



Faith-based healthcare in Africa: a special issue

As a focus of global health activity, the continent of Africa has long been a source of interest and study. Nineteenth and twentieth century missionaries and their families succumbed in prodigious numbers to an unfamiliar infectious disease environment which continues to offer health challenges. HIV afflicted predictable groups in Europe and North America, but continues to be a general scourge in Africa. At the same time, Africa's global health circumstances have provided opportunities for social, scientific, and political innovation and discovery. This special issue highlights research which addresses the health concerns of the continent and to show how and where continued collaboration with European and North American colleagues might still be fruitful.

A guest editorial by [Nkatha Njeru](#), director of the Africa Christian Health Association Platform speaks of the value of localizing aid through partnerships in order to obtain equitable healthcare access. A second guest editorial by [Quentin Wodon](#) reports on the quantity of health facilities run by the Catholic Church in Africa and globally, trends over time, and emerging research opportunities for the continent.

The centerpiece of the issue is the section of original articles which includes seven studies. Two companion studies under the African Christian Health Associations Platform CoV FAB project provide information on the very different experience of SARS CoV 2 responses in Sierra Leone and Zimbabwe. One by [Kinyoki](#) and colleagues inquired about health status and perceptions of risk of COVID-19. The other by [Ssentongo](#) and colleagues investigated vaccine acceptance in the two countries. [Tafesse and Chalkley](#) compared the clinical knowledge of staff at faith-based institutions with that of staff at government institutions in Malawi. Differences were found in only two of the eight clinical quality measures, offering reassurance, but also

information on which clinical areas needing improvement in faith-based health facilities. Interest in Biblical Framework Counselling (BFC) has spread to Africa. [Oji and Powell](#) used a literature synthesis and survey-based study to assess the availability and acceptance of BFC in Africa and offer observations on the role of religious/spiritual care generally and the rationale and cogency of BFC specifically for building capacity in mental health care. Descriptive epidemiology can still be relevant to address persistent health issues and [Okpo](#) and his colleagues remind us that dermatophytosis continues to affect school children in Nigeria. [Awotokun](#) studied soil transmitted helminths among school children in a different region of Nigeria which informs community-based interventions for this neglected tropical disease. [Kollars](#) studied the effectiveness of a toxic sugar bait on mosquitos in the United States, but these findings have relevance for addressing the continuing need for vector control to address malaria in Africa, which has increased since the beginning of the COVID-19 pandemic.¹

[Cherian](#) and colleagues offer a case study of how global health partnerships can strengthen the capacity of faith-based organizations in Africa.

Three systematic literature reviews explore three important areas of healthcare research in Africa: pharmaceutical supplies, mental health care, and healthcare education. The COVID-19 pandemic brought to our attention the significance of supply chain effectiveness to global health and the world economy. [Jalloh, Olivier and Whyle](#) reviewed twenty publications that revealed faith-based pharmaceutical supply systems contributing significantly to the quality and supply of medicines, especially to poor and rural areas, even though there was limited knowledge regarding these efforts. [Nanji and Olivier's](#) review looked at the types, quality, and magnitude of faith-based mental health

providers in Africa using a broad definition of faith-based, showing significant contributions and cautions to fill gaps in the mental health global burden of disease. [Tegegne](#) and his colleagues surveyed the literature on the clinical competency of health science students in Ethiopia and identified the most significant educational factors associated with improved quality performance.

Is there still a role for expatriates in Africa? A commentary and two short reports address this question. [Laurie Elit](#) and her colleagues on the staff of Mbingo Hospital in Cameroon advocate for the ongoing role of mission hospitals in promulgating the principles of compassion, competency, humility, vision, perseverance, social justice, integrity, and accountability, along with the opportunity to express the healing aspect of one's faith. The expatriates need not come only from high income countries. [Jesudian and Mothes](#) describe capacity-building through a urological short term mission team from India which focused on addressing obstructive uropathy in Malawi by training local surgeons

in methods tested in other low resource settings. [Deirdre Church](#) and her colleagues report how their organization Christian Connections for International Health enabled the implementation of a USAID grant to improve faith-based and civil society organizational capacity in Kenya, Malawi, and South Sudan. These are non-traditional partners for a government funding agency but who represent essential local actors in underserved areas.

The journal editors wish to express their appreciation to those who review submissions for us. They are the unsung heroes of our efforts to contribute substantially to the literature and who give of their time and expertise with great generosity and care.

References

1. Gao L, Shi Q, Liu Z, Li Z, Dong X. Impact of the COVID-19 pandemic on malaria control in Africa: A preliminary analysis. *Trop Med Infect Dis.* 2023 Jan 16;8(1):67. <https://doi.org/10.3390/tropicalmed8010067>

