



S H A R E

SHARE Newsletter

July 2020

Editor's note: COVID 19, the pandemic of the century, is like a death knell to the world. The number of infections and deaths continues to rise daily, and mankind is experiencing an unprecedented suspension of economic activities. Even though the disease reaches worldwide, the world's attention is not on the poor countries and their people. While America and the European countries are trying to restart their economies, the next calamity is happening in the poor developing countries. These countries were already in a vulnerable situation even before the pandemic. The pandemic exacerbates the problems they are enduring - their fragile economies, inadequate sanitary facilities, insufficient food supplies and other humanitarian issues, which are far more worse than we expect.

In the "Focus" section of this issue, we will share how this once-in-a-century pandemic will influence the frontline poverty alleviation work and our ways of life. We will also explore how we as Christians care for the poor in developing countries which are largely overlooked by the rest of the world. Besides, we will introduce our relief work of supporting local medical system in Lebanon in the "Learn a Little More" section.

When the Pandemic Never Goes Away Implications on Poverty Alleviation and Socioeconomics

The World Health Organisation has warned that COVID-19 may never go away. This means that there may not be an end to the fight against this disease. If that is the case, how can we adapt the strategies of our international poverty relief programmes to make them more effective in helping the destitute? Do we need to change the economic development pattern which has long been taken as "normal"? As part of the Christian community, how should we continue to care for the poor and defend their dignity?

People like to say "productivity", but God says "fruitfulness".... while we strive for economic developments sustained by high production and high consumption patterns, have we thought about the conditions of environment and society?

— Dr. Winnie Fung Wan Yi, Academic Head and Associate Professor of Lumina College, Board Member of CEDAR



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With these questions in mind, we invited Dr. Winnie Fung Wan Yi, Academic Head and Associate Professor of Lumina College, to have a discussion with CEDAR's Acting Chief Executive Dr. Chan Pui Si, who is experienced in humanitarian relief and poverty alleviation. Winnie returned to Hong Kong from overseas recently and her study in development economics will enrich our thoughts in understanding the present situation and exploring possible ways to move forward.



(MC: Lai Ka Chun)

Lai: What impacts do the pandemic will have on developing countries?

Fung: Even before the pandemic, the economic situations in many developing countries were not good. Most of the population belonged to the lower-income group, their sanitary facilities were inadequate and many individuals already suffered from malnutrition. Therefore, the pandemic will have a very profound influence on them, and it will be very difficult for them to recover from the present predicament. Emergency relief from international organisations can only provide short-term help. When the countries' economies are paralysed and the people are sick, it is very difficult for them to restart their economies.

Chan: Most of the developed countries are struggling to fight the pandemic themselves. I expect the developing countries will receive less monetary and material support from overseas. However, I found the situation isn't hopeless. Local communities will have to rely on themselves to recover from this blow. The pandemic has raised a question: Do we wait for the government to tell us how to control the spread of the disease? Or should we rely on our local communities for disease prevention? Just like when AIDS first appeared, people were scared and they dared not tell others that they had been infected. However, many successful examples have shown us that the local communities are able to fight against the disease with measures such as neighbourhood support and referral of any suspected cases for medical treatment.

Identify Community Networks

Lai: In that case, how do local communities improve their abilities in disease prevention?

Chan: Let me give you an example. The Republic of Sierra Leone experienced an outbreak of Ebola virus disease in 2014-2016. That experience informed the local communities in

Sierra Leone about the importance of public hygiene. That in turn has helped them in disease prevention during this pandemic.

A disaster will galvanise the local communities' coping mechanism. But it depends on how quickly the coping mechanism can kick in. This pandemic may or may not sensitise people in developing countries to personal hygiene, but when the next pandemic comes, they'll surely be more alert about the situation.

Fung: I agree. When a community or a group of people have undergone a collective trauma, they may learn from that experience and their resilience may be strengthened. This will help them or their offspring to face the trauma brought by the next disaster in the future.

In addition, many poverty-stricken countries, such as some regions in India, have very strong informal community networks. Local residents can utilise their community resources to deal with sudden changes in society. Even when the local markets, radio stations, government offices and clinics are closed, they know how to seek help or access information by themselves. They just develop an organic support network and supply chain among themselves.

Lai: Could you give us an example of how these informal networks operate?

Fung: Yes. When we are fighting against a pandemic together, we need more than resources. We need to know how to deliver pandemic prevention materials to those who need them. Also, we have to know how to disinfect ourselves effectively. There are individuals in communities who have this sort of understanding. They can discern what news are true; they know which rules needed to be abided strictly. They can pass on these information through their own networks.

An Overloaded Clinic in Lebanon

The pandemic makes us realise the importance of having a sound medical system, which does not only require sufficient medical personnel, but also a stable supply of medicine.

Lebanon has been identified as a priority country in the United Nations' COVID-19 Global Humanitarian Response Plan.

As the country that has the highest per capita proportion of refugees in the world, Lebanon has taken in 1.5 million Syrian and 200,000 Palestinian refugees, who currently make up more than 30% of the country population. The exponential growth of refugees in Lebanon has put the already fragile medical system under pressure. The outbreak of COVID-19 further places enormous burden on its medical services, brining them to the verge of collapse.

Last year, CEDAR supported the delivery of medicines to Lebanon by our partner International Health Partners (IHP). Since February this year, CEDAR has been collaborating with IHP again to transport medicines to Lebanon's hospitals and clinics to lessen the burden of frontline medical services.

You may ask, why do we need to transport medicines to Lebanon from overseas?

Answer: Lebanon is facing an economic downturn, and there is a severe shortage of medical supplies. Together with the effect of soaring inflation, the prices of medicine in the country have well exceeded what the underprivileged can afford. If a member of a poverty-stricken family is sick, he/she has to make a choice between two options: 1. taking unlicensed medicines purchased from sources that are doubtful, or refusing to attend follow-up consultations in order to save money; 2. paying their medical bills through "austerity measures", such as reducing food intake, selling possessions, having their young children work or selling the food aids they received from charity organisations. As for refugees, because Lebanon is not a party to the UN's "Convention Relating to the Status of Refugees", their rights to medical services are not legally protected in Lebanon.



(taken in Rwanda, provided by CEDAR's partner)

Chan: Your example illustrated the importance of the role of community leadership in information dissemination. This also reminded me of the "traditional authority" within poverty-stricken communities. These areas may not have accurate information, but the local residents trust in the local figures of traditional authority. In these cases, if poverty alleviation work can engage the local figures of traditional authority (such as religious leaders or community chiefs) in public hygiene, they may be able to bring beneficial changes to the residents. Therefore, we should not just focus on giving them pandemic prevention materials. We must help communities identify and connect with their existing resources and networks.

When Reverting to the Initial State is Impossible

Lai: Due to pandemic, many countries are undergoing different degrees of economic suspension. Even if the pandemic is under control and the economy recovers, the virus may attack again. Faced with such uncertainty of the future, what sort of social and economic lifestyle should we adopt?

Fung: When countries implemented lockdowns which they knew would shut down economic activities, it revealed that health and safety of humans can be placed above the unlimited pursuit of GDP (gross domestic product) growth. It also showed that people were able to make this choice and sacrifice their benefits in order to protect and care for the poor and the disadvantaged. If people can have the same mindset after the pandemic, we may make a difference.

Relying on GDP growth is quite a Western way of thinking that believes in the endless progress of human society. When we talk about "development", it is the same idea. But in God's kingdom, it is not like that. People like to say "productivity", but God says "fruitfulness". Perhaps we should take a step back and ask ourselves: On individual and societal levels, are we pursuing productivity or fruitfulness? In other words, while we strive for economic developments sustained by high production and high consumption patterns, have we thought about the conditions of environment and society?

Chan: You're right. I have visited various poverty-stricken communities and I saw many invaluable things among them. These priceless things existed partly because they were not influenced by economic indicators. For example, although they did not know whether they would have enough food tomorrow, they had very strong resilient power. They were grateful for everything, and they had very good family relationships. Sometimes we focus too much on giving them financial support and forget to appreciate their community resilience and culture.

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IHP obtained licensed medicines from the pharmaceutical manufacturers and medical supplies companies in Europe, and CEDAR has been supporting IHP to transport and distribute the free medicines to local hospitals and clinics. We hope that our work can help alleviate dire situations of both the refugees and the poor in Lebanon.

There is growing tension between Lebanese and Syrian refugees. How does CEDAR's partner maintain a fair supply of medicines to them?

Answer: The clinics that receive our medicines serve all who are in need, whether they are locals or refugees. However, children and women from poor families have priority in receiving the free medicines, include respiratory drugs, antibiotics, anti-diabetics, and anti-inflammatory medicines. It is estimated that 8,600 people will benefit from this programme.

CEDAR needs your support in serving the poor. Together we can do more for the destitute!

"The clinic is running at full capacity all the time. We see approximately 1,200 patients a month. The medicines we receive are vital for helping us to treat patients."

– from a director of clinic in a refugee settlement area in Lebanon



Seeing Brings Empathy

Lai: How can Christians in Hong Kong pray for the poverty-stricken countries? What can we do to help defend the dignity of the poor?

Chan: Before we can truly care for the poor, we need to have empathy for them. When we do, we will be willing to go an extra mile to help them. My empathy for the poor came from the opportunity to meet with them and visit them. There are many disadvantaged individuals around you. If you try to care for them, you will see the daily struggles of the poor.

Fung: As for me, I find it easier to have empathy when I have personal experience. I often say to my students that the word "compassion" carries the meaning of "to suffer with". This pandemic is perhaps the first time we are facing collective anxiety, trauma, unemployment and economic depression. This may help us understand more the situations that the poor have to face daily, such as not having jobs or enough food to feed their families.

Compassion is more than just a feeling and it is about knowing the individuals. And this requires efforts, such as reading books, watching documentaries about them, visiting them, talking with them, or even living with them for a period of time.

(Chinese version originally published in CGST Magazine's website: magazine.cgst.edu. Translated and edited by CEDAR)

Relevant video:

"Compared to developed countries, how is the pandemic of the century affecting the poverty-stricken countries?" (Chinese Only): link.cedarfund.org/impact-COVID-19



Enroll Now: www.cedarfund.org/walk

(Event will be conducted in Chinese)

"Remove Price Tag, Free Body & Soul" Regular Donation Campaign against Human Trafficking

Due to the pandemic, countries around the world enforce lockdowns of varying degrees. This makes the human trafficking victims tougher to get help, or to escape from slavery. Please support our anti-human trafficking ministry to assist the victims, and enhance their abilities to combat trafficking in persons.

For details: link.cedarfund.org/aht-eng