



Dignity and Right to Health Award: ICMDA Leadership in Christian Health and Development Initiative

Kaaren Mathias^a and Michael Burke^b

^a MB ChB, MPH, FNZCPHM, Public Health Physician and Project Director of Burans community mental health project and program manager in mental health for the Emmanuel Hospital Association, India

^b MBBS BSc MA MPH&TM, MSc (Clin Epi) PhD FRACGP FACTM FAICD, Executive Officer, HealthServe Australia, and Co-joint Associate Professor, Western Sydney University, Australia

The Dignity and Right to Health Award (DRH) is an activity of the International Christian Medical and Dental Association (ICMDA) Leadership in Christian Health and Development Initiative. The WHO Constitution (1946) envisages "... the highest attainable standard of health as a fundamental right of every human being."

The DRH Award is an international award acknowledging the contributions of Christian doctors, dentists, nurses, and other health workers who address health and development issues including HIV. The award recognises, supports, and publicizes the most outstanding role models and champions acting to address health and development issues including the HIV global epidemic.

It is an important symbol to ensure that voices from diverse communities and countries are acknowledged and championed. The DRH Award aims to model and encourage creative and sustainable ways that individuals and organisations enhance the dignity and human rights of people all made in the image of God in diverse settings, including the HIV/AIDS epidemic.

The award commenced in 2006 at the ICMDA (<http://icmda.net/>) World Congress in Sydney, Australia. From 2006 to 2011, it was called the Dignity and Right to Health Award of the ICMDA HIV Initiative. Since 2012, the scope of the award has been broadened beyond HIV activities, while still maintaining the initial scope. As an annual award, a diverse range of individual

and community groups from nearly all continents of the world have been nominated. The award is overseen by an international award committee of diverse practitioners.

The award is given to individuals and/or community-based and national organisations for excellence, outstanding leadership, and compassion in responding to various health challenges. The award seeks nominees who demonstrate the following four criteria:-

Criteria 1. Leadership

Demonstrated visionary and innovative leadership.

Criteria 2. Target group: Marginalised or Hard to Reach Communities

Provision of health services for communities who have difficulties in accessing care due to ethnicity, caste, behaviour, and/or other reasons, or are hard to reach due to geographical difficulties, violence, or conflicts.

Criteria 3. Program Outcomes

- Impacts significantly at local and wider levels.
- Empowers others in integrated community responses.
- Facilitates church integration and participation in best practice models of care.
- Demonstrates excellence in full community



involvement and empowers the target communities.

- Works, facilitates, and advocates for gender equality in community participation, and provides response to issues faced by the target communities.
- Links well with government and other actors in a comprehensive approach to issues faced by the target communities.
- Models creative and compassionate responses that inspire many to similarly enhance the dignity and human rights of the target communities.

Criteria 4. Personal Life

- Exemplifies a life that does justice, loves kindness, and walks humbly with God, and
- Assists individuals to be worshipers of the Living God.

An important part of this award process is to seek appropriate publicity that will allow Christian witness and action to be an encouragement and model to others.

The 2017 DRH winner was the Burans community mental health project from the state of Uttarakhand, North India. This program is part of other activities of the wider Emmanuel Hospital Association (EHA). “Burans” is the local name for the rhododendron, an evergreen shrub or small tree with a showy display of bright red flowers. It is the state flower of Uttarakhand, North India.

Burans is a partnership project led by EHA (www.eha-health.org), working with the Uttarakhand Community Health Global Network (CHGN) (<http://www.chgnukc.org/>), and started in 2014. The context is one where mental health disorders contribute to 11.8% of the Indian disease burden, yet mental health services are allocated less than 1% of the national health budget. Uttarakhand has one specialist psychiatric hospital and seven government psychiatrists for a population of more than ten million.

Burans works in five communities of the Dehradun district (Uttarakhand, North India) with a total population of 80,000 people, with teams of

employed staff and community volunteers seeking to build community knowledge, safe social spaces, and partnerships for action. As a team, Burans has deliberately chosen communities that are systematically disadvantaged and socially marginalised, including a peri-urban area in temporary housing on the edges of an open drain, a rural Muslim area, and a slum area with very high numbers of people from the most oppressed castes. The gospel mandate for social inclusion (illustrated in Jesus’ intentional attention to migrants, women, children, people with stigmatizing disabilities like leprosy, and epilepsy-type symptoms) is something that Burans tries to reflect in their team composition; for example, seeking gender equality in leadership as well as representation of oppressed castes and excluded religious minorities. Burans uses an outcome mapping framework. The broad project vision statement is:

Communities in Uttarakhand state welcome all people, including those who are mentally distressed. They use their knowledge and skills to remain mentally healthy as well as support others. People with mental disorders participate in all aspects of family and community life, and can access effective and well-resourced health services. They are supported by resources, knowledge and skills that they need to live life to the full.¹

Burans collaborates with key stakeholder groups seeking to strategically influence attitudes, behaviour, and relationships related to mental health. In particular, people with psycho-social disability (PPSD), caregivers of those with PPSD, community leaders, and community-based government functionaries. The Burans team has set an “outcome challenge” for each stakeholder group which describes ideal behavior, relationships, and attitudes. Details on the Burans program, methods, and outcomes are provided in a case study publication.²

The team has had a focus on robust documentation. An early baseline survey performed by the team demonstrated the importance of social determinants as risk for

mental ill-health which received significant media attention.^{3,4} A further study showed that people with PPSD are socially distanced and excluded.⁵ They also collaborated with members of the CHGN team to demonstrate the multiple barriers to participation for PPSD in Dehradun.⁶

In response to these findings, the teams focus on helping community members to know “life to the full.” For example, Burans developed an initiative to increase social inclusion among young people affected by PPSD, and this successfully increased mental health and social participation, and reduced behavioural difficulties for those participating.⁷

Burans' key achievements to date include:

- Identifying more than 1,250 people with PPSD and supporting their recovery with counselling, psycho-social support groups, and access to mental health services. Some have dramatic stories of improvement (re-integrating into family and community life).
- Systematically documenting process evaluations and learnings in formats that are shared with the broader community, health and Christian communities.⁸⁻¹⁰
- Delivering an emotional resilience curriculum for girls at government schools and girls who have dropped out of school.¹¹
- Training in mental health for 150 community health and development workers from Christian NGOs, 400 church members, and over 1,000 government community health workers.
- Developing educational resources about mental health in Hindi and English (<https://projectburans.wixsite.com/burans/resources>).
- Partnering with the Uttarakhand Department of Health in an implementation research project funded by WHO seeking to promote access to primary epilepsy care.

Burans is a project that has made significant progress in promoting mental health and social

inclusion in Uttarakhand, using robust documentation and partnership with the Government, faith-based organisations, and others to increase dignity and right to healthcare for many people in the community with mental health problems.

The DRH Award seeks to share stories of inspiration and imagination. These demonstrate excellence in service by individuals or organisations. Christianity, from the time of its founding to its current time, has exemplified a compassionate commitment to justice and mercy within health initiatives. The award is publicised in the latter part of each year. A committee of reviewers oversees the process. Nominations are warmly welcomed.

(see <https://www.healthserve.org.au/icmda-hiv-initiative.html>).

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Correspondence: Michael Burke, Executive Officer, HealthServe Australia, and Co-joint Associate Professor, Western Sydney University, Australia. Michael.Burke@kildaremedical.com.au

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