

**2025 CON BISHOPS AND WIVES RETREAT**  
**Giving Effect to the Church of**  
**Nigeria National Health Summit /**  
**Standing Committee Resolutions**  
**HEALTH PROSPERITY IN THE**  
**DECADE OF GOD'S REIGN**

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**BISHOPS' RETREAT 2025**

# Objectives

**At the end of this presentation**, you should be able to:

- Discuss the vision of the CON Health Summit;
- Discuss the resolutions taken in that summit;
- Discuss possible barriers to the implementation of resolutions.
- Discuss the facilitators to the implementation of the resolutions.
- Draw Lessons from few activities of Enugu Diocese targeted at implementing the resolutions.

# CON Health Summit: The Vision

- Historically assess the CoN investments and performance in the health sector against the backdrop of her mission in the country;
- Appraise the opportunities for mainstreaming and strengthening interventions by CoN in the context of Nigeria health sector towards the improvement of the health status of her members and the larger society on a sustainable basis;
- Articulate strategies and models for CoN's coordinated, mission driven, compassionate, and impactful healthcare interventions services.
- Prepare a framework for the development of a health policy for CoN

# CON Health Summit: Resolutions 20-2024

1. Appreciate the Primate for his vision and leadership towards initiating the health summit.
2. Commit to the SDG 3 ie Universal Health Coverage.
3. Stepwise Implementation of Health Insurance Programme.
4. Establishment of a form of a health care delivery unit in form of first aid box, health post, health centre, hospital, diagnostic centre etc.
5. Making the church-based health facility non-profit.
6. Implement a structured method of recruiting and training volunteers.
7. Establishment of CoN HMO.

# CON Health Summit: Resolutions 20-2024

8. Establishment of a structured healthcare directorate of CoN.
9. Establishment of a system for distribution of quality medicine.
10. An enumeration exercise of healthcare professionals in the CoN.
11. Development of a common template for medical outreaches.
12. Continuous enlightenment programmes at all churches / parishes.
13. Intentional approach towards developing healthcare workforce.

# CON Health Summit: Resolutions 20-2024

14. Training of Clergy and Missionaries in healthcare.
15. Holistic approach in incorporating other interventions including economic empowerment and skills acquisition.
16. Multi-year development / strategic plan to implement the approved recommendations of the summit.
17. Holding the health summit on an annual basis.
18. Commit to leveraging on opportunities for effective collaborative partnerships from all the health professionals.
19. Forming Health Professional Associations for the purpose of networking.
20. Discipleship of healthcare professionals.

# Resolutions 20-2024: Barriers and Facilitators to implementation

## Finances

- Set up a proper non-governmental organisation tasked with a mandate to search for funding outside the church offerings and donations;
- Set up a framework for exchange of staff and technical knowhow between more endowed Dioceses and less endowed ones. This will be coordinated by CoN.
- Use already existing structures such as the church building (a section of it) or hall to be converted to a small health center.
- Leverage on government already existing programmes such as health insurance programme for the poor;

# Resolutions 20-2024: Barriers and Facilitators to implementation

## Lack of Policy Framework

- CoN has the capacity to develop a policy framework that can be easily adapted by any diocese;
- Technical Partners such as WHO are always willing to support but need to be assured of sustainability.
- Ensure that your vision and plans align well with the government policy both at federal and state level.

# Resolutions 20-2024: Barriers and Facilitators to implementation

## Lack of Manpower

- Staff exchange across the dioceses to be coordinated by CoN headquarters;
- Work with other NGOs. The church has the spread that many NGOs are looking for. They may have the funds but will not have the reach you have! Leverage on this!
- Coordinated volunteer service with appropriate documentation can provide manpower that can be very helpful. Health workers do not just need money! A certificate of volunteering signed by the Bishop may be more valuable.
- Review curriculum of Theological schools and lay training schools to include basic training on health care.

# Resolutions 20-2024: Giving Effects – Overview of Expected Actions

## OUT OF THESE 20 RESOLUTIONS:

- 14 are to be CON (Church of Nigeria) Centrally Coordinated, viz: Resolutions 1, 5, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18 and 20.
- 9 of them are TO BE SPECIFICALLY CARRIED OUT, by the CON, viz: Resolutions 1, 7, 8, 9, 10, 14, 16, 17 and 20.
- 12 of them are to be carried out by the various dioceses, viz: Resolutions 2, 3, 4, 5, 6, 11, 12, 13, 15, 16, 18 and 19.
- 15 of these are ALREADY BEING GIVEN EFFECT TO, by the Diocese of Enugu, viz: Resolutions 2, 3, 4, 5, 6, 7, 10, 11, 12, 13, 14, 15, 16, 18 and 19.

# Resolutions 20-2024: Enugu Diocese as a case study

## Technical Committees

- Diocesan Medical Board reconstituted, with reinvigorated Diocesan Medical and Nursing Services Advisers.
- Diocesan Primary Health Care Centres Establishment Committee constituted, inaugurated, already working.
- Diocesan Universal Health Coverage Committee constituted, inaugurated and working.
- Diocesan Evangelism and Missions Commission inaugurated with strong Medical Outreach Unit component.
- Enugu Diocesan Anglican Healthworkers Association set up.
- Enugu Diocesan Anglican Doctors' Forum formed.

# Resolutions 20-2024: Enugu Diocese as a case study 2

## Health Insurance Programme

- Leveraging on the various government already existing programmes on Universal Health Care / Insurance Schemes, both at the Federal and State levels;
- Having, as a Diocese, operated the Capitation system of Health Insurance – specifically for Clergy and families - with limited success;
- To make healthcare – a basic necessity for everyone – affordable and accessible to all our members and reduce the prevalent Out-of-pocket expenses system, which is becoming increasingly harder to bear;
- We, thus inaugurated a Committee to work out the modality of not only operating a functional Universal Health Insurance programme, linked to the Federal and State Schemes, but are going further to structure a Diocesan operated Health Maintenance Organization ( HMO). **[RES.20 – 2, 3, 7].**

# Resolutions 20-2024: Enugu Diocese as a case study 3

## Health Infrastructure Development

- The Diocesan Medical Board has had to be reconstituted and repositioned, with also appointment of Diocesan Medical Advisers and Nursing Services Adviser – all competent professionals - with mandate to:
  - - Ensure effective, humane and best practices health-service-delivery at the Diocesan Specialist Hospital, with up to 30 Consulting Specialists in different fields of medicine and state-of-the-art facilities and equipment;
  - - Ensure the Specialist Hospital, with its manpower base, and by building further requisite structures; within the next 1 year becomes approved by the NMDC to RECRUIT and TRAIN fresh medical graduands for their housemanship/internship;
  - - Effectively collaborates with sister dioceses on training of necessary health workforce manpower, such as Diocese of Oji River-initiated College of Nursing.

# Resolutions 20-2024: Enugu Diocese as a case study 4

## Health Infrastructure Development

- A Primary Health Care Centre Establishment Committee, manned by a Professor and professionals in Public and Community Healthcare was constituted, had been inaugurated within 1 month of the Standing Committee – on St. Luke's Day Celebration Service, and has already commenced work.
- They had a mandate to: (1) Survey the diocese, to recommend 2 or 3 different zones of the diocese – for a start – especially in rural areas with underserved medical services / facilities; where Primary Healthcare Centres could be established by the diocese, on church land within the church premises – to also serve as a portal for evangelism / soul winning, as well as render affordable health services - and managed by the Committee, on behalf of the Diocese;

# Resolutions 20-2024: Enugu Diocese as a case study 4

## Health Infrastructure Development

- (2) Liaise with the Physical Planning Committee of the Diocese, to furnish the latter with the basic components and the infrastructural / facility layout required in a functional Primary Healthcare Centre that will serve the population with accessible and affordable health care, without compromising standards. The Physical Planning Committee [PPC] was to design a portable PHC Centre facility, and present to the Diocesan Synod, within 1 month, for vetting and ratification.
- These 2 Committees delivered on the mandate.
- The PHC Committee identified 3 different-spaced-out areas of the diocese where the Centre could be built in the church premises, on church land.

# Resolutions 20-2024: Enugu Diocese as a case study 4

## Health Infrastructure Development

- The PPC, with its various professionals in the construction industry, delivered a prototype template of a PHC Centre, with elaborate architectural designs and views as well as models, valued at N100m (One Hundred Million Naira) only, for constructing each of these structures.
- We have, out of our modest Synod proceeds, set aside N10 Million Naira, to start work on this vital necessity of existence of our people, in these hard times in our nation, early in this new year.
- We trust, as we “**get on the way,**” building, as Eliezer, “**the Lord will lead us**” (**Genesis 24:27**), and provide the rest;
- AND MORE IMPORTANTLY, ENCOURAGE MANY OF US TO BEGIN, IN JESUS NAME! **[RES. 20 – 4, 5, 6, 13, 18].**



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PROPOSED DIOCESAN PRIMARY HEALTH CARE CENTRE  
FOR  
DIOCESE OF ENUGU, ANGLICAN COMMUNION



# Resolutions 20-2024: Enugu Diocese as a case study 4

## Health Care Manpower Development

- The Diocese already has Tertiary Specialist Hospital, the Good Shepherd Specialist Hospital, and a state-of-the-art Diagnostic Centre Complex, which are forming the nuclei for the recruitment and training of fresh health workforce volunteers and experts in Medical, Pharmaceutical, Nursing, Laboratory and Allied Health Sciences; as Departments / Faculties of a proposed Good Shepherd University – already being worked at.
- There is already in place a structured system / method for recruiting Volunteer and Expert health worker professionals – both of those retired and the still-actively working.
- Medical Professionals in different Specialties, with notable passion, zeal and calling to work for God, are now being intentionally encouraged and recruited to undergo Theological Training, with a view to being ordained priests.

# Resolutions 20-2024: Enugu Diocese as a case study 5

## Health Care Manpower Development

- Enlightenment programmes and even demonstration sessions are being continuously made at our unit church, parish, archdeaconry levels, as well as in Diocesan programmes; some churches have had the Basic Life Support procedure done in their main services.
- The Enugu Diocesan Anglican Healthworkers Association, to coordinate the activities and volunteer efforts of all health professionals in the Diocese, enumerate their number, and for proper networking, was set up on St Luke's Sunday Service.
- Likewise, the Enugu Diocesan Anglican Doctors' Forum, towards enumeration of their numerical strength as well as for seamless coordination in volunteering for Medical Outreaches component of our Diocesan Outreach Missions; was also inaugurated at same St. Luke's Day Celebration Service. **[RES.20 – 4, 6, 10, 12, 13, 14, 18, 19].**

# Resolutions 20-2024: Enugu Diocese as a case study 5

## Medical Outreaches Component

- As more people pass through the gates of the hospital than of the church; to veritably position our Specialist Hospital as a ripe field for soulwinning and discipleship, other than just health services delivery; our Hospital Chaplaincy has been refocused, reset and reinforced, as follows:
  - - An Archdeacon for Diocesan Hospital Services has been appointed, as distinct from Archdeacon, Hospital Chaplaincy Archdeaconry, to coordinate specifically Hospital Services;
  - - A Chaplain (clergy) has been appointed specifically to see to the spiritual needs of the hospital workers, patients and relatives;
  - - A Roster of weekly Hospital visitations and ministrations by the churches – with their priests and members – has been operationalised, with template for follow-up of converts drawn up;
  - - A Medical Outreach Unit is an integral part of our Diocesan Evangelism and Missions Commission, for our Weekend Outreach Programmes. **[RES. 20 – 5,11].**

# IN CONCLUSION

- Questions
- Observations
- Suggestions
- MAY YOU BE ENCOURAGED TO START / DO MORE AFTER  
TODAY !!

**Thanks for your  
attention !**

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