

FEDERATION STUDY DAY - 26TH OCTOBER 2020

THEME: SDG 3: 'GOOD HEALTH AND WELL-BEING'

PREPARED BY WEST AFRICA AREA



SDG 3 “Ensure healthy lives and promote well-being for all at all ages”



Each year, the World Federation of Methodist and Uniting Church Women produces a resource for use by individuals, small groups or larger gatherings as they observe World Federation day. The aim is to unite women in common study, worship and action.

This year, the focus is on the United Nations' Sustainable Development Goal 3.

In this resource pack you will find:

- An Introduction to the issue
- The importance of SDG 3
- Health targets
- The key features
- Recent progress under four main headings
- Why SDG 3 matters
- A Global Approach
- Useful links
- Actions to be taken
- A worship service

Please use this resource as seems most helpful, adapting to local needs. Since the material was compiled, the world has been changed forever by the COVID-19 pandemic, a health issue that has affected us all to some extent. You will be able to share your own stories of how women have been affected by this and other health issues and how they have responded with positive action. Let us learn from each other and give God the glory, honour and praise.

Introduction

Health is more than physical and mental well-being, and healing is not primarily medical. Health and healing were a central feature of Jesus' ministry and of his call to his followers, and the Church has been engaged in health services for centuries.

The global health agenda has changed greatly over the years. In addition to the global Sustainable Development Goal (SDG) 3 on good health and well-being, health is inherent in each of the 17 SDGs. Universal health coverage, with the virtual elimination of HIV, is an urgent global public health agenda. Emerging and re-emerging infectious diseases, like Ebola and Dengue, are still a concern. Antimicrobial resistance, neglected tropical diseases and non-communicable diseases, including life-style diseases, have now come to the fore with a growing global impact.

With these continuing and new global challenges, the World Council of Churches believes that it is time again for the Church and its affiliates to reaffirm the role they have played over the centuries as leaders in global health, and consolidate all efforts towards health and healing for all.

Why is SDG 3 important?

Recognizing the interdependence of health and development, the Sustainable Development Goals (SDGs) provide an ambitious, comprehensive plan of action for people, planet and prosperity and for ending the injustices that underpin poor health and development outcomes.

SDG 3 aspires to ensure health and well-being for all, including a bold commitment to end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases by 2030. It also aims to achieve universal health coverage, and provide access to safe and effective medicines and vaccines for all. Supporting research and development for vaccines is an essential part of this process as well as expanding access to affordable medicines.

Around December 2019 and early January 2020, the world was thrown into panic by a pandemic – Corona Virus 19 disease, an infection that is spread by droplets from person to person. The cause of the disease is unknown and there is no known treatment for it as at the time of writing this material in May 2020. The first patients were found in Wuhan, China. This pandemic has affected hundreds of thousands of people world-wide and thousands have lost their lives.

Promoting health and well-being is one of 17 Global Goals that make up the 2030 Agenda for Sustainable Development. An integrated approach is crucial for progress across the multiple goals. Ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development.

Health targets for SDG 3

1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.
2. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
3. By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.
4. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
6. By 2030, halve the number of global deaths and injuries from road traffic accidents.
7. By 2030, ensure universal access to sexual and reproductive health-care services, including family planning information and education, and the integration of reproductive health into national strategies and programmes.
8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
10. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries.
11. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.
12. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
13. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

What are the key features of SDG 3?

In addition to ill-health being a cause of poverty, health is impacted by poverty and strongly connected to other aspects of sustainable development, including water and sanitation, gender equality, climate change and peace and stability. In recent years, notable progress has been made, but significant challenges remain.

The Goal addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; universal health coverage; and access for all to safe, effective, quality and affordable medicines and vaccines.

SDG 3's targets touch on everything from universal health coverage and tobacco control to reducing the number of deaths due to road traffic accidents and substance abuse - issues widespread in countries at all stages of development.

PROGRESS OF GOAL 3 IN 2019

Major progress has been made in improving the health of millions of people, increasing life expectancy, reducing maternal and child mortality and fighting against leading communicable diseases. However, progress has stalled or is not happening fast enough with regard to addressing major diseases, such as malaria and tuberculosis, and now the new corona virus disease, while at least half the global population does not have access to essential health services and many of those who do suffer undue financial hardship, potentially pushing them into extreme poverty. Concerted efforts are required to achieve universal health coverage and sustainable financing for health, to address the growing burden of non-communicable diseases, including mental health, and to tackle antimicrobial resistance and determinants of health such as air pollution and inadequate water and sanitation.

Reproductive, maternal, new born and child health

- An estimated 303,000 women around the world died due to complications of pregnancy and childbirth in 2015. Almost all of these deaths occurred in low- and middle-income countries, and almost two thirds of those were in sub-Saharan Africa. These deaths are preventable with appropriate management and care. Globally in 2018, 81 per cent of births took place with the assistance of a skilled birth attendant, a significant improvement from 69 per cent in 2012. Coverage of skilled birth attendants in 2018 was only 59 per cent in sub-Saharan Africa.
- The under-5 mortality rate fell to 39 deaths per 1,000 live births in 2017, a 6.7 per cent reduction from 42 deaths in 2015, and an overall reduction of 49 per cent from 77 deaths per 1,000 live births in 2000. The total number of under-5 deaths dropped to 5.4 million in 2017 from 9.8 million in 2000. Still, most of these deaths were from preventable causes and almost half, or 2.5 million, occurred in the first month of life – the most

crucial period for child survival. The global neonatal mortality rate has continued to decline after a long downward trend from 31 deaths per 1,000 live births in 2000 to 18 in 2017, a 41 per cent reduction.

- Immunization saves millions of lives and is widely recognized as one of the world's most successful and cost-effective health interventions. Coverage of the required three doses of the vaccine that prevents diphtheria, tetanus and pertussis increased from 72 per cent in 2000 to 85 per cent in 2015 and has remained unchanged between 2015 and 2017. An estimated 19.9 million children did not receive the vaccines during the first year of life, putting them at serious risk of these potentially fatal diseases. The global coverage of pneumococcal conjugate vaccine, which has the potential to significantly reduce deaths in children under age of 5, has yet to reach 50 per cent. Two doses of the measles vaccine are required to prevent the disease and the illnesses, disabilities and deaths caused by complications associated with it. Coverage with the second dose of measles vaccine increased from 59 per cent in 2015 to 67 per cent in 2017, but that is still insufficient to prevent this highly contagious disease.
- Expanding access to modern contraceptive methods is essential to ensuring universal access to sexual and reproductive health-care services. Globally, the proportion of women of reproductive age (15 to 49 years old) who have the need for family planning satisfied with modern contraceptive methods has continued to increase slowly, from 74 per cent in 2000 to 76 per cent in 2019.
- Adolescent fertility declined from 56 births per 1,000 adolescent women in 2000 to 45 births in 2015 and 44 births in 2019. The level of adolescent fertility has remained high in sub-Saharan Africa, at 101 births per 1,000 adolescent women due to child marriages. Adolescent girls in certain religions are denied the right to enjoy their childhood and education and are given away by their parents to early marriage.

Infectious diseases

- Strong and steady domestic and international commitment and funding has fuelled an acceleration of evidence-informed HIV prevention, testing and treatment programmes. As a result, the incidence of HIV in sub-Saharan Africa (among adults aged 15 to 49) has declined by 37 per cent, from 3.39 infections per 1,000 uninfected people in 2010 to 2.49 in 2015 and 2.14 in 2017. However, the rate of global HIV incidence among adults aged 15 to 49 declined from 0.44 to 0.40 between 2015 and 2017 and overall by 22 per cent between 2010 and 2017, well short of the declines required to meet 2020 and 2030 targets.
- Tuberculosis remained a leading cause of ill health and death till the new COVID 19 reared its head and became the leader in the cause for ill health and death. In 2017, an estimated 10 million people fell ill with tuberculosis. The burden is falling globally: incidence of tuberculosis has continued to decline from 170 new and relapse cases per 100,000 people in 2000 to 140 in 2015, and 134 in 2017; and the tuberculosis mortality rate among HIV-negative people fell by 42 per cent between 2000 and 2017. However, large gaps in detection and treatment persist and the current pace of progress is not fast enough to meet the Sustainable Development Goal target, with drug-resistant tuberculosis remaining a continuing threat.

- After more than a decade of steady advances in fighting malaria, progress has stalled. No significant gains were made in reducing the number of malaria cases worldwide in the period 2015–2017. Sub-Saharan Africa continues to carry the heaviest burden of disease, accounting for more than 90 per cent of the global malaria burden. Worryingly, there were an estimated 3.5 million more malaria cases in the 10 highest-burden African countries in 2017 compared with the previous year.
- In 2015, an estimated 325 million people worldwide were living with hepatitis B virus or hepatitis C virus infection. The widespread use of hepatitis B vaccine in infants has considerably reduced the incidence of new chronic HBV infections, as reflected by the decline in hepatitis B prevalence among children under 5 years of age, from 4.7 per cent in the pre-vaccine era to 0.8 per cent in 2017.
- In 2017, 1.58 billion people were reported as requiring mass or individual treatment and care for neglected tropical diseases, down from 1.63 billion in 2015 and 2.03 billion in 2010. Improved surveillance meant that further populations requiring interventions against such diseases were identified in 2017. The 522 million people requiring treatment and care in least developed countries represented 52 per cent of those countries' populations, down from 584 million in 2015.

Non-communicable diseases, mental health and environmental risks

- **T**he probability of dying from any of the four main non-communicable diseases – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – between the ages of 30 and 70 was 18 per cent in 2016. The risk remains markedly higher for men globally, at 21.6 per cent, compared with 15 per cent for women.
- Progress has been made in reducing the global suicide rate (from 12.9 per 100,000 in 2000 to 10.6 per 100,000 in 2016). However, suicide remains the second-highest cause of death among people aged 15 to 29 globally, with 79 per cent of suicides found in low- and middle-income countries in 2016.
- The prevalence of tobacco use declined from 27 per cent in 2000 to 20 per cent in 2016. Prevalence fell faster for women, from 11 per cent in 2000 to 6 per cent in 2016, compared with men: prevalence in men only fell from 43 per cent to 34 per cent. Despite the positive trends, the number of people dying from a tobacco-related illness was estimated to be more than 8.1 million in 2017.
- The number of road traffic deaths climbed from 1.31 million in 2013 to 1.35 million in 2016. Road traffic injury is the leading cause of death for children and young adults aged 5 to 29.
- Air pollution, both ambient and household, increases the risk of cardiovascular and respiratory disease and, in 2016, led to some 7 million deaths worldwide. Sub-Saharan Africa and most of Asia and Oceania (excluding Australia/New Zealand) have the highest mortality rates associated with air pollution, as a large proportion of the population still rely on polluting fuels and technologies for cooking.

- Inadequate and unsafe drinking water, sanitation and hygiene is linked to 60 per cent of the disease burden from diarrhoea, 100 per cent of the burden from infections with soil-transmitted helminths and 16 per cent of the burden from protein-energy malnutrition, leading to a total of 870,000 deaths in 2016 from the three conditions.

Health systems and funding

- Official Development Assistance (ODA) for basic health from all donors increased by 61 per cent in real terms since 2010 and reached \$10.7 billion in 2017. In 2017, some \$2.0 billion was spent on malaria control, \$1.0 billion on tuberculosis control and \$2.3 billion on other infectious diseases, excluding HIV/AIDS.
- Available data from 2013 to 2018 indicate that close to 40 per cent of all countries had fewer than 10 medical doctors per 10,000 people, and more than 55 per cent had fewer than 40 nursing and midwifery personnel per 10,000 people. All least developed countries had fewer than 10 medical doctors and fewer than 5 dentists and 5 pharmacists per 10,000 people, and 98 per cent had fewer than 40 nursing and midwifery personnel per 10,000 people.

(Source: Report of the WHO Secretary-General, Special edition: progress towards the Sustainable Development Goals 2019)

Why SDG 3 matters, and how we can achieve it

(By Sumeep Bath, April 6, 2018 IISD International Institute for Sustainable Development)

According to Sumeep Bath, creating a sustainable world—and reaching economic, environmental and social goals—depends on having a thriving and healthy human population. However, even the most cursory glance at figures pertaining to human health reveals a world where grave inequalities result in massive disparities when it comes to access to basic health care, and where easily treatable diseases still claim far too many lives in many corners of the globe.

In 2015, there were approximately 303,000 maternal deaths worldwide, most from preventable causes. Maternal health conditions were also the leading cause of death among girls aged 15-19 in that year.

Infant mortality rates—along with many other health-related issues—can also expose inequalities within nations. In Canada, for example, while the average mortality rate is around 5 deaths per 1,000 live births, it reaches as high as 16 deaths per 1,000 live births in Nunavut—a region where 85 per cent of the population is Indigenous.

Around the world, more than 6 million children still die before their fifth birthday each year, with four out of five of those deaths occurring in sub-Saharan Africa and Southern Asia. Rates of poverty and the level of the mother’s education are key factors that affect the likelihood of a child making it past the age of five.

When it comes to communicable diseases, at the end of 2013, there were an estimated 35 million people living with HIV worldwide. In fact, 240,000 children were newly infected with the disease that year.

While the rates of malaria are falling globally, the recent resurgence of ailments such as measles and the Zika virus reminds us that there are always potential health crises around the corner for which we may not be equipped—with the Global South often most at risk.



In 2015, there were approximately 303,000 maternal deaths worldwide, most from preventable causes.

A GLOBAL APPROACH TO WORLDWIDE PROBLEMS

When world leaders adopted the Sustainable Development Goals, they signed on to a goal (SDG 3) that aims to "ensure healthy lives and promote well-being for all at all ages." The Millennium Development Goals (MDGs), which provided a global framework for development from 2000-2015, dedicated a hefty 3 out of 10 goals to global health issues (child mortality; maternal health; HIV/AIDS, malaria and other diseases).

The targets under SDG 3 have an even greater scope than those three MDGs combined. Furthermore, given the integrated nature of the sustainable development approach, many of the other SDGs, such as Goal 1 ("end poverty"), Goal 2 ("end hunger") and Goal 6 ("ensure access to water"), are strongly tied to—and have an impact on—human health issues.

Many of the SDG 3 targets are dedicated to tackling pressing issues surrounding maternal health and child mortality rates, which continue to affect much of the Global South in particular. The ambition of those targets reflects the urgency of the work at hand, and the desire of the international community to continue their work on the unfinished business in the MDGs. By 2030, Target 2 aims to "end preventable deaths of new-borns and children under 5 years of age," and Target 1 is to "reduce the global maternal mortality ratio to less than 70 per 100,000 live births."

Other targets reflect the universal nature of the SDGs. They touch on everything from universal health coverage and tobacco control to reducing the number of deaths due to road traffic accidents and substance abuse—issues that are widespread in countries at all stages of development.

Both developed and developing countries have work to do to ensure healthy lives and promote well-being for all of their citizens, including addressing policies on universal access to health coverage and populations' relationships with alcohol and narcotics.

TOWARDS A HEALTHIER FUTURE

The global community has already made significant progress in key areas of human health. Despite the still-high figures of maternal mortality, the United Nations reports, it has actually fallen by almost 50 percent since 1990. In Northern Africa and Southern and Eastern Asia, maternal mortality has also been reduced by around two-thirds.

17,000 fewer children die each day than in 1990—some of which can be attributed to increased access to vaccinations. For example, since 2000, the United Nations reports that measles vaccines have prevented almost 15.6 million deaths globally.

When it comes to treating HIV, at the end of 2014, 13.6 million had access to antiretroviral therapy, and new HIV infections in 2013 were estimated at 2.1 million—38 per cent lower than in 2001.

These achievements point to the value of international goals—the MDGs—in focusing global efforts on shared objectives. The SDGs continue, and widen the scope of actors and efforts, in order to ensure that no one is left behind due to lack of access to health care and healthy lifestyle options.

Since the creation of the Millennium Development Goals there have been historic achievements in reducing child mortality, improving maternal health and tackling HIV/AIDS, tuberculosis, malaria and other diseases. In 15 years, the number of people newly infected by HIV each year has dropped from 3.1 million to 2 million and over 6.2 million lives were saved from malaria. Since 1990, maternal mortality fell by 45 percent, and worldwide there has been an over 50 percent decline in preventable child deaths globally.

Despite this incredible progress, AIDS is the leading cause of death among adolescents in sub-Saharan Africa, and 22 million people living with HIV are not accessing life-saving antiretroviral therapy. New HIV infections continue to rise in some locations and in populations that are typically excluded or marginalised.

Chronic and catastrophic disease remains one of the main factors that push households from poverty into deprivation. Non-communicable diseases (NCDs) impose a large burden on human health worldwide. Currently, 63% of all deaths worldwide stem from NCDs – chiefly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. The cumulative economic losses to low- and middle-income countries from the four diseases are estimated to surpass US\$ 7 trillion by 2025. Additionally, there continues to be under investment in the social circumstances and environmental factors affecting health. The job on HIV and health is far from done.

Significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality, but working towards achieving

the target of less than 70 maternal deaths per 100,000 live births by 2030 would require improvements in skilled care delivery.

Achieving the target of reducing premature deaths due to non-communicable diseases by 1/3 by the year 2030 would also require more efficient technologies for clean fuel use during cooking and education on the risks of tobacco.

Many more efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues. By focusing on providing more efficient funding of health systems, improved sanitation and hygiene, increased access to physicians and more tips on ways to reduce ambient pollution, significant progress can be made in helping to save the lives of millions.

Despite these gains in human health, the Coronavirus (COVID – 19) pandemic has imposed a large burden on human health worldwide. The full impact of this pandemic on the global population is still impossible to predict accurately. Millions of people have been infected and hundreds of thousands are already dead by this disease. As at the time of writing this document, there is no vaccine and no known cure for the disease. People are getting infected by thousands daily. The world needs to look up to the Lord for the end of this pandemic. “It is not by might nor by power but by my Spirit, says the Lord of Hosts” Zechariah 4: 6.

USEFUL LINKS:

United Nations website

- <https://www.un.org/sustainabledevelopment/health/> including:
https://www.un.org/sustainabledevelopment/wp-content/uploads/2017/03/ENGLISH_Why_it_Matters_Goal_3_Health.pdf

The UNWomen website has information about the COVID-19 response. (including the hidden epidemic of domestic violence)

- <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response>
- <https://adiahealth.com/what-is-a-healthy-lifestyle/> will help us learn more about the do's and don'ts of maintaining good health.

ACTIONS TO BE TAKEN

It is realized that women and children suffer most in ill health due to their vulnerability and lacking the needed support. The actions that can be taken at the grass root levels to improve on the health of women and children include in particular the following:

- Community education and sensitization focus on healthy lifestyle and sanitation within communities.
- Churches to establish and provide quality health care within their areas of operation
- Advocacy to the government on the need to improve health services in the rural communities and provide access to quality health care services in the country.
- Clean up campaigns and community services
- Radio talk show to increase local and national awareness;
- Raising awareness among women at all levels on healthy lifestyles that include eating nutritious food, exercising the body and having improved sanitation.
- To maintain a healthy lifestyle, you need to keep eating healthy. Add more fruits and vegetables in your diet and eat less carbohydrates, high sodium and unhealthy fat. Avoid eating junk food and sweets. Avoid skipping a meal—this will only make your body crave more food the moment you resume eating.

WORSHIP SERVICE

Put a bowl of fruits and jug of water, soap and sanitizer before the Altar to depict health and well-being and protection from COVID -19.

(The hymns are suggestions. You can use any of them or use what you prefer).

Welcome and Greeting

Leader: Christian friends, this is another day the Lord has graciously given us.

Response: Let us rejoice and be glad in it.

Leader: As we gather in His presence at this worship service, we expect Him to lead us.

Response: Let us offer Him praise and honour due His Name.

Leader: In the Name of Jesus Christ we greet you all and welcome you heartily to join our worship.

Opening Hymn

- Through the love of God our Saviour, all will be well - MHB 525
- Through all the changing scenes of life – MHB 427

Opening Prayer and Confession

Leader: Let us make our confessions to God for the sins we have committed and pray for forgiveness.

Response: Have mercy on me, O God, according to your unfailing love; according to your great compassion blot out my transgressions. Create in me a pure heart, O God and put a new and right Spirit within me. Amen

Leader: Let us glorify God, our loving Father, who created us and continually preserves and sustains us, who loved us with everlasting love and given us the light of the knowledge of His glory in Jesus Christ.

Response: We praise you, O God, we acknowledge you to be the Lord.

Leader: Let us rejoice in the grace of our Lord Jesus Christ, who though He was rich, yet for our sakes became poor.

Response: We thank you, for your love

Leader: Who though tempted in all possible ways as we are, yet He was found to be without sin. He was obedient to His Father, even to death on the Cross.

Response: Have mercy on us.

Leader: Jesus went about healing the sick, casting out demons, doing good and preaching the gospel of the Kingdom. He overcame the power of death and opened the Kingdom of heaven to all believers. He will come again to be our judge.

Response: You are the King of Glory, O Christ.

Leader: Let us rejoice in the fellowship of the Holy Spirit, the Lord and Giver of life, by whom we are born to receive our second birth into the family of God. His witness confirms us, His wisdom enlightens us and His power enables us and does more for us than we can ask or think.

Response: All praise to you, Holy Spirit.

Leader: The Lord's Prayer

HYMN :

- Father I know that all my life is portioned out for me – MHB 602
- Be thou my Vision, O lord of my heart - MHB 632

BIBLE STUDY

SCRIPTURE READING: Luke 8: 40 - 56; Mark 6: 53 - 56

The sick brought to Jesus, touched His clothes and they were all healed.

MEDITATION

Healing was a major part of Jesus' ministry. He has compassion and cares for the sick. People realised His willingness to heal them therefore wherever He went they brought the sick for Him to heal them. And wherever He went, whether in the villages, cities or country, they laid the sick on the streets and begged Him to let them touch even the edge of His cloak and all who touched Him were healed. The faith of the sick and the people made them well. Jesus healed people either by touching them or the people touching Him and getting healed. God never says 'no' to anyone who comes to Him in faith. All were healed instantly. In Mathew 8: 5 – 13, the Centurion showed absolute faith in the power of Jesus. He said that he was not worthy that Jesus should come to his house, therefore He should just speak the word and his servant will be well. The Centurion had authority over 100 men who obey him to the letter. He likened that to Jesus' authority over demons and that, one word from Jesus will heal his servant. Jesus marvelled at the faith of the Gentile and remarked that He had not found such a faith in Israel.

Luke 8: 20 tells of the woman with the issue of blood for twelve years, who could not boldly come to Jesus because of the crowd but struggled to get to Him from behind and touched Him. She instantly had her healing. She told herself, "If I may but touch His garment, I shall be whole." Jesus said to her "Daughter, be of good comfort; thy faith hath made thee whole." Jesus in His ministry went about the villages and cities preaching in the synagogues, preaching the gospel of the Kingdom and healing every sickness and every disease among the people. (Matthew 9: 35).

ADDRESS: An invited speaker with specialist knowledge of health issues may contribute.

GROUP DISCUSSION may follow using these or other questions.

- What is the Church doing to improve the health care services of the country?
- Discuss the access and quality of health care services in your Area/Unit.
- Share examples of women taking action towards achieving SDG 3.
- How might we bring about healing with or without human touch?

CALL TO ACTION:

LEADER: (Having read out the 'Actions to be Taken' suggested above)

I invite each one of you to commit yourself to working towards improving your own health and the health of those around you in at least one specific way.

Pause

LEADER: Will you commit to looking after your own health?

Response: I will try to lead a healthy life-style.

LEADER: Will you commit to working for the health and well-being of others?

Response: I will work to bring health and well-being to all.

SPECIAL PRAYERS:

- Let us give thanks to the Lord for the progress made in various areas of the SDG 3 that include increasing life expectancy, reducing maternal and child mortality rates and reducing the incidence of leading communicable diseases.
- Let us pray for all hospital staff and community health workers.
- Pray for victims of COVID – 19 all over the world. Those infected and affected
- Pray for families that have lost loved ones and for those who are still battling with the disease.
- Pray for protection and safety of people all over the world.
- God is using the situation to change us. Psalm 119: 17 There is a great spiritual awakening. People all over the world are searching for answers and hope. Millions of people are getting invitation into a relationship with God. Let's pray that people will abide in the Lord and draw closer to Him every day.
- Father God we thank you for your amazing grace and fresh anointing of the Holy Spirit. Be with us today, dear Lord and by your strong hand and powerful arm be a hedge of peace and protection over us, our family and friends. Spread your grace far and wide across this land O' Lord, and may Divine love rest in our hearts and homes in Jesus' Name we pray. Amen!

WORLD FEDERATION PRAYER *(Written by WFMW Executive Members, 1986-91)*

Creator God, rooted in your loving care, nurtured through your son Jesus, challenged by your Holy Spirit, we are in the world to bring peace and justice, reconciliation in love and hope for all people.

May our lives extend as the branches of our Tree of Life, bearing fruit of Unity and Love. We offer praise and thanksgiving through our Lord and Saviour Jesus Christ. Amen!

OFFERING and prayer of dedication

An offering is taken during the Study Day Worship as part of our commitment to be good stewards of all God has given us. The offering is the Unit's / Area's annual gift to the work of the Federation. It is to be sent to the World Treasurer.

Contact: world.treasurer@wfmucw.org for banking details or give to the World Treasurer at the World Assembly.

CLOSING HYMN:

- All things are possible to Him - MHB 548
- For the Healing of the Nations - Fred Kaan
- The Federation Song <http://wfmucw.org/download/the-federation-song>

(Prepared by West Africa Area President, Rev Jemima Amanor)