Ahimsa Round Table 2013
Global Health and Faith based Communities

This first Ahimsa RoundTable (ART) was a promising collaboration between Ahimsa Fund and the World Faiths Development Dialogue.

The word "faith" in the conference title was used in the sense not that the topic was about religion or any denomination per se but that it was open to all, religious or non-religious, and including indigenous communities, with faith in a better world the common denominator. Faith inspired communities today are among the central service providers in the most troubled and remote regions, represent substantial sources of finance and human resources, and should be seen as creative and active participants in the health arena.

This forum was innovative in various ways. It combined intellectual rigor with policy with practical, business inspired themes. 72 persons from 30 different nationalities participated in the round table and five keynote speakers contributed: Michel Camdessus (Former Managing Director of the International Monetary Fund, Honorary Governor of "Banque de France"); Zelma Lazarus (CEO of Impact India Foundation); Marguerite Barankitse (President of Maison Shalom Burundi), Tony Meloto (Founding-Chairman of Gawad Kalinga Philippines) and Setsuko Klossowska de Rola (President of Fondation Balthus, UNESCO's Artist for Peace). A significant initiative was the proposal to engage a younger generation by including groups of 11 students, from 10 different countries, who were full participants in the discussions.

Participants and Speakers photo: 72 Persons from 30 different nationalities

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Forum Vision: Role & Engagement of Faith inspired Communities in the Global Health Landscape

A central theme was to explore the work of faith inspired communities and particularly their social entrepreneurship, service, and innovative dimensions. The aim was to highlight successes and to explore how more active engagement with a variety of communities could help unite rather than divide societies.

We wanted this Forum to propel and inspire change and lead to innovative, fresh actions in the field of Global Health. The Forum models probing dialogue and practical action around public health issues and thus helps scale up successful initiatives in different world regions This in turn offers significant potential to translate into tangible improvements for societies most in need, establish new networks for exchange, and identify shared experience and points of reference.

The neglect of faith in international affairs is a reflection of a larger and serious issue for global governance. It both ignores a dimension of life that is of critical importance for some 85 percent of the world's people and mutes the ethical issues that are the central challenge for humanity, the more so in an era where we face almost daily choices that can shape the very direction of humanity's future.

Welcome address by Michel Camdessus

During the welcome address, the challenges involved in achieving the forum's vision was summarized by Michel Camdessus (Former Managing Director of the International Monetary Fund, Honorary Governor of "Banque de France"), he highlighted five paradoxes:

Growth and the Poor: Africa is now attaining very bright growth performance, but the poor are left aside. Africa is now seen as the "hopeful continent", but it is not for the large majority of the poorest. This is a tremendous paradox.

Health Care Growth Inequity: We all know that health progress is decisive for development. Investing wisely in health is, together with education, one of the most productive investments for truly sustainable development. This truth should never be ignored.

Faith and Global Partnership for Human Development: We all know the transformative power of faith in our world, but the leaders and communities are rarely given a say in the debates on better development in spite of being vital actors! This is just nonsense, unfair to faith, and deeply detrimental to mobilization of people. Nonsense, because this neglect of religion in international and internal affairs obscures the ethical issues that are the central challenge for humanity. We face almost daily choices that shape the very direction of humanity's future. May this roundtable allow faith actors to be seen and treated as vital participants. This is not "utopia"; this would be good for the world. Good and necessary for a better world.

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New generations: will be the key actors of the design of the needed changes. If we hope to have any prospect of the scenarios we sketch out to be realized, young people need to take them in hand, by contributing to their design. So congratulations to the organizers here for bringing young people into the forum in meaningful ways.

Finance: Comes 5th, not in terms of importance, as it highlights many unacceptable paradoxes. One, very close to our hearts, is future/allocation of a tax on financial transactions. We could triple the financial public effort for the MDGs if we were only to create a routine mechanism there, preventing these robberies (corruption and capital flight) from taking place. It is criminal to know that and not to act. It is much more important to fight this fight than many more sophisticated things in the field of finance.

Session 1: Your contribution in the Global Health landscape

Challenges: What is your practical experience with partnerships? What concrete steps are needed to make partnership, a central MDG goal, a reality beyond 2015? What makes for creative and effective partnerships and what stands in the way? What do you think the international health community needs to know about what makes for creative and meaningful partnership?

Speakers: Jill Olivier (Research Director, International Religious Health Assets Programme, University of Cape Town); Gideon Byamugisha (Global Working Group on Faith, SSDDIM & HIV); Neelam Kshirsagar (General Manager of Impact India Foundation); Renier Koegelenberg (CEO of National Religious Association for Social Development); Tsamchoe Tsering (General Secretary of CCTM Office Darhamsala) and Marco Collovati (CEO of Orangelife).

Panel discussion session 1

Among the widely diverse topics and views covered by different speakers, four recurring important points relevant to the involvement of FBOs emerged in the session.

Advantages and pitfalls of partnership: The desirable/important partners can be very different depending on the context. For example Government are essential (Impact India Foundation) in some

situations while in others problems can be solved without government support or regulation (Orangelife). According to Gideon Byamugisha, it is important to choose partners carefully so that they share similar goals. For him, there exist two types of religious leaders: "those who are working with HIV/AIDS to control their people and those who are working with their people to control HIV/AIDS". A consensus among the participants is that no single entity can represent the FBOs. It was emphasized that even the definition of FBO is complex and controversial.

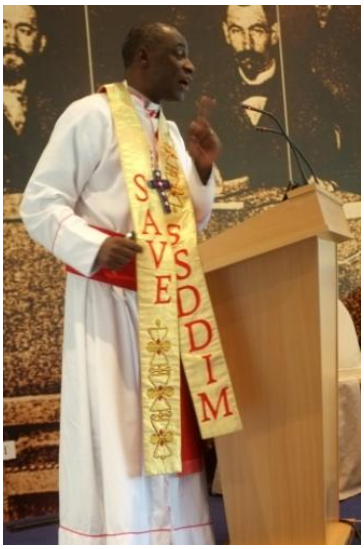
Difference of organizational procedures between FBOs and especially international donor organizations: The difference in "language" used is one of the main explanations for gaps in understanding and partnerships. Donors and recipients are not on the same wavelength. The practical implications of this difference were illustrated with several examples, and the observation that different sectorial organizations (medical, engineering) use different language. The complexity of aligning with national policy and difficulties in mapping out the other organizations and the international donors is a challenge. Many financing agencies now demand documentation with measurable impacts including short-term quantitative results, while FBOs tend to be trust-based and are not usually interested in these organizational procedures and goals. The two other explanations are the lack of evidence based information from FBOs and the fact that the organization and management of FBOs are often different from the donors' expectation.

Positive and negative existing infrastructures: Using existing social infrastructure with partners is a key issue for cost-efficient and impactful projects. For example government structures including public transportation infrastructure (Lifeline Express of Impact India Foundation), religious establishments (SSDDIM & HIV and traditional medicine for Tibetan communities in India) or creating totally new service can be successful (Orangelife) but it is often costly. The phenomenon of competition among different organizations including FBOs over scarce resources can create tension but this competition can also be seen as an opportunity for different partners.

Stigma and prejudices can be an obstacle: Stigma, especially concerning certain diseases such as HIV/AIDS and leprosy remains a serious problem. FBOs can be a solution or source of stigma.

Consensus and Agreement among participants:

- ✓ FBOs play an important role in providing health service, but have some difficulty in securing funding externally;
- ✓ FBOs often understand local needs of which big donor organizations are not aware;
- ✓ Inequality and insufficiency of health service provision exist in all countries;
- ✓ FBOs may have dogmatic resistance to certain issues;
- ✓ FBOs often lack sound and professional management;
- ✓ The management of a FBO is often appointed not because of their management ability but because they belong to a religious group;
- ✓ FBOs are often not interested in documentation or in scientific evidence-based approaches;
- ✓ FBOs are often not very active in networking with each other;
- ✓ Holistic approaches are badly needed.



Gideon Byamugisha's intervention

Answers bring to the challenges and next steps: The three main challenges are the competition over resources, the unintended negative consequences of donor principles and the difference in language. According to Katherine Marshall, 80% of participants in conferences around similar topics agree wholeheartedly that it is necessary to improve coordination among partners. Others are less convinced and accept or even favor approaches that allow multiple approaches. The main recommendations centered on answering the core questions about coordination and partnerships have a flavor of: "it depends", on the context and why and how an organization has to engage in partnership and networks. Good sense is essential because there are no ready, simple answers.

Session 2: Your contribution in the Global Health landscape

Challenges: Why are faith-communities not better integrated in global health thinking and alliances? What will it take to learn from the diverse experiences? How can more active engagement with a variety of communities helps to unite rather than divide societies? What will it take to communicate more effectively?

Speakers: Adela Benzaken (National Programme Officer at UNAIDS); Ian Linden (Policy Director at Tony Blair Foundation); Patricia Garcia (Professor at Heredia University); Lachlan Forrow (President of The Albert Schweitzer Fellowship, Associate Professor of Medicine at Harvard Medical School, Director of Ethics Programs and Palliative Care Programs at Beth Israel Deaconess Medical Center); Chantal Donne (Anatomopathologist) and Chi Peng Hsu (IMBA Student EMLyon Business School).

Panel discussion session 2

Methods of intervention: The focus of the discussion was to create a methodology that could be replicable and applied for other areas besides that applying to a specific project in question. Some of the methods of intervention involve piloting a project and scaling up to achieve broader results for health. The projects provide support and involve various individuals that are part of a local team, local staff and supporting team.

Working with indigenous groups and government: The other important point in this session is the practice which involved indigenous groups and remote areas. The challenges in working in remote areas are the lack of infrastructure and communication tools. The case examined in Brazil highlights an issue that was evident in every session, and that was the presence, or absence of government. In exploring the role of government, it was interesting to see how according to experience and perspectives of the speaker, government was presented either as a barrier to success, or a facilitator. It is clear that those that work with FBOs or with development organizations in general, need to identify what role government can and should play in facilitating the success of a project. Also linking to the function of government, the speakers outlined the importance of working with organizations at a multifaceted level by involving the government and other sectors.

Working with religious groups: The important topic discussed in this session is the involvement of various religious groups to promote the common good "health of the community". The role of working with the religious groups was explained in terms of their power to bring about change in the community. For instance, the Tony Blair foundation in Sierra Leone involved both Christian and Islamic groups, and was able to achieve a successful intervention on malaria. The foundation gives training to religious leaders to actively involve them in realizing health development in the society. On the other hand the foundation cascades health and education through a number of religious leaders.

Communication: The process of facilitating success was examined with respect to communication, or rather a lack of communication. Communication was viewed as an issue not only between FBOs and non-FBO groups, but there is an apparent lack of communication between FBOs. It was argued by the vast majority of observers, that this lack of communication was detrimental, possibly due to almost all the observers that the absence of a common vocabulary or a well-functioning network is a true obstacle. They concluded that both are necessary to increase communication. One argument presented was that a common language should be established as a matter of priority and this was required in order to establish a well-functioning network. A common language and shared vocabulary could serve as a tool to promote various causes. The subject of language and vocabulary was also significant with reference to the subject of donor recipient relations. It was suggested that the word "partnership" should be used as a way to describe relations between FBOs and their donors/partners and that it should be given careful meaning. This point was illustrated through the metaphor of two hands, it was stated that the hand that gives should not be higher than the hand that receives. By developing a mindset of equality, FBOs can be more effective in delivering services and donors would develop a stronger understanding of the FBOs they work with, cultivating stronger relationships.


Interaction between speaker and participant

Best Practices: The discussion presented best practices that are worthy of replication. The sessions underlined that the practices should be replicable but always must take specific contexts into consideration. The best practices identified are: health education and messaging by using various

means such as cartoons; organizing meaningful training for religious leaders, elders and adult women; making partnership into an integrated partnership, not a parallel partnership; involving government; using incentives like certificates and T-shirts, social practices and social matrix, social mobilization like TV, Radio and the use of a football match and creating a motto such as "Why my faith says I should be against malaria"; collaboration and team buildings; the interaction with the community and the use of technology and the market model.

Answers offered to the challenges and next steps: This session focused on assessing the contribution in the Global Health Landscape and it followed smoothly from the ideas discussed in session one. The main points identified in the discussion were the contribution of different organizations in the global health landscape, the regulatory limitations, health workers fears, and how to involve the faith based organizations. One point that was presented during this session and which show the complexity of these challenges is that it was not faith or religion by itself that motivated people to dedicate themselves to work at delivering services. Rather, what motivates people, it was suggested, is a sense of awe or wonder that powers a person's willingness to work in global health. If we conclude that this sense of awe and wonder can be found within other communities, such as sporting groups, environmentally focused groups, political organizations or music groups, could that not provide a foundation for a broader and creative effort to reflect on collaboration to deliver health services and change behaviors?

Session 3: Innovation in Global Health initiatives

Challenges: How innovation can change the global health landscape? What are your expectations? Which kind of partnership can we propose? How can we change routine processes that do not serve the ends as they could?

Speakers: Joanna Rubinstein (Assistant Director of the Earth Institute for International Programs); Philippe Duneton (Deputy Executive Director of Unitaid); Sally Smith (Adviser for Faith Based Organizations, UNAIDS); Thomas Joseph (WHO's Team Leader TB Community Engagement); Jerick Limoanco (Program Head of the Center for Green Innovation for the Gawad Kalinga Enchanted Farm); Kenta Watanabe (IMBA Student EMLyon Business School).

Panel discussion session 3

Innovation: Several kind of innovation can be identified. The technology innovation is simply an enabling tool to help us to facilitate the task. A concrete example is the use of a smart phone to manage diagnosis and results and thus to provide needed data in real-time. Another type of innovation is process innovation, for example using cartoon books to educate mothers and children; point of care testing like small devices, easy to use outside central laboratories, rapid results, HIV patient monitoring or using songs to educate the patients to take different medicines in the morning and evening. A third category might be economic innovations, for example, how to make $1 donation to yield a $4 effect by involving donors, government, private sectors and impoverished populations and by building social business incubation centers at the bottom of the pyramid. These were cited as examples of economic innovation. Improvement of scalable management system and implementation of replicable model are also innovations that were mentioned by some speakers: it is not doing things differently in any fundamental way, but simply scaling up. Looked at from a different point of view, there is scope for providing products not just for philanthropic purposes, but focusing on the customer needs or using culturally adapted, local approaches instead of purely donating materials for the sake of donating them. This could make a huge difference and fuel the innovation process.

Partnership: Involving all sectors and using sound business models to motivate all stakeholders are the main issues involved in this topic. It is important to actively involve local communities, corporations, donors, and governments in on-the-ground projects. When there are concrete results that can bring in more influential partners. The Government has to be involved. Locally and globally the goal is to bring the community and government together in all phases: advocating, planning, implementing and acting levels. Working with governments needs more than bypassing them or just signing agreements: we need to find ways to support them. Empowering local actors, give them autonomy and training, and give incentives to local communities. To contribute to the economy and health, NGOS and communities need to share their experience in the field and to communicate to reach a common language, common goals, and define a common focus through to implementation and action. One recommendation is to build platforms to bring all sector players together.


Interaction between participants

Answers to challenges and next steps: Speakers addressed the challenges presented for the session. By presenting innovative approaches of technology, process, economic models as well as partnership relationships, this session went well beyond the initial challenges posed. They also offered some solution to lingering questions from previous sessions. One of the main challenges identified is that innovations can introduce concrete answers that can solve the constant obstacle of scarce resources such as limitations in health infrastructure, limitations in human resources (drugs, testing machines, lack of doctors and medical professionals) and how to access those resources. The trust issue between locals and international organizations, such as UN agencies was highlighted as a crucial point, as important as political issues and power struggles between faith leaders and other entities.

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The intersections between faith beliefs, faith inspired initiatives, and public health initiatives sometimes are difficult to define. The issue is not about what religion, but what level of discussion with them is possible. The lack of communication networks and platforms can explain some of those difficulties but the main question is how to identify the right partners? Although the session was fruitful, remaining questions to be solved include the trust issues between FBOs and non FBOs and working with partners, religious leaders to reach grassroots communities. These are essential for the sustainability of any initiative. To increase the awareness of FBOs, participants proposed to establish ways to document and demonstrate the concrete result of projects. We can summarize this session by the slogan that was advanced: "Together, we can end poverty"!

Session 4: Social Entrepreneurship in Global Health Initiatives

Challenges: What about charity, what about local empowerment? How can we make those projects sustainable? Which kind of partnerships can we propose? What is needed to achieve the elusive goal of sustainability? How can we better engage younger generations by including groups of students, from different countries, who will be full participants in the challenge?

Speakers: Christoph Benn (Director, External Relations, The Global Fund); Suvam Paul (Candidate for Public Health Administration, New York University); Samantha Caccamo (Founder & CEO of Social Business Earth); Kevin O'Brien (Country Director, Handa Foundation, Cambodia); Cedric Bien (UNC, Institute for Global Health and Infectious Diseases, Project China); Shirley Lemus (Project Director, Grameen Health Innovations) and Kim Tan (Chairman of Springhill Management).

Panel discussion session 4

Partnerships: Opportunities for delivering equitable and accessible healthcare depend on large healthcare delivery systems such as hospitals (which utilize a combination of technology and human resources for healthcare) where the issues and outcomes of treatment are measurable, as well as on smaller less visible public health mechanisms that rely on innovative tools that can have wide reaching impacts. In Cedric Bien's work on social entrepreneurship for sexual health, centered on STD care for groups discriminated against when seeking care because of their sexual preferences, the approach relies increasingly on horizontal collaboration around faith based organizations, business partners, and clinics to deliver care. Kevin O'Brien of the Handa Foundation has taken a systems

approach the problem of healthcare delivery through the development of sustainable systems linking hospitals and clinics that are providing a wide variety of health care services (from pediatric, surgical, diagnostic services, chronic care) to all people in Cambodia. Kim Tan, who works on neglected diseases of poverty, says the solutions are mostly low-tech locations such as vaccines, antibiotics, access to clear drinking water, and nutrition to treat these diseases. His solution to neglected diseases - whether it is a sanitation enterprise in the slums of Nairobi or fuel-efficient solar stoves - are small in and of themselves but offer the ability to reach a wide population. Samantha Caccamo spoke about sustainable enterprises for alleviating poverty. Regardless of how and where they work, these entrepreneurs grapple with the issues of sustainability and form partnerships to achieve their aims.

Sustainability & Charity: To attain the elusive goal of sustainability, there is a need for new and innovative economic models to finance healthcare. Kevin O'Brien has utilized two models of sustainability for his large healthcare oriented enterprises: the "Robin Hood model" and drawing on the profits of revenue-generating enterprises to support healthcare oriented enterprises that serve the poor. The "Robin Hood model" for financing relies on charging the wealthier patients higher prices for care, using the proceeds to subsidize lower prices charged to poor patients for the same high quality services. The Handa Emergency Hospital in Battambang, Cambodia uses the sliding scale model. The Foudation has also set up a farm and security product services company, and the profits from these businesses will be used to support the work of the medical center. Attaining the elusive goal of sustainability also relies on the use of charity. O'Brien mentioned in his presentation that 50% of the budget for the Handa Foundation comes from the Global Fund and USAID and the rest from private contributions. However, the use of charity as aid is different in that the funds from charity are used to support the work of sustainable enterprises. The Grameen Caledonian College of Nursing uses charity/aid to establish the college and for operations, but its goal is to become self-sustaining through its operations alone, such as the financing provided by student fees.

Empowerment: we identify the social problem and issues based on learning about what local people need. The goal is to create sustainable business models and empower local people through several avenues, for example offering them education, working on an understanding of their incentives, and local adaptation of business models and implementation methods.

Innovation: The main key identified to success in innovation is delivering both high and low technologies to local people, reinventing services in order to adapt them well to local needs, and finding new ways to cooperate with entities, such as FBOs and others in the nonprofit sectors.

Younger generation: we need a "peace corps" model that pairs students and young people with projects in sustainable healthcare enterprises around the world. Today, programs to link people to projects that are working with issues/challenges in the healthcare arena around the world are inefficient at best. Given a global generation of young people who are aware of the wide variety of issues afflicting their world and ready to pour their collective energies into

Engagement of the younger generation during the forum.

these causes, more efforts are needed to make the pairing of a young generation with the programs working to alleviate global challenges as efficient as possible. To integrate more young people in this process it is important to create social media platform for students with virtual management teams that manage the communication, sharing, risk management and promotion and offer concrete project and opportunities to students.

Answers bring to the challenges and next steps: To summarize this session, one challenge in partnerships, especially when it comes to pairing faith-based organizations with social enterprises. There are different ways to help assure access and enhance the impact of their work. Faith based organizations primarily rely on narratives when communicating their work. Maggy Barankitse of Maison Shalom, spoke movingly about her motivations behind the work she does. It was a tale that spoke of overcoming extreme horrors of a civil war in Burundi through faith and love, two forces that are crucial for the work of Maison Shalom. Tony Meloto of Gawad Kalinga spoke of his personal journey and motivations behind his starting for his work to empower the poor in the Philippines. O'Brienein and Tan in contrast spoke to a very systematic approach to their work, focusing on outcomes and sustainability as crucial elements of how they approach their work. Integrating the narrative vs. outcomes approach when pairing a faith based organization with a social enterprise needs further discussions.

Introduction to the Global IVD Landscape

Speakers: Rosanna Peeling (Professor and Chair of Diagnostics Research at London School of Hygiene and Tropical Medicine) and Maurine Murtagh (Former Director of Diagnostic Services for Clinton Health Access Initiative, CEO of the Murtagh Group).

Rosanna Peeling and Maurine Murtagh

Bench to Bedside: diagnostics to improve Global Health: Testing is the gateway to management and treatment of priority diseases. We need to move diagnostic testing closer to the point of patient care. As a community, we are challenged to strengthen diagnostic systems and improve access to testing.

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Workshop & Working Group Recommendations

Challenges: "How to develop a stronger partnership to better reach the MDG objectives and make our projects sustainable?"
"What do we need to change in the Global Health Landscape to better engage faith-based communities?"


Jorge Vivanco's workshop introduction

Moderator: Jorge Vivanco (President of World Vision Mexico)

Develop stronger partnerships: The main areas where it is essential to develop deeper understanding as a foundation for stronger partnerships are: different "cultures", different interests and natural resistance. Given the complexity of partnering with FBOs it is vital to have the existing mapping of available information (from Gates, WHO, IRHAP, WFDD, etc.). Appreciating the underlying resistance and issues related to communication is important. Their role for such partnerships is illustrated by two points: Respect and Empathy. The critical steps identified are to know and understand the partner, open communication, dialogue and building trust between members. It is essential to share motivation, to identify common interests and goals), to value each player (what each one is bringing to the table) and to leverage local resources. The main comment for any agreement is not to instrumentalize any of the players. The final objective should be to reach the community.

Make our projects sustainable: New economic models can emerge through proof of concept and creating a positive impact on the local community. Those are the keys to making any project sustainable. FBOs advocacy programs have difficulty in being sustainable; top down and bottom up discussions are the main approaches to design a social business model for FBOs. Assuring local ownership gives voice and visibility and is the best way to build recognition and respect among the community for capacity building, empowerment and sustainability.

Better engage faith-based communities: To understand the context of this part of the discussion, it is important to clarify that for a lot of people there are myths like "too many organizations", "organizations difficult to reach" and those who see FBOs as "beggars". For engagement of FBOs it seems essential to eliminate current gaps in knowledge about FBO contributions to health and invest in research and documentation. The integration of high level faith leaders as ambassadors with involvement of local authorities from the beginning in planning and with the combination of public private partnerships (including mentoring and networking) will ensure that aid works for sustainability. The need for a common language to associate faith and belief, and Global Faith and the Health Dialogue is one of the keys issues to mobilization and empowerment of FBOs. A central point post 2015 is how and what will be the role of faith-based communities in continuing health dialogues? The common agreement is to enhance dialogue among regulatory bodies global and national.

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Answers to bring to the challenges and next steps: This working group session had a clear consensus question: what can we do? The principal point is to use this forum as a great opportunity to network together. The suggestion from the working group is to connect FBOs and to keep track of how many collaborations start as a result of this round table. Better access to resources by creating a community based platform to be a hub of resources that gathers, shares, and documents practices is also needed. The second large challenge is to work to communicate and define actions that will advance ongoing dialogue between FBOs and others. It is important to create connections, to promote sharing and documenting examples and to make program and research outcomes helpful to FBOs (website of evidence based results coming from FBOs and publications). The last agreement shared is to create bridges with younger generations to develop blogs or Internet pages, to network, connect and update each other on new project developments and challenges.

Working groups during a brainstorming session.

Conclusion of the meeting and recommendations

Some people came to this discussion overworked, frustrated, inspired, even somewhat jaded by long-standing discussions about faith roles in health. For others it was a discovery with puzzling elements. But perhaps there was a shared conviction or "conversion": this enormous world of institutions, ideas, and people are part of the development enterprise yet are often misunderstood or left aside. But, the question remains, what to do about it? How do we assure the serious attention to the issues that the topic deserves? How do we grapple with the enormous octopus in ways that are meaningful?

Reflecting on Katherine Marshall reflections of this forum, she picked out ten words and thus ideas that may offer some guideposts as we move forward:

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Jean-François de Lavison and Katherine Marshall

1. Complexity: I light briefly on this complex topic but underline that the sheer complexity of the faith engagement came up repeatedly, not only as a reality but as a practical problem to surmount. Simplistic formulas are deceptive, reinforcing prejudice. A country by country focus is often the answer. Finding ways to bring a coherent faith "voice" (out of incoherence) to more global campaigns is an immediate challenge.

2. Definitions, vocabulary. The problem of how to define faith, religion, FBOs, and FIIs all came up repeatedly. I was struck by a comment at the first dinner: "faith is inclusive, religion is divisive". More broadly, different world views come with different vocabularies that block understanding but also finance and partnerships. Some suggested developing practical guidance to help people navigate the terrain, and to avoid the landmines.

3. Governments. Sustainability, another central idea and goal, was linked to the need to find ways to work with governments. This looks very different in different settings. The public private mix, involving direct service provision, sound regulatory mechanisms, and willingness to address public sector weaknesses and strengths were all evoked.

4. Inequality. Michel Camdessus called it THE issue. It was implicit in much of the discussion but as it emerges as a central topic in the post 2015 global goals deserves some rigorous attention from the angle of faith.

5. Paradox. This term came up often, notably of course in Camdessus' five paradoxes. The lingering on this term echoes our recognition of complexity but, still more, reflects the very different ways that problems can be seen. The implication? Better and clearer information, recognition of true disagreements and difficulties.

6. Partnerships. The nature of partnerships and their pitfalls were part of many of the stories and successes. Balance in partnerships involving very different parties is a challenge – the image of two hands level sticks as an ideal. A related topic is who's at the table, which table, and with what voice? "If you are not at the table, you can end up on the menu" is a good reminder but we need to go further. This matter is crucial when a goal is to harmonize, to ensure that the voice and insights of faith communities are taken into account.

7. Rebellion. Much that is achieved comes with breaking rules, paradigms and norms. Maggy is a living case study and a reminder. That's also a theme of social entrepreneurship that came up repeatedly.

8. Stigma. Stigma is a central part of the HIV and AIDS struggle but the challenge goes well beyond, with the examples of leprosy and disability prominent in the discussion. Religious groups both overcome and reinforce stigma. Gideon offered the example of how changes in attitude move mountains.

9. Youth. Engaging young people, the next generation, was a rare point of unanimity. We move on to the hows.

10. Vulnerability. This theme was more implicit than explicit but a concern for the most vulnerable is a common feature of the cases. Harnessing compassion, encouraging charity with a modern face, linking humanitarian with development, all come under this heading.

Closing Diner photo

Deliverables and next steps

Ahimsa RoundTable's vision is to connect people and initiatives with the same fundamental ideas: "make good health contagious". This first Round Table was a wonderful platform to share ideas and to show that projects can be replicated with other partners in other countries. During these two days many ideas were shared and a significant number of speakers and participants are willing to challenge their work in collaboration with other to share knowledge and implement projects in other areas of the world:

- ✓ How do make project economically sustainable with the support of micro-finance and micro-assurance to Uganda in partnership with Maison Shalom Burundi?
- ✓ Starting a series of dialogues and consultations with different key stakeholders like communities, governments, universities and global partnership and other NGOs and NFOs will engage FBOs and develop the ownership of initiatives;
- ✓ Integration of faith leaders as ambassadors of the next Ahimsa RoundTable;
- ✓ Create a community based platform to be a hub of resources.

Replication of:

- ✓ HPV Cancer developed with Maison Shalom Burundi to Central Council of Tibetan Medicine in India (Darhamsala), to Impact India Foundation (Mumbai);
- ✓ Community Health Initiative developed with Impact India Foundation to Maison Shalom in Burundi and Gawad Kalinga in Philippines;
- ✓ Innovative business models like vaccine scheduling and tracking software for newborns and infants in Burundi and in India in partnership with Social Business Earth;
- ✓ Smile for Hope Initiative from Nepal to other countries (Burundi, India, Philippines, Brazil and Peru);
- ✓ Launch a program on leprosy POC to Africa and India (Orangelife).

Next forum on Global Health and Faith based Communities organized by Ahimsa Fund and the World Faiths Development Dialogue (venue in discussion): Save the dates: 22nd to 25th June 2014

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Thank you to our guest speakers!

Zelma Lazarus (India)

Marguerite Barankitse (Burundi)

Setsuko Klossowska de Rola (Japan)

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