Bishops gives me the right entry point to the notes I wish to share, as a kind of reflection over the experience of service to the Health Commission of the Episcopal Conference of Uganda in the last six years. This Commission discerns over policies and technical matters of a large network of health care institutions<sup>2</sup>, supported by a permanent secretariat, the Catholic Medical Bureau (UCMB)<sup>3</sup>. Along with the UCMB, the Episcopal Conference of Uganda has established, at the Catholic Secretariat, other two technical units (the HIV/AIDS Focal Point and the Global Initiatives Fund and Management Unit – GIFMU) to address, in a more focused way, the increasing challenge of HIV/AIDS<sup>4</sup>. This note wishes to focus on the specific aspect of the life of health care institutions, whose faithfulness to the Mission of the Church in health has become, in recent times, a serious challenge, and whose complexity is compounded by the HIV/AIDS epidemic. In doing so is adopting the perspective of the "proprium" of the Episcopal Conference's arm for health.

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<sup>1</sup> Message of the Holy Father to the Bishops of Uganda concluding the visit "*ad Limina Apostolorum*", September 2004.

<sup>2</sup> With 27 Hospitals (a quarter of the entire hospitals infrastructure), over 230 health centres and over 6,000 health workers, the catholic health network closely follows Government as second largest health care provider in the Country. The same consideration applies to the network of education institutions.

<sup>3</sup> The Catholic Medical Bureau (UCMB), was established in 1955. Since then it has gone through several re-organisations to keep it abreast with the changes occurring in the national environment. At the moment its functions are the offer of technical services to affiliated institutions, policy guidance and development, training for improved management and holistic care, advocacy, documentation and activity information analysis etc....

<sup>4</sup> While UCMB focus is the life of health care institutions, the HIV/AIDS focal point serves as point of linkage between different sectors of the Church service related to HIV AIDS (educational, pastoral, social etc..), and the GIFMU deals mainly with funding mechanisms.

## Historical preamble and contextual notes

The involvement of the Church in Uganda in the fight against AIDS and in the assistance to the persons with AIDS and their families is not something new: be as it may, the Church in Uganda could also claim some kind of “pioneerism”<sup>5</sup>. Very early at the outset of the epidemics the Church mobilised her energies, starting from health care institutions: hospitals were the first to get the “feel” of what was coming, an awareness that soon spread large and wide, supported in this by the encouragement and support of the Bishops and by the commitment, determination and openness of the political leadership of the Country. The gist of the so called “success story” of Uganda is in a recipe around which a very large social cohesion materialised<sup>6</sup>. We may say that, at least in this case, the notion of the “common good” determined the mind set of the majority of Ugandans. It is to be noted that this occurred very early, at a time when HIV/AIDS did not receive a lot of attention in the international arena<sup>7</sup>. In 1989 the Bishops’ Conference published the Pastoral Letter “The Aids epidemic”<sup>8</sup>, urging people of God not to look at HIV/AIDS as a punishment from God. The Bishops also called upon all people to listen to the call of conversion, turn to God’s law regarding sex and marriage and to rediscover the value of chastity. At a time when HIV/AIDS was associated with stigma, the letter urged people not to look at persons with AIDS (PHAs) with condemnation but reach out to them in love, understanding and compassion. It went further, urging the large catholic health care network to mobilise increasing energies and means in the fight against the disease. It also established under the UCMB a special desk for HIV/AIDS. In few words the Uganda recipe can be summarised as follows:

- *High political commitment in the fight against HIV/AIDS, accompanied by openness about the nature and gravity of the epidemic and the main mode of transmission of the infection*
- *Strong, spontaneous (and later solicited and respectful) involvement of churches and civil society*
- *Rejection of the stigma for people infected and sick*
- *An un-ambiguous message about the need of preventing the transmission of the disease, based on ABC (abstain, be faithful, use condom if you cannot abstain or be faithful, launched and then communicated in the right order of priority from peer to peer)<sup>9, 10</sup>.*

All this is part of history and, to some extent, well known. What is perhaps less well known is the organisational aspect of the matter. I understand the specific mention of His Holiness in His message to the Bishops as a kind of call to an increased focus on the service that Episcopal Conferences as such is expected to provide to the Church actors at the interface

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<sup>5</sup> The first serological test for the diagnosis of HIV/AIDS in sub-Saharan Africa was carried out in St Francis Hospital, Nsambya, by Sr Nelezinha Carvalho, a Franciscan Sister, on 23<sup>rd</sup> May 1986, out of concern for the danger of spreading the infection through blood transfusions. This hospital established, still in 1986 and besides the dedicated department within the laboratory, a dedicated referral clinic and mobile backup support services that would later become the “home care model” followed by many other hospitals in Uganda and elsewhere.

<sup>6</sup> Stoneburner, RL, Low-Beer, D, Analyses of HIV trend and behavioral data in Uganda, Kenya, and Zambia: prevalence declines in Uganda relate more to reduction in sex partners than condom use. (Abstract ThOrC734. XIII International AIDS Conference, Durban, South Africa July 7-14, 2000

<sup>7</sup> Certainly not as development issue, as it does now.

<sup>8</sup> “The AIDS epidemic”: Message of the Catholic Bishops of Uganda. Marianum Press, 1989

<sup>9</sup> The local, simplified version, perhaps a bit crude but very effective, became the “zero grazing” message.

<sup>10</sup> The Catholic Church subscribed to the first part of the message (abstain and be faithful) and was never forced to compromise on her stand and to accept also condom promotion as part of its action to gain acceptance and participate in the national response to the epidemic. The Chairmanship of the Uganda AIDS Commission – the highest national co-ordinating body for HIV/AIDS - has always been entrusted to Anglican and Catholic Bishops. On the other hand the emphasis on condom promotion appeared much later in the history of the epidemic in Uganda, once the positive effects of the unambiguous order of priority given in the ABC message had started producing its effects. For a better understanding of the issue cfr “What happened in Uganda? Declining HIV Prevalence, Behavior Change and the National Response” by Hogle J. Green E., Nantulya V. Stoneburner R. and Stover J., published by USAID in the Project Lesson Learned Series, September 2002.

with the people of God. In these sense the following notes, albeit expressed in a perhaps unusual language for a pastoral forum, do express a pastoral concern. Before going to the core of the matter a second preamble is needed.

### **Second preamble: Spirit and personal freedom**

In the life of the Church everything is moved by the power of the Spirit of God: this is all the more true for all new actions aiming at giving flesh in the “here and now” to the Mission of Jesus. A person receives a special inspiration and energy, gleans a particular understanding of the demands of the Mission of Jesus in a specific circumstance and acts accordingly. Inevitably, other persons are attracted by this “novelty” and join hands, generating what we call “a work of God”. As time passes the need appears to give a somewhat structured form to this newness: from the divinely inspired intuition of a person to the structure of an organization. At the extreme pole of this dynamism we speak more properly of institution(s). All this occurs through a continuous discernment of the persons involved and the authority of the Church.

*Mother Kevin and her sisters – following the Charism of St Francis of Assisi - started dressing the ulcers of the people of Kampala under a tree on the hill of Nsambya, on the very day of their arrival in Kampala. One hundred years later that same tree is surrounded by one of the largest hospitals in Uganda – a fully fledged institution, dedicated to St Francis of Assisi -: this very hospital was at the forefront of the mobilization of the Catholic Church in Uganda in the battle against the epidemic of HIV/AIDS.*

What we have observed in Uganda is that, in the response of the Church to the challenge of HIV/AIDS, some of the health institutions have had an important role of initiator and pioneer, of locus where a new drive of the original charism has appeared in persons working in a for these institutions – quite often members of religious congregations -, making them able to recognise the challenge and its demands and exercising that “creativity in Charity” mentioned by His Holiness in the letter “*Novo Millennio Ineunte*”. The solicitous care and discernment of the Pastors drew the attention of the entire people of God to what was happening and what needed to be done. In this way a large movement of people, man and women of good-will moved by the same Spirit, has so found a point of reference and support in the institutions of the Church. A point that cannot be missed is that the institutions of the Church have acted in full respect with the principle of subsidiarity so dear to the Catholic Social Teaching.

This, in a nutshell, is what has happened: we recognize it with the humble gratitude of those who have witnessed a miracle.

This second (perhaps oversimplified) preamble allows me to introduce the core theme of this note.

### **From the charismatic moment to institutions**

As earlier said, for the last six years of my life I have served the Health Office of Episcopal Conference of Uganda. I have done so after twenty years of medical, and later managerial, practice in few hospitals. In my new office I have to ensure that the discernment of the Bishops and their indications, with regards to health matters, is exercised with full information on what happens and advice when and if required. There are two points of method, each referring to one of the two poles of the continue dynamic relationship between charism and institution, I try to adhere to in my work at the service of the Bishops: I will present them as lessons I draw from our experience in Uganda.

### ***Lesson learnt about the charismatic moment/pole***

The charismatic moment is a personal event. It is an act of freedom of the person called by the Spirit: it is the charismatic moment that shapes, from that moment on, the identity of that person and of the “works” s/he generates. We have no control over it: it has happened, it re-happens as we speak now and will keep re-happening.

What is important is the capacity of recognising when this happens and serve it. The huge temptation of all bureaucracies (even of “church bureaucracies” – yes, they exist, it is necessary) is to limit what cannot adequately be controlled. What we have learnt from the experience of the battle against HIV/AIDS is that it is important not to limit the service of the “church bureaucracy” only to what happens and is generated from the Church’s institutional life. When five years ago the Bishops approved the Mission and Policy of Catholic Health Services, in one important article<sup>11</sup> they introduced the principle of accreditation for all health services (those juridically belonging to the Church<sup>12</sup>) and opened the possibility of the same accreditation<sup>13</sup> (and the subsequent services of the Conference’s health office<sup>14</sup>) to other organisations. Also the new offices that the Episcopal Conference has established for HIV/AIDS (i.e. the HIV/AIDS Focal Point and the GIFMU) have adopted the same principle and extended the services of the Conference’s beyond the boundaries of the institutions of the Church to several organisations (NGOs, CBOs, catholic lay associations and movements driven by the desire to serve the person of the sick and his/her family in the name of Jesus). This has been of great and mutual advantage. As said earlier on, we consider this way of proceeding respectful of the principle of subsidiarity and a practical tool to exercise the necessary discernment of all that is new and wishes to be recognised as “work” of the Church.

### ***Lessons learnt about the institutional moment/pole***

Institutions – in broad terms – are “grown up organisations”. They have passed the foundation stage and they have adopted a stable form (juridical, organisational, operational etc...). All institutions have one sure characteristic: permanence. Nobody doubts that permanence, durability, sustainability, stability, continuity and all the other words than can describe the multifaceted understanding we have of the need of securing a “locus” for the continuation of the charism in history, are a pre-eminent concern of the persons to whom these institutions are entrusted.

Institutional life is determined by a dynamic relationship between governance<sup>15</sup> (whose continuous point of reference is the charism) and management/administration<sup>16, 17</sup> (whose continuous concern is the availability and efficient/effective use of resources).

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11 From the Mission and Policy Statement of RCC Health services, Part IV, par. 2.3. Relationship with privileged partners. *Partners may also be Christian organisations, NGOs, health units who operate with the same evangelic spirit and recognise themselves in the same mission, though institutionally legally distinct from Dioceses. The relationship with these partners will be considered privileged by both the Dioceses and the Bureau. If these partners wish to operate within the framework of the RCC health policy and mission statement, on recommendation of the respective local ordinary, a certificate of accreditation to UCMB may be issued. These partners will become eligible for assistance from both the DHC and UCMB, under the same provisions applicable to Diocesan Units.*

<sup>12</sup> I.e. to what belongs to canonically established persons like dioceses, parishes, religious congregations etc...

<sup>13</sup> Accreditation is a process of participated discernment through which any health organisation stating its “belonging” to the Mission of the Church is asked to account for it, at annual intervals and subsequently recognised as “belonging” to the Mission of the Church in health.

<sup>14</sup> These services range from provision of technical advice and guidance, representation in national and international fora, advocacy, funding, training, etc.

<sup>15</sup> We define governance, in our context, as that set of people, structures and procedures governing the institution in such a way that it safe-guards the Mission of the institution (custody of the Mission), as stated in its Charter and as intended by the Founder(s), and its permanence.

<sup>16</sup> We define management/administration as that set of people, structures and procedures that operate the institution in such a way that means and conditions for the pursuance of the objectives of the institution are secured and effectively utilised while the continuity of the institution is safe guarded.

<sup>17</sup> Management and administration are used here as interchangeable words. In practical terms the word management conveys the idea of a more dynamic function than administration: management can be compared to “finding the way” in a situation whose contours are not well defined and continually changing; administration can be seen as the application of well defined and somewhat fixed rules and practices. In this context we certainly prefer the use of the word “management”.

What we have observed in our experience in Uganda, and particularly in the life of hospitals, is that the correct polarity of these two functions is not always clear, hence the risk for these institutions of becoming entrapped by the need of permanence in history, and doing so at the expenses of the very reason why they were born (the Mission). Both boards and managements focus almost exclusively on the urge for continuity, losing sight of the wider scope of the mission that the charism had set in motion. This is not new in the life of the Church (and it is not new also in the life of any organisation).

*One of the ways through which this risk is minimised – this is by far the most practiced way; we would call it the “traditional way” - is by entrusting the management of these institutions to the sons and daughters of a charism (Religious Congregations). This approach often works – as we have seen happening with the epidemic of HIV/AIDS. It is nonetheless true that this does not always happen: on the one hand institutions outnumber the availability of Religious Congregations and the managerial capacity of the latter is not always adequate for the complex challenges that have to be met in complex institutions.*

Be as it may, this is the point where Episcopal Conferences can and need to help, by better qualifying and re-focusing (“segregating”) the respective tasks of the boards and of managements vis-à-vis the two poles of the dynamic relationship described before, indicating both the polar difference and the point of unity – the Mission. In operational terms this means that “grey areas” of the Institutions’ Charters need to be identified and corrected; the reciprocity of respective functions need to be clarified; monitoring tools have to be developed to gauge if the Mission is adequately served; managements have to be enabled to use these tools and account to their respective boards; boards, in their turn, need to know what type of questions have to be asked to managements and what type of support they need to give. This work, which has just started, is also revealing its educative relevance: when confronted with the Mission, it is difficult to avoid its challenge to personal freedom of the people involved. Results are not guaranteed – they are never guaranteed when personal freedom is banked upon. But in this way the service of the Pastors to the people involved in the “works of the Church” is centred on the “core of the matter”: the Mission.

## **Conclusion**

We have tried to summarise in this note two points of method that the experience of the health institutions of the Church in Uganda, faced with the challenge of the HIV/AIDS and the many other challenges of health systems’ reforms, have brought to the fore and have informed the work of the health and HIV/AIDS related offices of the Episcopal Conference of Uganda. The first, stemming from the charismatic pole of the unity between charism and institution, describes a practical application of the principle of subsidiarity in the relationship between the central offices of the Conference and the “works of God” that the Spirit continually generates in His People. The second is the way through which the same offices of the Conference “expose” the persons involved in the institutional structures of the health works of the Church to the demands of the Mission, re-activating the dynamic relationship between governance and management. Both points of method are deemed relevant to enhance the service that the Episcopal Conference, as such, is offering to the People of God.