



Leadership Consultation on Scaling up Faith Community Impact against Malaria

Consultation Report
December 12, 2008

Riggs Library, Georgetown University



CENTER FOR
INTERFAITH ACTION
on global poverty

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Kathryn Berndtson and Jean Duff
Center for Interfaith Action on Global Poverty
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INTRODUCTION

The Center for Interfaith Action on Global Poverty (CIFA) was launched by Edward Scott at the Clinton Global Initiative in September 2008. Its mission is to increase the capacity and effectiveness of the collective efforts of the faith community to reduce global poverty and disease. CIFA aims to do this through increased interfaith coordination, best practices and model sharing, innovative mobilization of resources, and influential advocacy to governments and the general public.

Background

Over the past 10 years, Mr. Scott has grown increasingly involved with alleviating global poverty and disease, founding numerous non-profit organizations and traveling extensively in the developing world. During that time, it became clear to him that there was one force not being utilized to the extent that its capacity deserved—that force was the faith community. In exploratory conversations regarding the utility of an organization such as CIFA, Mr. Scott and Ms. Jean Duff, CIFA's Executive Director, encountered enthusiasm and consensus from key leaders across denominations and sectors. These leaders identified the faith sector as a critical part of the fight against global poverty and disease. The opportunity for an organization like CIFA to be a catalyzing force for collective, interfaith action against global poverty and disease was seen as “game-changing” for the development world. As Ray Chambers, UN Special Envoy for Malaria noted, “Faith based organizations may be the one big engine that can push us up the hill for all the Millennium Development Goals. There will be a sprint in the next 24 months, and we need CIFA and all of the people here today to take on a huge part of that obligation.”

Impetus for a Leadership Consultation on Scaling up Faith Community Impact against Malaria

This particular moment represents an important window of opportunity for progress on malaria—with the 2010 goals for universal bednet coverage and the 2015 goals for zero malaria mortality fast approaching, there exist funding and technical resources beyond the scope of any previous efforts against malaria. A Global Malaria Action Plan published in 2008 aims to guide the malaria community in its collaborative efforts to provide effective assistance to endemic countries. Ensuring that these resources and strategies are well used will be vital to securing additional funds for this life-saving work. However, the faith community has not been adequately deployed as an essential part of meeting the goals of universal coverage and zero mortality. Believing that effective, collaborative deployment of the faith sector must be a part of reaching the 2010 and 2015 goals and beyond, CIFA held the Leadership Consultation on Scaling up Faith Community Impact against Malaria on December 12, 2008.

The Leadership Consultation aimed, as its first priority, to make progress against malaria by increasing the capacity of faith organizations to mobilize their communities. CIFA sought to bring together key leaders across denominations and sectors to encourage collaboration and partnerships against malaria at a national and regional scale. The Consultation convened more than 50 high-level leaders of the faith, development, and public health communities (see Appendix A), who committed themselves to greater cross-sector and interfaith collaboration towards malaria elimination.



Participants assembled in the Riggs Library at Georgetown University.

OVERVIEW OF PROCEEDINGS

Opening Remarks

The Consultation was hosted by CIFA and co-sponsored by the Berkley Center for Religion, Peace, and World Affairs at Georgetown University. The event took place at the Riggs Library at Georgetown University on December 12, 2008 from 10am-3pm.

Dr. Timothy Shriver, President of the Center for Interfaith Action on Global Poverty, opened the event with a call to help marshal the power of the faith community to fight age-old enemies of humankind together.

Mr. Ed Scott said that CIFA had assembled the group because, “We believe the faith community is critical to bringing hope to the 33 million global citizens suffering from HIV, the millions of children who are orphaned by HIV, the 350-500 million affected by malaria, and the one million people who die each year of malaria—85% of whom are children under five in Africa.” Mr. Scott affirmed that the Consultation aimed to provide support to ordinary members of the faith community doing extraordinary work against global poverty and disease.



Mr. Ray Chambers, United Nations Special Envoy for Malaria, opened the day's discussions with a Call to Action that named the faith community as "the one big engine that can push up the hill for all the Millennium Development Goals." Mr. Chambers stressed the importance of swift action in the next twenty four months as the malaria community strives towards the 2010 universal bed net coverage goals and the 2015 zero mortality goals. In particular, he called for action in Nigeria and the Democratic Republic of Congo—two countries which account for 40 percent of malaria deaths in Africa. Chambers stated that effective distribution and proper utilization will not happen without "the collaborative and comprehensive involvement of the faith community."

"I've never seen such an opportunity in my lifetime to eradicate such a deadly disease," said Chambers. "But by coming together we could seize the day so that in the next seven years, children are no longer absent from school, workers from their jobs, and hospital beds filled—because of malaria."

Mr. Ray Chambers, UN Special Envoy for Malaria, addresses the Consultation.

Moderated Conversation 1: Global Action and Financing

Dr. Timothy Shriver moderated a morning conversation among leaders regarding global action and financing for anti-malaria programming, asking, "What are the assets that can be deployed or leveraged on anti-malaria financing?"

Several participants offered their insights into this key question, and their suggested action steps are detailed in *Action Steps* below. In terms of clear donor obligations, the World Bank noted its \$1.1 billion commitment to Nigeria and the Democratic Republic of Congo. However, the repeated sentiment among participants was that



Dr. Timothy Shriver, President, CIFA

despite great promises of funding for the coming two years, much of that funding is currently unavailable or subject to appropriations by a cash-strapped U.S. Congress, and that a key role of the faith community must be as dedicated advocates for new funds for malaria programming.

Financing for Anti-Malaria Programming in Nigeria

World Bank

The World Bank has already committed \$180 million for the purchase of 8 million nets to be distributed in seven states. The Bank will provide another \$100 million in June 2009, and an additional \$200 million in 2010.

Roll Back Malaria Partnership

Combined funding from various partners, including the Ministry of Health, of \$1.2 billion dollars has already purchased 70 million nets that will be distributed in a state by state campaign.

Global Fund

The Global Fund has committed \$600 million to Nigeria in Round 8 funding for malaria.

Moderated Conversation 2: Current Faith-based Activities against Malaria

The most comprehensive overview of faith-based activities against malaria can be found in the report prepared by the Berkley Center for Religion, Peace, and World Affairs and the World Faiths Development Dialogue for the Consultation, with support from CIFA, [*Malaria: Scoping New Partnerships*](#). This report documents the faith-based malaria efforts from



Katherine Marshall, co-author of *Malaria: Scoping New Partnerships*, addresses the Consultation, with Dr. John DeGioia and Ambassador Mark Dybul seated on her right and left.

support and implementation by organizations such as the Gates Foundation, Malaria No More, the United Nations Foundation, Christian Connections in International Health, Lutheran World Relief, Project Muso in Mali, ACT Development, the Inter-religious Campaign against Malaria in Mozambique, Episcopal Relief and Development, Islamic Relief Worldwide, World Vision, the Tony Blair Faith Foundation, and the Center for Interfaith Action on Global Poverty.

Katherine Marshall moderated a conversation on current faith-based activities against malaria in which participants stressed the strengths of the faith community and faith-based development organizations in alleviating global poverty and disease. Participants highlighted the universal distribution network made possible through houses of worship along with the faith community's ability to retain and mobilize volunteers, their social credibility and trust, and their role as advocates for the poor and vulnerable. Participants

underscored the need to connect faith leaders to government strategies in order to complement and enhance national plans—indeed, they asserted that without mobilizing the faith community—both development organizations and congregations—the 2010 and 2015 goals likely cannot be met. Participants expressed enthusiasm for CIFA’s role as convener and catalyst in this space. Furthermore, there are existing models which can be taken to scale, such as those described below.

SUGGESTIONS FOR ACTION TO SCALE UP FAITH COMMUNITY IMPACT

Over the course of the discussion that took place at the Consultation, many creative and forward-looking ideas were brought forth. In this report, action steps are differentiated first by locus of action: 1) Malaria endemic countries, 2) Developed world, and 3) Transnational. Within these three categories, actions are further divided by category.



Amb. Mark Dybul and the Very Rev. Samuel Lloyd

Malaria Endemic Countries

– Establish what works

Numerous participants called for the establishment of best practices for faith community involvement, drawing on the experiences of promising pilot programs including Together Against Malaria in Mozambique, the Saddleback P.E.A.C.E. Plan Initiative in Kibuye, Rwanda,

“Our faith provides a moral imperative for our work and also a practical infrastructure for improving global health. Interfaith collaboration in this field not only holds great promise, but is a necessity.”

- Dr. John DeGioia,
President, Georgetown
University

Episcopal Relief and Development’s NetsforLife, Islamic Relief Worldwide’s pilot malaria programs in Sudan, Kenya, and Ethiopia, and the RAPIDS HIV/AIDS program in Zambia. Other participants called for a review of the roles of faith-based organizations (FBOs) in applying for funding from the Global Fund to fight AIDS, Tuberculosis, and Malaria, and how they are incorporated into Country Coordinating Mechanisms. The results of these pilots and reviews should be reported and made publicly accessible. The World Health Organization expressed its willingness to lend technical assistance to faith leaders on the ground as programs get underway. Importantly, participants expressed a willingness to share their lessons learned and areas of expertise among each other.

– Involve the faith community in malaria control strategies at the national and local levels

Participants were clear that the faith community must have a seat at the table in national malaria control planning. Representatives of the World Bank underscored the Bank’s

willingness to work with faith partners at the country level, and encouraged CIFA to facilitate this engagement. Several participants emphasized the importance of involving not only faith-based development organizations, but also religious leaders - at both the national and local levels - who are keenly aware of their congregants' cultural preferences and preferred communication and education methods. This awareness of cultural needs can be particularly important in providing psycho-social services, said one participant. Many participants had experience in training local religious leaders, and noted the ability of these leaders to connect programs to community members eager to volunteer their time. Participants also called for increased involvement of youth in anti-malaria programming. These recommendations follow other calls for grassroots ownership of anti-malaria projects.

- **Address Nigeria and the Democratic Republic of Congo**

Because Nigeria and DRC account for 40 percent of malaria deaths in sub-Saharan Africa, without progress against malaria in Nigeria and the DRC, the 2010 goals will remain out of reach. Taking on the “big risks” and “big rewards” that come with these countries will be a key part of scaling up faith community impact. The World Bank called for a coordinated engagement of the interfaith communities in Nigeria and the DRC so that they can play their fullest role in the planning processes already underway in those countries. Some participants, however, did encourage the faith community to also take on malaria in countries with stronger public health and government systems, where results might be more readily identifiable.

- **Improve faith community capacity**

Participants called for better record-keeping and for rigorous and transparent monitoring and evaluation among faith-based anti-malaria programming. One participant warned that these processes will need to accommodate the tension between a need to measure outcomes and the inherent chaos of organic communities. Others called for the faith community to make better use of available technology to educate people at risk of malaria through radio and television. Some participants stressed the need to enhance the capacity of existing faith community distribution networks to deliver life-saving commodities and information. Involving faith-based groups in funding mechanisms such as the Global Fund's Country Coordinating Mechanisms struck participants as an important part of increasing funding to FBOs as prime and sub-recipients of Global Fund grants. However, participants also warned that faith community representatives must be equipped to join and add value to the CCM for that outcome to be worthwhile.



Ruth Messenger, President, American Jewish World Service addresses the Consultation.

Developed World

- **Advocate for adequate funding**

Many participants called for new financial commitments to bring to the table, given that many of the promised funds from the Global Fund and the World Bank will not be immediately available. Several participants underscored the importance of ensuring that promised appropriations from the U.S. government come through, and called on the faith community to use their influence to advocate for promised funds.

- **Facilitate funding to faith-based organizations**

Several participants called for global funding agencies to make it easier for small, local FBOs and faith communities who provide education and care to apply for and receive grants for their work.

One key challenge to scaling up faith-based action is that many of the small, local faith actors who have the greatest impact on their communities are not equipped to apply for funding from major donors—lacking lawyers, contract officers, or the monitoring and evaluation mechanisms necessary to receive awards. Participants encouraged CIFA or some other mechanism to negotiate with donors to help small, local congregations

access funding. Several participants raised concerns about statutory regulations that may limit the ability of faith-based organizations to do the work they seek to do—however, this concern was met with the response that these changes will be much longer term than the imminent 2010 and 2015 goals.



Rear Admiral Tim Ziemer, President's Malaria Initiative



Edward Scott, Chairman and Founder, CIFA

- **Educate and involve American and European congregations**

Many participants called for increased involvement and education of U.S. and European congregations on malaria issues. Some participants called for an action-forcing summit that would bring the largest U.S. denominations together to better tap the power of American congregations.

Others called for simple, clear messages, such as those propagated by the Nothing but Nets campaign, to empower Americans and Europeans to donate or advocate on behalf of those who suffer from malaria. Encouraging those who travel abroad for missionary or other purposes to be well informed in terms of maximizing their utility abroad and to share their experiences with their

own communities and their legislative representatives could offer a way to tap the goodwill of many congregations in malaria-free countries. Other participants called for increased international attention on malaria issues in the global faith community—citing the Pope's upcoming trips to Cameroon and Angola as promising opportunities for doing so. Particularly, participants underscored the importance of youth as a demographic with the potential to do good work through immersion experiences that inspire advocacy at home.

Transnational

– Identify and build faith community assets

Many faith actors are not aware of what potential partners are doing, thereby diminishing collaboration and intervention efficiency. A repeated call from the participants involved mapping the assets of the faith community in the developing world. In order for FBOs to maximize their impact and use their resources most efficiently, they need to be informed about existing efforts and available expertise. What are the religious demographics of malaria endemic countries? What is the capacity of the faith community to educate, prevent, and treat malaria? What partnerships and programs already exist, and how can we build their capacity? Joy Phumaphi underscored the need to take advantage of the cross-border reach of the faith community, an asset that would be better utilized with solid mapping information in place. Involving the cross-border capacity of the faith community in monitoring and evaluation, said participants, might improve the efficacy of large grants. Participants warned that mapping is an exercise that can easily ensnare years of work if clear boundaries and goals are not set. By focusing initial mapping activities in two countries, participants sought to limit ensnarement in the mapping quagmire. Additionally, participants called for the National Malaria Control Programs at country-level to be engaged in the mapping exercises. Another call from the participants was for the faith community to be integrated into the Global Malaria Action Plan and to be involved in the Global Health Council's Malaria Roundtable.



Dr. Hany El-Banna, Humanitarian Forum

– Build on past successes

Several participants urged the Consultation to learn from previous successful campaigns including the Rotary campaign against polio or the common protocol of the multi-sector Campaign to Eliminate Onchocerciasis. Also highlighted was the need to look at opportunities to collaborate with other organizations active on these issues including the President's Emergency Plan for AIDS Relief (PEPFAR), the CORE group, and the President's Malaria Initiative (PMI).

– Create a long-term strategy

Some participants encouraged a realistic assessment of feasible goals, citing the 2010 goal as achievable and the 2015 goal as questionable. Overall, participants urged vigilance in sustaining anti-malaria programming over the coming decades. If initial anti-malaria programs are successful in

reducing incidence, vulnerable populations will lose their previous immunity to the disease and will be much more susceptible to infection if preventive programming is not sustained. As one participant noted, partial eradication could cause mortality far greater than current levels if not sustained. Hany El-Banna called for a United Nations Faith-Based Program to bring attention to the tremendous value of the faith community as an actor against global poverty and disease in the long term.

Next Steps

Amidst many excellent ideas for scaling up faith community impact against malaria, those determined by participants to be of most immediate concern are outlined below.

1. **The Consultation called for a Working Group to develop a plan for a coordinated faith community approach against malaria in Nigeria.**
 - a. CIFA will convene this Working Group in mid-January 2009.
 - b. This Working Group's efforts should dovetail with the World Bank's upcoming Business Plan for Nigeria, as well as other national malaria control strategies.
 - c. Although the Working Group will begin its efforts in Nigeria, the goal will be to develop a replicable country-level coordinating mechanism for integrating faith community assets into national malaria control plans in malaria endemic countries.



Michael Riggs, World Health Organization

Robert Radtke, Episcopal Relief and Development

Fifteen individuals volunteered to participate:

1. Ruth Turner, Tony Blair Faith Foundation
2. Katherine Marshall, Berkley Center for Religion, Peace, and World Affairs
3. Dan Carucci, United Nations Foundation
4. Maryse Pierre-Louis, World Bank
5. Mary Hennigan, Catholic Relief Services
6. Matt Lynch, Roll Bank Malaria Partnership
7. Saleemah Abdul-Ghafur, Malaria No More
8. Rob Radtke, Episcopal Relief and Development
9. Tim Ziemer, President's Malaria Initiative
10. Melissa Crutchfield, United Methodist Committee on Relief
11. Joanne Manrique, Global Health Council

12. Dan Starrett, Salvation Army World Office
13. Batuke Walusiku, RAPIDS
14. Ari Johnson, Project Muso
15. Mr. Ray Martin, Christian Connections for International Health

2. The Consultation called for up to date resources and research on the faith community and the fight against malaria.

- a. CIFA will solicit, commission, and synthesize information to assemble a database that will include:
 - i. Religious assets on the ground in malaria endemic countries
 - ii. Capabilities of international faith-based partners and NGOs in those countries

CIFA is currently exploring an appropriate internet platform and preparing a survey format that will allow this information to be efficiently gathered from partners.

3. The Consultation called for activities to strengthen the capacity of faith communities on the ground.

CIFA will work with its partners to strengthen the capacity of the faith-based community in Nigeria and other malaria endemic countries to contribute to anti-malaria efforts in a sustainable manner.



David Dahlin, Compassion International; Maryse Pierre-Louis, World Bank

Ray Dabrowski, Seventh Day Adventist Church; Kathy Bushkin Calvin, UN Foundation

4. The Consultation called for increased faith community representation among the major coordinating mechanisms, such as:

- a. The Roll Back Malaria Partnership (e.g. through participation in Malaria Roundtable)
- b. Roll Back Malaria's Harmonization Working Group
- c. The Global Health Council
- d. The Global Fund to Fight AIDS, Tuberculosis, and Malaria
- e. The World Health Organization's Global Malaria Program

CIFA will work with partners to explore ways to facilitate this.

In addition to these next steps rooted in the discussions of the Consultation, CIFA plans to hold similar events to launch parallel action on HIV/AIDS, gender justice, and neglected tropical diseases in the coming year.

ADDITIONAL QUOTATIONS

“Although we are committed to the sprint, in the long run, this will be a marathon, and we have to build the capacity that will make these efforts sustainable.”

- Rob Radtke, President of Episcopal Relief and Development

“The greatest strength of faith community is their tremendous power and ability to work across borders. I don’t think that there is any other community that can do this as effectively. The faith community has to play a leading role, a critical role in malaria elimination, and it will be an essential partner for us at the Bank, and for other partners as well.

- Joy Phumaphi, Vice President of Human Development at the World Bank.

“If we get faith community involved, the assets are there. Meeting the 2010 goals is not difficult—it’s complicated. With the power of the faith community, of public-private partnerships, of the lions and the lambs lying down together, we can do this very easily.”

- Ambassador Mark Dybul, head of the Office of the General AIDS Coordinator

“You can and you must use your power as advocates to ensure that donors follow through with their commitments.”

- Hervé Verhoosel, External Relations Manager for the Roll Back Malaria Partnership

ADDITIONAL PHOTOGRAPHS



From left to right: Lt. Colonel Dan Starrett - Salvation Army World Office, John Bridgleand - Malaria No More, April Kunze - Interfaith Youth Core



Ambassador Abdul Wahab, Organization of the Islamic Conference

Appendix 1. Final Attendees

Ms. Saleemah Abdul-Ghafur, *Malaria No More*
Mr. John Bridgeland, *Malaria No More*
Ms. Kathy Bushkin Calvin, *United Nations Foundation*
Dr. Dan Carucci, *United Nations Foundation*
Mr. Ray Chambers, *Office of the United Nations' Secretary General's Special Envoy for Malaria*
Mr. Alan Court, *Amelior Foundation*
Ms. Kathleen Cox, *Washington National Cathedral*
Ms. Melissa Crutchfield, *United Methodist Committee on Relief*
Mr. Ray Dabrowski, *Seventh-day Adventist Church*
Mr. David Dahlin, *Compassion International*
Dr. John DeGioia, *Georgetown University*
Mr. Paul Derstine, *IMA World Health*
Ms. Jean Duff, *Center for Interfaith Action on Global Poverty*
Amb. Mark Dybul, *Office of the U.S. General AIDS Coordinator*
Dr. Hany El-Banna, *Humanitarian Forum*
Mr. John Galbraith, *Catholic Medical Mission Board*
Ms. Dale Hanson Bourke, *Center for Infectious Disease Research in Zambia*
Mr. Chad Hayward, *Association of Evangelical Relief and Development Organizations*
Ms. Mary Hennigan, *Catholic Relief Services*
Rev. Larry Hollon, *United Methodist Communications*
Mr. Khizer Husain, *Malaria No More*
Mr. Craig Jagers, *World Vision*
Ms. April Kunze, *Interfaith Youth Core*
Dr. Ruth Levine, *Center for Global Development*
Very Rev. Samuel Lloyd, *Washington National Cathedral*
Dr. Matt Lynch, *Johns Hopkins University; Roll Back Malaria Partnership*
Mr. Mike Madnick, *Gates Foundation*
Ms. Joanne Manrique, *Global Health Council*
Dr. Katherine Marshall, *Berkley Center for Religion, Peace, and World Affairs*

Mr. Ray Martin, *Christian Connections for International Health*
Mr. Tim McCully, *Lutheran World Relief*
Ms. Elizabeth McKee-Gore, *United Nations Foundation*
Ms. Ruth Messinger, *American Jewish World Service*
Mr. Michael Pajonk, *United Nations Foundation*
Ms. Rebecca Phares, *Lutheran World Relief*
Ms. Joy Phumaphi, *World Bank*
Dr. Maryse Pierre-Louis, *World Bank*
Mr. Adam Phillips, *One Campaign*
Dr. Robert Radtke, *Episcopal Relief and Development*
Ms. Jessica Raper, *Office of the President, Georgetown University*
Mr. Michael Riggs, *World Health Organization*
Mr. Chuck Sandefur, *Adventist Development and Relief Agency*
Mr. Ed Scott, *Center for Interfaith Action on Global Poverty*
Dr. Tim Shriver, *Center for Interfaith Action on Global Poverty*
Rev. Larry Smith, *Saddleback Church*
Lt. Colonel Dan Starrett, *Salvation Army World Service Office*
Mr. Brian Swarts, *Micah Challenge, USA*
Dr. Scott Todd, *Compassion International*
Ms. Ruth Turner, *Tony Blair Faith Foundation*
Mr. Hervé Verhoosel, *Roll Back Malaria Partnership*
Amb. Abdul Wahab, *Permanent Observer to the UN of the Organization of the Islamic Conference*
Dr. Batuke Walusiku, *RAPIDS, World Vision*
Ms. Patrice Wedderburn, *Friends of the Global Fight against AIDS, Tuberculosis, and Malaria*
Ms. Karen Wright, *Compassion International*
Rear Admiral Tim Ziemer, *President's Malaria Initiative*

Appendix 2. Program



CENTER FOR
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LEADERSHIP CONSULTATION ON SCALING UP FAITH COMMUNITY IMPACT AGAINST MALARIA

Co-sponsored by
Georgetown University's
Berkley Center for Religion, Peace
and World Affairs

Riggs Library
Georgetown University

December 12, 2008

- 9:30 **Coffee and Registration**
- 10:00 **Welcome and Introductions**
Dr. Timothy Shriver, *President, Center for Interfaith Action on Global Poverty*
- 10:10 **Opening Remarks**
Mr. Edward W. Scott, *Chairman, Center for Interfaith Action on Global Poverty*
- 10:25 **Call to Action**
Mr. Ray Chambers, *United Nations Special Envoy for Malaria*
- 10:40 **Moderated Conversation: Global action and financing for anti-malaria programming**
Moderator: Dr. Timothy Shriver, *President, Center for Interfaith Action on Global Poverty*
Mr. John Bridgeland, *Vice-Chairman, Malaria No More*
Ms. Kathy Bushkin Calvin, *Executive Vice President and Chief Operating Officer, United Nations Foundation*
Ms. Joy Phumaphi, *Vice President, Human Development Network, World Bank*
Mr. Hervé Verhoosel, *External Relations Manager, Roll Back Malaria Partnership*
Rear Adm. Timothy Ziemer, *United States Malaria Coordinator, President's Malaria Initiative*
- 11:15 **Moderated Conversation: Overview of faith-based activities against malaria: What is missing? What is next?**
Moderator: Katherine Marshall, *Senior Fellow, Berkley Center for Religion, Peace and World Affairs*
Rev. Ray Dabrowski, *Director of Communication, General Conference of the Seventh-day Adventist Church*
Ms. Mary Hennigan, *Senior Technical Advisor – Health, Catholic Relief Services*
Rev. Larry Hollon, *General Secretary, United Methodist Communications*
Ms. April Kunze, *Vice President for Programs, Interfaith Youth Core*
Dr. John A. Nunes, *President and CEO, Lutheran World Relief*
Dr. Robert Radtke, *President, Episcopal Relief and Development*
Mr. Charles Sandefur, *Chief Executive Officer, Adventist Development and Relief Agency*
Rev. Larry Smith, *Director of Nationwide Initiatives, Saddleback Church*
Ms. Ruth Turner, *Chief Executive, Tony Blair Faith Foundation*
- 12:00 **Interfaith Blessing before Luncheon**
The Very Reverend Samuel T. Lloyd, *Dean, Washington National Cathedral*
- 12:15 **Welcome:**
Dr. John DeGioia, *President, Georgetown University*
- Remarks:**
Dr. Hany El-Banna, *President, Humanitarian Forum*
Ms. Ruth Messinger, *President, American Jewish World Service*
- 1:15 **Leadership Consultation: Opportunities and barriers related to religious sector collaboration on malaria**
Co-Moderators: Ms. Jean Duff, *Executive Director*, and Dr. Timothy Shriver, *President, Center for Interfaith Action on Global Poverty*
- 2:30 **Open Forum — Next Steps**
- 2:55 **Close meeting**
Mr. Edward W. Scott, *Chairman, Center for Interfaith Action on Global Poverty*