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## Study guide:

**\$2.00**

# Our malaria moment

*Lutherans help change the world through ELCA Malaria Campaign*

By Robert C. Blezard

Thanks to Lutherans across North America, the ELCA is on target to reach its Malaria Campaign goal of \$15 million. But it means much more than just a benchmark fulfilled. It means lives saved and communities preserved; global partnerships strengthened; and brothers and sisters across the globe working together for the sake of our neighbors.

### Exercise 1: Neighbors

To help us better understand the command to love our neighbor as ourselves, Jesus told the parable of the good Samaritan. Read Luke 10:25-37 and discuss:

- Is a neighbor only someone we know as a friend? Is it only someone who shares our race, religion or social status? Someone we have to meet personally?
- What made the Samaritan a neighbor?
- What does it mean to show mercy?
- What do Jesus' last words in verse 37 mean?
- How does the Malaria Campaign help us to be good neighbors?

### Exercise 2: Local efforts

What has your congregation done to raise money for the ELCA Malaria Campaign? Can it do another (or a first) project? As a study group, research options for a response on the ELCA website ([www.elca.org/malaria](http://www.elca.org/malaria)) and draft an action plan for presentation to your congregational leaders. Now do the same thing for your synod.

### Exercise 3: Malaria minded

Test your knowledge of malaria. The study group leader prepares by researching basic facts on malaria and the ELCA campaign. Meeting together, the leader first explores members' knowledge:

- What is malaria and its symptoms?
- How is it spread?
- Where is it most common?
- Why is it so harmful?



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# Study guide: **Our malaria moment**

*continued*

- How many people die from it each year?
- How is it prevented?
- What else do you know about malaria?

Now the leader shares the facts and discusses how the ELCA campaign is helping.

### Exercise 4: Stunning toll

In 2013 there were 584,000 deaths from malaria, which roughly compares to the U.S. Census Bureau's population estimates for Las Vegas (603,488), Milwaukee (599,164) and Albuquerque, N.M. (556,495). Imagine that all the residents of your city or county were lost to malaria in a year. Discuss:

- What would the response be from our people, government, social service agencies and churches?
- How much money, time and effort would be committed to combating malaria?
- Is the world response to malaria sufficient? Is your congregation's?

### Exercise 5: Children's toll

Of the 584,000 deaths from malaria in 2013, children accounted for 453,000, which is approximately the estimated population of Atlanta (447,841). Imagine a city of children the size of Atlanta being lost to malaria in a year, and that your children, grandchildren, and all their friends and schoolmates were among those dead. Discuss:

- What would you commit to helping?
- What response would you organize at your congregation?
- What response would you want the world to make?

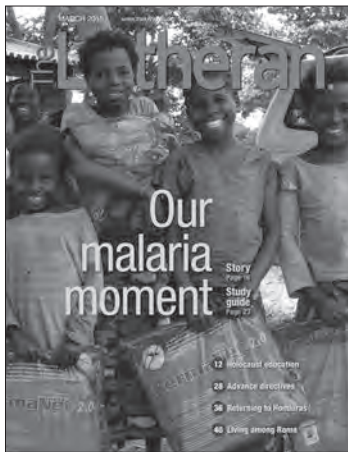
### Exercise 6: Wiped out where?

A widespread disease with a centuries-long history of causing people to suffer, malaria was eradicated from Europe in the 1930s and from the U.S. in 1951.

- If the methods for eradicating malaria are known, what factors have kept it from being wiped out of Africa and Asia?
- With enough resources and persistence brought to bear in the Global Malaria Action Plan, can malaria realistically be wiped out globally?

### Exercise 7: Stronger together

How much did your congregation raise for the ELCA Malaria Campaign? By itself, how much of a difference would it have made in the fight?



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*continued*

Put together with the donations of thousands of other donors, the total will be \$15 million. What lessons does that teach about our strength when we work together as a denomination?

The ELCA's \$15 million will be added with other funds for a total of \$1.5 billion. What does that say about the efficacy of working with global partners?

### Exercise 8: Success story

- When you give money to a cause, do you always know whether it has done good? Or just how much?
- How does it feel to know that the ELCA Malaria Campaign has helped slash the death rate from malaria in Africa by 50 percent? Or reduced the incidence of death for a child under 5 years old from one every 45 seconds to one every 60 seconds?

Children in Zambia find that learning about malaria prevention and treatment is as easy as 1,2,3.

By Anne Basye

On the ground, the deadly anopheles mosquito is the “vector” that transmits malaria to humans. The tiny mosquito also has galvanized members of more than 5,000 ELCA congregations to give to the ELCA Malaria Campaign.

Launched at the 2009 ELCA Churchwide Assembly, at presstime the campaign had raised \$13.5 million and is on track to reach its \$15 million goal by Jan. 31, 2016 (the end of the ELCA’s 2015 fiscal year). In 2013 the project was folded into the overall goals of Always Being Made New: The Campaign for the ELCA. Already the malaria funds are making a difference in 13 African countries where the disease stubbornly persists.

The bottom line is positive. Since the year 2000, global efforts to fight malaria—including ELCA-funded work by companion Lutheran church bodies and partner organizations—have slashed the death rate from malaria in Africa in half.

Low-cost, high-impact measures have helped lower mortality rates: making mosquito nets and effective antimalarial drugs easier to access, reducing mosquito-breeding habitats, encouraging people to recognize symptoms and seek treatment earlier, and providing preventive treatments that save the lives of

# Our malaria moment

# Lutherans help change the world through the \$15 million ELCA Malaria Campaign

expectant mothers and babies.

Five years ago, a child under 5 died from malaria every 45 seconds. Today one dies every 60 seconds—an improvement, but there is much more to do.

## From slogan to pew

Many campaigns to change the world never get beyond the bumper sticker stage. Not the ELCA Malaria Campaign. From the start, the campaign has been enthusiastically supported and implemented by committed Lutherans.

Andrea DeGroot Nesdahl, former bishop of the South Dakota Synod, laid the groundwork. As the campaign's first coordinator, she pitched every bishop and many key church leaders for their support. Their early pledges—ranging from \$1,000 to \$150,000—were significant. So was their willingness to make malaria a synod priority.

Eleven “pilot” synods began rolling out the campaign even before print materials were ready. Momentum built as synods set fundraising goals and designated coordinators to get things moving in congregations. A national volunteer board of “wonderful people we found along the way” gave generously and joined the chorus telling the story of malaria, said Jessica Hacker, ELCA Malaria Campaign coordinator.

The malaria story has been downright inescapable in synods like Northeastern Iowa, where assistant to the bishop Mark A. Anderson visited all 185 congregations to secure their support.

“Because of his commitment, every congregation [contributed], helping the synod reach its \$250,000 goal nearly twice over,” Hacker said.

Allison Beebe, ELCA Malaria Campaign assistant, added, “Pastors and laypeople, youth

groups and Sunday schoolers, women's circles and men's fellowships have been essential to the success of this campaign. Guided by the Holy Spirit, and responding to the call to walk with our neighbors in Christ, making malaria history has captured the hearts and imaginations of faithful Lutherans across the country.”

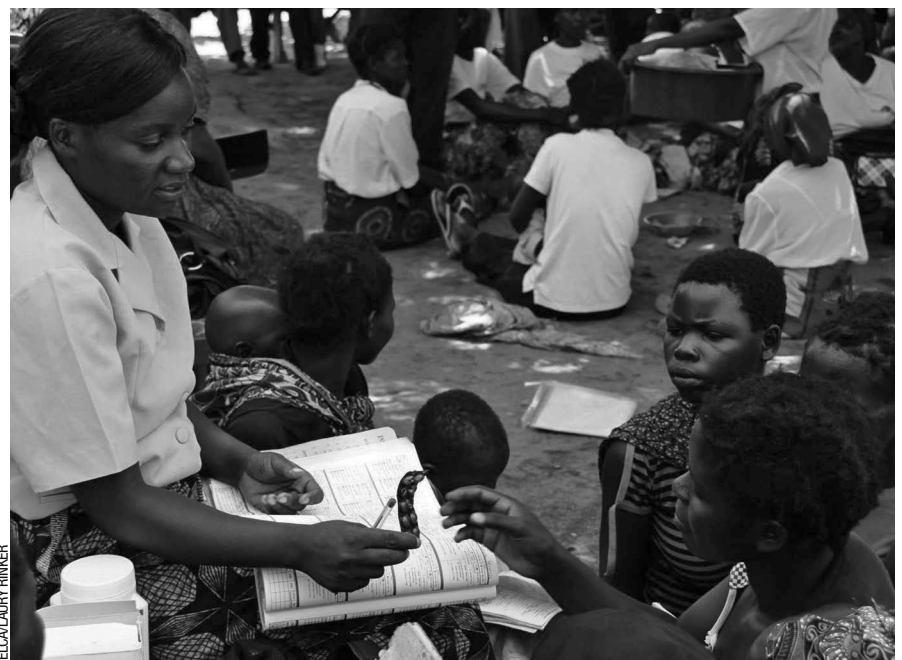
For nearly five years those Lutherans have papered their churches with pipe cleaner mosquitoes, draped sanctuaries in nets, and come up with dozens of clever ways to bring malaria to life in their congregations. And then they passed the plate.

Malaria has also mobilized ELCA colleges, universities and campus ministries.

Global efforts to fight malaria have slashed the death rate from malaria in Africa in half.

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**A nurse in Malawi teaches** families about the schedule for taking malaria medicine.



ELCA/LAURY PRINKE





**Patients with malaria** receive treatment at a hospital ward in Liberia.

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In Waverly, Iowa, Wartburg College students lifted up malaria at everything from homecoming to the Christmas concert and in local congregations. Kelsey Nulph and other student leaders teamed with the athletic department to make presentations on malaria during halftime at home games and added game ticket receipts to the malaria coffer.

“The campaign was more than slogans and T-shirts,” Nulph said. “It was designed to be transformational, not just for those being served by the campaign but also for those actively engaged in it. The campaign gave students the opportunity to learn about malaria, be involved in the work of the global church, and use their collective voices and gifts to create change in the world.”

Wartburg students exceeded their \$35,000 goal by nearly \$10,000—and a generous matching grant from Arne and Ruth Sorenson of Washington, D.C., turned that \$45,000 into \$90,000.

The Sorensons contributed \$25,000 in seed money to help Nulph and other ELCA college, university and campus ministry student leaders launch the campaign at their schools. They also set aside \$125,000 to match the funds these leaders collected, challenging students to raise \$250,000.

That goal, too, has been met.

### **Strengthening a global focus**

The global effort to eliminate malaria has also gone well beyond the bumper sticker.

Eliminated from Western Europe during the 1930s and the U.S. by 1951, malaria has persisted in countries where it can be transmitted year round—especially in sub-Saharan Africa.

Frustrated after 40 years of combating malaria, the

World Health Organization and other international groups launched a coordinated global response to the disease in 1998. The Roll Back Malaria Partnership, a consortium of more than 500 national governments, development agencies, foundations, and research and academic institutions, created the Global Malaria Action Plan. Today the plan’s strategies for preventing, treating, and controlling or eliminating malaria are in place in more than 35 countries.

The ELCA’s campaign is aligned with this global effort. “All of our Lutheran malaria programs supported by the ELCA Malaria Campaign have relationships

with the government, be it National Malaria Control Programs or local government health facilities,” said Rebecca Duerst, ELCA program director for global health. Coordinating their efforts keeps everyone focused on achieving a country’s malaria goals and deploys resources more efficiently.

In Zimbabwe, for example, the Lutheran malaria program has facilitated training of government health workers and provided gear for them to conduct indoor residual spraying, one effective abatement measure.

In Uganda the program supports government-trained village health teams. Lutherans fund test kits, treatment and transportation that help these teams reach remote regions where people wouldn’t have access to malaria prevention and treatment.

In Dimalata, Zambia, building a health post united residents, who molded bricks and made mortar; the Lutheran malaria program, which provided windows and doors; and the government, which supplied architectural plans. Providing permanent housing for a public health program that provides education, rapid diagnostic testing and malaria medication will help Zambia move closer to eradicating malaria.

Thousands of similar public-private projects sponsored by everyone from the Gates Foundation to the United Methodist Church and the U.S. government are helping Roll Back Malaria live out its slogan: “Global Partnership for a Malaria-free World.”

### **Church plays key role in remote areas**

With international funding for malaria now exceeding \$1.5 billion a year, the Lutheran contribution can seem like little more than a drop in a big bucket.

Duerst said \$15 million is comparatively small, but not inconsequential. “The [Lutheran malaria programs/

‘Responding to the call to walk with our neighbors in Christ, making malaria history has captured the hearts and imaginations of faithful Lutherans across the country.’

ELCA Malaria Campaign] is filling gaps that would otherwise not be met, especially in remote communities where the government doesn’t always go,” she added.

Lutheran church health facilities are one strategic advantage. Clinics and hospitals of the Evangelical Lutheran Church in Tanzania

serve about 15 percent of that country’s population. The Lutheran Church in Liberia’s Phebe Hospital is its country’s second-largest hospital. Lutheran hospitals and clinics are also key players in Zimbabwe, Nigeria and Mozambique.

In his visits to ELCA synods, Ambrose Moyo, former presiding bishop of the Evangelical Lutheran Church in Zimbabwe, tells people that Lutheran churches are highly respected by the community and politicians.

Respect means credibility. Governments trust that churches will do what they promise. Residents listen to church-trained health workers who talk about malaria prevention and treatment—especially important when those measures break from tradition.

Long-standing relationships may be most important of all. “The ELCA Malaria Campaign grew out of

## To combat malaria, Lutherans have ...

- Raised a penny per point on a college final exam.
- Annoyed grown-ups with “noisy can” collections.
- Gathered an offering in a New Jersey correctional facility.
- Held “sleepunders” (sleeping under nets).
- Collected and redeemed recyclables.
- Made lemonade, raised and sold potatoes, and thrown water balloons at pastors.
- Filled out NCAA “March Madness” tournament brackets.
- Plunged into icy lakes, climbed mountains, and run across Iowa and Colorado.
- Dished out meals in churches and homes.
- Exercised 89,654 minutes—one net for every 2,000 minutes exercised.
- Dyed and shaved your hair and dressed in mosquito costumes.
- Played dodgeball, shot baskets and washed cars.

relationships between the ELCA and these churches that go back as many as 40 years,” Hacker said. “Previous programs funded by ELCA World Hunger already existed and could be built upon.”

## Integrating prevention and treatment

The ELCA Malaria Campaign supports the work of Lutheran churches and organizations in 13 countries. “The programs in the southern Africa region were the first to begin,” Duerst said. “In some countries (South Sudan, Nigeria and Central African Republic) civil conflict has interfered with programming. The ELCA

Children in Burure, Zimbabwe, put on a presentation at a Lutheran malaria site.





**Children at All Saints Lutheran Church**, Palatine, Ill., used the ELCA Malaria Campaign's "Catch the Buzz" vacation Bible school curriculum.

## Did you know?

- Malaria has infected humans for more than 4,000 years on every continent except Antarctica.
- Egyptian pharaohs were sleeping under mosquito nets by 2500 B.C.
- Shakespeare mentions malaria in eight plays.
- The mosquito-malaria connection was confirmed by a doctor, Walter Reed, in 1901.
- 500,000 U.S. soldiers were infected by malaria during World War II; 60,000 of them died.
- The Communicable Disease Center (now called the Centers for Disease Control and Prevention) was founded in 1946 to combat malaria in the U.S.
- Since the year 2000, global efforts to fight malaria have slashed its death rate in sub-Saharan Africa in half.
- 2013 saw 198 million cases of malaria in 97 countries and territories—82 percent of them in sub-Saharan Africa. Of 584,000 deaths, 453,000 were children under 5.

Sources: Wikipedia, World Health Organization, 2014 World Malaria Report

stands by our companions and we are working with them to adapt their programs to the present situation, to effectively address malaria in the current context.”

In each country, the campaign/program seeks to build the capacity to prevent, diagnose and treat malaria. Zimbabwe offers a good example.

To *prevent* new cases, Lutheran malaria program volunteers in Zimbabwe work with the government's Environmental Management Agency

to eliminate standing water and tall grasses where mosquitoes can lay their eggs. ELCA dollars help purchase slashing tools and rakes.

Equipping, training and providing transportation for village health educators is a core focus. Zimbabwean educators use workshops, song, dance and drama

to show how to prevent malaria, recognize its signs and symptoms, and encourage people to accept indoor spraying.

In one drama, parents squabble about what to do for their son, who lies shivering on the floor. Dad says to call the traditional healer—but after his visit, the son does not improve. Mom insists they take the son to the clinic, where treatment is successful. The message: when someone shows symptoms of malaria, see the doctor fast—within 24 hours.

Educators also focus on better sanitation and hygiene, showing how to improve or relocate pit latrines and build drying racks for dishes to eliminate standing water.

Lutherans have helped the Global Malaria Action Plan meet specific targets, in ways that include increasing the number of people, especially children under 5, who sleep under nets every night.

Since 2012 about 427 million long-lasting insecticidal nets have been delivered to African countries. Lutherans have helped purchase and distribute about 22,056 nets as of 2013 (the latest year for which figures are available).

But handing out nets isn't enough. In Zimbabwe and elsewhere, teams visit homes to make sure nets are hung and used effectively.

In all regions, Lutheran malaria programs expand the infrastructure for *diagnosing* and *treating* malaria. They help purchase rapid diagnostic tests that clinics use to quickly confirm a diagnosis. They ensure an adequate supply of safe, reliable medications—not the less effective or counterfeit drugs sold illegally on the informal market. And as of 2013, they have helped more than 32,000 women receive medication to prevent malaria during pregnancy.

## Creating sustainable livelihoods

Where poverty and hunger are chronic, the impact of malaria is severe. “Malaria holds people in poverty,” Duerst said. They miss work, lose income and struggle to pay for medication, hospital visits and other malaria interventions.

To stabilize income, more than 300 people have participated in income-generating projects within the Evangelical Lutheran Church in Zimbabwe. Participants

‘Previous programs funded by ELCA World Hunger already existed and could be built upon.’



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ELCALISON BEEBE

**Phillip Choguya works behind the counter** at the Chitkete Chemical Supply Shop, which received a startup grant from the Lutheran malaria program in Zimbabwe. The shop sells goods including insecticides for crops and mosquito repellents for neighbors. The proceeds support people affected by malaria.

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use seed money from the church to launch innovative efforts like the Chitkete Chemical Supply Shop. Brisk sales in insecticides and mosquito repellents that help prevent mosquito bites and an agrochemical for cotton, the most popular local crop, helped the group pay back its seed money in three months.

Participating in community-based income-generating projects means that more than 4,500 people like Chitkete stakeholder Tendero Mutakanyi now earn enough to “fund hospital bills and buy food.”

### Changing the story, changing ourselves

Today there’s a wider awareness of malaria symptoms. There are fewer places for mosquitoes to breed and hide. People have greater access to nets, medication and malaria prevention during pregnancy. Diagnosis is faster and treatment is more effective. Family income is increasing.

In all these ways, the ELCA Malaria Campaign is changing the story of malaria in Africa.

But campaign coordinator Hacker has seen the campaign change us too. For starters, malaria has become part of our everyday vocabulary. “People are not only learning about malaria but thinking in different ways about our companions around the world and how we can walk together with them,” she said.

During the divisive years following the 2009 vote on sexuality, the campaign united us, Hacker said. “When the synod mood was negative, the Malaria Campaign was something we could focus on together and move

forward on,” she added.

And we’ve grown because malaria has “increased our capacity as a church to do ministry around hunger, poverty and disease,” she said.

That capacity will continue when the ELCA Malaria Campaign draws to a close. Fundraising may end in 2016, but malaria work will continue through companion churches, funded by grants from ELCA World Hunger and ELCA Global Mission.

A malaria vaccine seems right around the corner—but as science catches up, the malaria parasite is evolving.

“Bad, drug resistant strains of malaria are developing in Southeast Asia,” Hacker said. “We need to eliminate malaria in Africa before drug resistance causes us to lose our tools.”

Something to keep in mind as the ELCA commemorates World Malaria Day this April 25.

“I’ve found the grassroots engagement exciting,” said Presiding Bishop Elizabeth A. Eaton. “Across the ELCA people have taken the Malaria Campaign and run with it. Also meaningful for me is the engagement of our companions. This has not been about us, as the rich church, coming in and saving the helpless. It has been about, ‘How do we help people build capacity?’ Our companions are the ones with the expertise, administering the resources, helping themselves. They are not helpless. That’s important.

“No one church could do this by itself. We needed to be church together. Everybody from congregations, vacation Bible school kids, synods, ecumenical partners and other church bodies to Lutherans in [other countries and] their governments worked on this together. ... We needed them and they needed us. In the end, even the youngest [Sunday school student] has been able to make a difference in the world in Jesus’ name.” □

### To help

Send checks (indicate “ELCA Malaria Campaign” on the memo line) to Evangelical Lutheran Church in America, ELCA Gift Processing Center, P.O. Box 1809, Merrifield, VA 22116-8009; give online and learn more at [www.elca.org/malaria](http://www.elca.org/malaria) (click on “Donate now”); or call 800-638-3522.

### Author bio:



*Basye, a freelance writer in the Pacific Northwest, is proud that her grandfather, Oscar F. Johnson, worked as a medical researcher with the California State Department of Health Service Malaria Demonstration Project in Shasta County in 1919.*