World Vision

why the G8 matters to children

World Vision's policy calls to the 2009 G8 Summit

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RECOMMENDATIONS

On child and maternal health, World Vision urges the G8 to:

1. step up efforts to ensure that all existing G8 health commitments are met, and to increase development assistance for primary health care programmes that prioritise women and children to at least $15 billion a year by 2010;
2. continue to strengthen its leadership in speaking out for children's and women's health, especially in these difficult economic times;
3. work in a co-ordinated and transparent manner with other donors, NGOs and multilateral mechanisms such as the International Health Partnership to ensure more effective and long-term support for developing country health plans that will deliver universal access to primary health care services;
4. increase support through the Global Fund and other mechanisms to achieve universal access to HIV and AIDS prevention, treatment, care and support for adults and children (including orphans and vulnerable children) by 2010;
5. meet all commitments made by G8 member states to improve nutrition through increased food security and agricultural support, and increase funding to nutrition programmes, particularly those focused on children under two years of age;
6. ensure that any innovative health financing mechanisms that are adopted are additional to, and do not replace, existing aid volume commitments; and
7. ensure that all G8 health commitments are adequately monitored through an expanded version of the accountability matrix proposed by the G8 Health Experts Group.

On ODA quantity and quality, World Vision recommends that:

8. each G8 donor country that has not yet done so publish a timetable of aid increases towards the country's promised 2010 aid levels, in order to ensure that aid reaches its promised level of $130 billion by 2010;
9. the G8 establish a monitoring system to identify early warning signs of threats to the achievement of each Millennium Development Goal during the present economic downturn, and take additional action to mitigate those threats; and
10. G8 donor countries develop a joint strategy plan with other donors through the OECD Working Party on Aid Effectiveness to achieve the Paris Declaration and Accra Agenda for Action targets for 2010, and review the progress of this strategy annually.

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introduction

"I see foreign aid that is spent wisely as being a smart thing even during these tough times… I believe that the wealthy have a responsibility to invest in addressing inequity. This is especially true when the constraints on others are so great. Otherwise, we will come out of the economic downturn in a world that is even more unequal, with greater inequities in health and education, and fewer opportunities for people to improve their lives." — **Bill Gates**[1]

There have been inspiring improvements in child health in recent years and the total death rate of children is dropping. The actions and leadership of the G8 have been critical to this achievement. The world has come a long way in improving the health of children and mothers, however the current economic crisis and global food challenges threaten to turn these successes around.

During times of economic downturn, world governments have a critical role to play in helping to generate demand in the economy and to protect the most vulnerable and those hurt most by economic contraction.

It is essential that developed countries maintain and increase their current efforts to achieve the Millennium Development Goals (MDGs) and meet their other commitments to poor countries. Already many world leaders have signalled increasing support, but it is essential that the leaders of the world's largest economies commit to doing this, and to meeting their previous commitments in support of the world's poorest people, who are most seriously affected by this economic crisis.

The cost is low, since total aid promises are just 2% of the size of current domestic stimulus packages, but the impact on those most in need is high and is essential for the survival and well-being of the world's poorest people.

Most donor countries are increasing their aid contributions and working with other nations to improve aid effectiveness. The G8, however, is off-track on its part of the commitment to increase aid to $130 billion per year by 2010. These increases are necessary not only to provide the resources needed for child and maternal health, but also to achieve universal prevention, treatment and care programmes for HIV and AIDS; to meet donor commitments to improve food security and agricultural productivity; to assist countries to develop adaptation and mitigation strategies in response to climate change; and to help the poorest countries meet the other MDGs.

None of these issues goes away just because of an economic crisis. In fact the needs become even greater. At this stage it is difficult to predict the full impact of the downturn on the poorer countries, but the World Bank's preliminary estimates are that an additional 46 million people will join the ranks of the very poor in 2009 and an additional 2.8 million children may die before 2015.[2] If left unchecked, rising poverty and morbidity will cost the world much more than the relatively low investments currently needed to combat them.

World Vision calls on the G8 to maintain and build further development momentum by:

- ensuring that sufficient support is given to the priority area of child and maternal health;
- getting on track to achieve the increase in development assistance promised for 2010; and
- providing further support to those people in developing countries harmed most by the global economic downturn.

The G8 must show that its commitments are not just to be met during good economic times, but will also be met in harder times. The consequences of inaction are greater now than ever.

part one
child and maternal health

"The test of the morality of a society is what it does for its children." — **Dietrich Bonhoeffer**

Child deaths are falling. They have dropped from 11.1 million in 2000 to 9.2 million in 2007. As the 2008 Report of the G8 Health Experts Group indicated, there have been significant reductions in deaths of children through expansion of health services and a range of interventions including increased coverage of measles and other routine vaccinations, micro-nutrient supplementation and better coverage of malaria interventions.[3] Action by G8 countries has been critical to these gains.

year	deaths (in millions)
2000	11.1
2001	10.8
2002	10.9
2003	10.6
2004	10.5
2005	10.1
2006	9.7
2007	9.2

Figure 1. Estimated global deaths of children under 5
Source: UNICEF, State of the World's Children series, Table 1

During this period, as Figure 2 shows, aid for basic health services has increased by 70% – from $2.7 billion in 2002 to $4.6 billion in 2007 (the latest year with available data).

This increase, and its effective use, has saved hundreds of thousands of lives already. There has been a 90% reduction in measles deaths in Africa since 2001,[4] fewer babies are being born with HIV each year[5] and malaria deaths have dropped by 50% in Rwanda and Ethiopia and 34% in Ghana.[6]

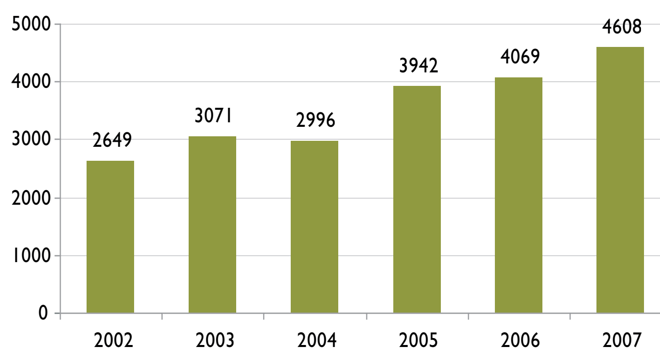

Figure 2. Total ODA disbursements for primary health care[7] from all donors for years 2002–2007 (in 2006 US$ millions)
Source: OECD DAC, CRS database, accessed 16 February 2009

However, despite these improvements, the Millennium Development Goals (MDGs) for child and maternal health are still lagging behind most other MDGs. The World Bank estimates that halfway through the period 2000 to 2015, the child health goal is only 32% of the way to its target and the maternal health goal is just 9% towards the target. These two Goals are intimately linked: children who lose their mothers have a much lower chance of surviving.[8] In addition to the 9.2 million child deaths in 2007, over 500,000 women lost their lives during pregnancy, childbirth or shortly after.[9]

Figure 3 (on facing page) summarises progress towards the MDGs and highlights the poor performance against the child and maternal health goals.

Globally the main causes of child deaths are pneumonia (2.7 million), diarrhea (2 million), pre-term birth (1 million), malaria (0.8 million) and other neo-natal causes such as tetanus and asphyxia (1.6 million). In Africa, HIV and AIDS is also a significant contributor to under-five deaths.[10, 11]

The main causes of maternal deaths are hemorrhage (around 160,000), infections (50,000), hypertension (50,000) and anemia (40,000).[12] Thus a small number of causes generates

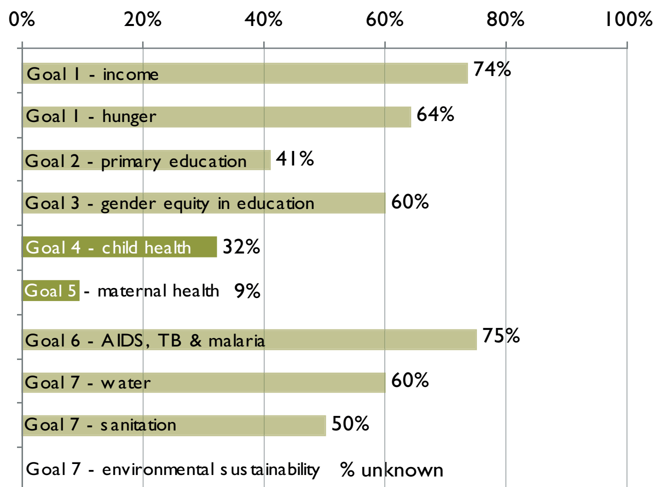

Figure 3. Summary of global progress on the MDGs
Derived from World Bank, MDG global monitoring report 2008, pp 19–22

most of the deaths,[13] and all these causes are amenable to family- and community-level prevention strategies – such as better nutrition and hygiene, or effective access to relatively simple and low-cost treatments.[14]

The research and on-the-ground experience are clear: three in five of these child deaths,[15] and nearly four in five maternal deaths,[16] can be prevented by proven and cost-effective interventions at community and district levels.

Improving child and maternal health requires effective primary health care – that is, the education and empowerment of families and communities to provide for their children's health needs and access for these families to effective community and district health services.
Over the last few years the G8 has led the world in its commitments to improved health. Figure 4 (overleaf) summarises the most recent of these commitments.

Several of these commitments have already been achieved in full or in part and have made a huge difference to the lives of millions of people: polio is on the verge of eradication; measles deaths have been cut by 90% in Africa and 70% globally; 4 million people are now receiving anti-retroviral (ARV) treatment for AIDS and many more pregnant women are receiving effective ARV treatment to prevent infection of their children; more women are giving birth with the assistance of skilled birth attendants; and effective malaria treatment; and the distribution of millions of insecticide-treated bed nets has dramatically cut malaria infections and deaths in many countries.[17]

However, further effort is urgently needed from the G8, other donors and developing countries if the MDGs are to be met. To cut the numbers of child and maternal deaths to the levels that nations have agreed to under the MDGs will require:

- greater education and empowerment of families and communities;
- improved basic health systems management, service delivery and community linkages in many developing countries to ensure that essential services reach all communities equitably;
- increased domestic funding of primary health care services that provide a continuum of care for children and pregnant women, including voluntary family planning; and
- an approximate tripling of health aid disbursements to support developing country primary health care plans and improvements in the targeting, co-ordination and predictability of that aid.

Thus, it is not all about money. However, as the Toyako Framework for Action on Global Health recommends, additional aid is required. There have been significant increases already, but current levels of funding are still far below the best estimates of the level of aid required to meet basic child and maternal health needs.

World Vision estimates that between $15 and 19 billion will be required in aid for primary health care services each year by 2010. This is made up of $4.7bn for maternal and neo-natal health services, $5.3bn for child health services, $3.7bn for family planning and $ 5.5 billion for major infectious disease programmes.[18] This figure assumes significant increases in domestic funding by developing country governments in line with the Abuja Declaration,[19] but excludes the aid required for HIV and AIDS programmes which UNAIDS estimates at $17 billion a year by 2010.[20]

Some G8 nations are already taking steps to increase health support further – EU nations have committed to significant increases in health and other aid by 2010 through their Agenda for Action on the MDGs, and the US congress has voted to triple the budget for AIDS, TB and malaria over the next five years.[21] These increases are particularly important in the present global economic crisis, which will plunge more people in developing countries into extreme poverty and substantially increase health risks for the very poor. The World Bank estimates that up to 2.8 million additional child deaths could occur up to 2015 if these risks are not mitigated.[22]

Health systems	"We will ensure our actions strengthen health systems at national and local level and across all sectors since this is vital for long-term improvements in overall health, and we will encourage donors to help build health capacity." *(2005)* "The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of health workers." *(2008)*
Maternal and child health	"We support our African partners' commitment to ensure that by 2015 all children have access to basic health care to reduce mortality among those most at risk from dying from preventable causes, particularly women and children…" *(2005)* "We will also scale up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated US$ 1.5 billion." *(2007)* "We note that in some developing countries, achieving the MDGs on child mortality and maternal health is seriously off-track, and therefore, in country-led plans, the continuum of prevention and care, including nutrition, should include a greater focus on maternal, newborn and child health. Reproductive health should be made widely accessible." *(2008)*
Access to medicines	"We will support responding to those African countries that indicate that they require technical assistance and capacity building programmes for advancing their access to affordable, safe, effective and high quality generic and innovative medicines in a manner consistent with the WTO." *(2007)*
Health funding	"We reiterate our commitment to continue efforts, to work towards the goals of providing at least a projected US$60 billion over five years, to fight infectious diseases and strengthen health." *(2008)*
HIV and AIDS	"With the aim of an AIDS-free generation in Africa, significantly reducing HIV infections and working with WHO, UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of as close to as possible to universal access to treatment for all those who need it by 2010." *(2005)*
Mother-to-child transmission	"We will contribute substantially with other donors to work towards the goal of providing universal coverage to PMTCT programs by 2010. The cost to reach this target as estimated by UNICEF is US$1.5 billion." *(2007)*
Pediatric AIDS treatment	"The G8 together with other donors will work towards meeting the needed resources for pediatric treatments in the context of universal access, at a cost of US$1.8 billion till 2010" *(2007)*
Orphans and vulnerable children	"We will also work … to ensure that all children left orphaned or vulnerable by AIDS or other pandemics are given proper support." *(2005)*
The Global Fund	"G8 members pledge to work with other donors to replenish the GFATM and to provide long-term predictable funding based on ambitious, but realistic demand-driven targets." *(2007)*
Malaria	"We will individually and collectively over the next few years work to enable the 30 highest malaria prevalence countries in Africa reach at least 85% coverage of the most vulnerable groups with effective prevention and treatment measures and achieve a 50 percent reduction in malaria-related deaths." *(2007)* "As part of fulfilling our commitments on malaria, we will continue to expand access to long-lasting insecticide treated nets, with a view of providing 100 million nets, through bilateral and multilateral assistance in partnership with other stakeholders by the end of 2010." *(2008)*
Polio	"We urgently call for mobilisation of financial support and will continue to work collectively and with bilateral and multilateral donors to close the funding gap for 2007/08, and will continue to work with others towards securing the resources necessary to finish the program and declare our planet polio-free in the near future." *(2006)*
TB	"We will also support the Global Plan to Stop TB, 2006–2015, which aims to cut TB deaths in half by the year 2015 compared to 1990 levels, saving some 14 million lives over ten years, and call upon all donors and stakeholders to contribute to its effective implementation." *(2006)*
Neglected tropical diseases	"We will be able to reach at least 75% of the people affected by certain major neglected tropical diseases in the most affected countries in Africa, Asia, and Latin America, bearing in mind the WHO Plan. With sustained action for 3–5 years, this would enable a very significant reduction of the current burden with the elimination of some of these diseases." *(2008)*
Monitoring and accountability	"We also agreed to establish a follow-up mechanism to monitor our progress on meeting our commitments." *(2008)*

Figure 4. Summary of G8 commitments on health

Recommendations on child and maternal health

World Vision urges the G8 to:

1. step up efforts to ensure that all existing G8 health commitments are met, and to increase development assistance for primary health care programmes that prioritise women and children to at least $15 billion a year by 2010;
2. continue to strengthen its leadership in speaking out for children's and women's health, especially in these difficult economic times;
3. work in a co-ordinated and transparent manner with other donors, NGOs and multilateral mechanisms such as the International Health Partnership to ensure more effective and long-term support for developing country health plans that will deliver universal access to primary health care services;
4. increase support through the Global Fund and other mechanisms to achieve universal access to HIV and AIDS prevention, treatment, care and support for adults and children (including orphans and vulnerable children) by 2010;
5. meet all commitments made by G8 member states to improve nutrition through increased food security and agricultural support, and increase funding to nutrition programmes, particularly those focused on children under two years of age;
6. ensure that any innovative health financing mechanisms that are adopted are additional to, and do not replace, existing aid volume commitments; and
7. ensure that all G8 health commitments are adequately monitored through an expanded version of the accountability matrix proposed by the G8 Health Experts Group.

In this time of poor financial returns increased support for child and maternal health provides a rare and scientifically proven return on investment which will save the lives of 5.5 million children and 350,000 women each year. We urge the G8 to maintain its momentum and take the next steps necessary to achieve this.

References

1. *2009 Annual letter from Bill Gates*, Bill & Melinda Gates Foundation, Seattle
2. World Bank, *Policy note to G7 Finance Minister's Meeting*, February 2009
3. G8 Health Experts Group, *2008 Toyako framework for action on global health*, p 5
4. World Health Organization, 2007, *Weekly epidemiological record no 48*, pp 82, 417–24
5. UNAIDS, *2008 report on the global AIDS epidemic*, p 124
6. WHO, *World malaria report 2008*; "Nets and new drug make inroads against malaria", *New York Times*, 1 February 2008
7. That is, the sum of funding to OECD DAC sector 122 (basic health) and sector 130 (reproductive health) but excluding sub-sector 13040 (STD control including AIDS). The figures are actual disbursements of funds.
8. Motherless infants have an increased chance of dying before the age of two: see http://www.unicef.org/mdg/maternal.html (accessed 23 February 2009); under-nutrition of mothers is linked to low birth weight and neo-natal deaths: see Bhutta, Z *et al*, 2008, "What works? Interventions for maternal and child undernutrition and survival", *Lancet 371*, pp 417–40
9. WHO, UNICEF, UNFPA & World Bank, 2007, *Maternal mortality in 2005*
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11. Globally, only 3% of child deaths are due to AIDS, however this is the cause of 6% of child deaths in Africa: see Bryce, J *et al*, 2005, "WHO estimates of the causes of death in children", *Lancet 365*, pp 1147–52
12. Khan, K *et al*, 2006, "WHO analysis of causes of maternal death: A systematic review", *Lancet 367*, pp 1066–74
13. The underlying causes of child deaths include poor nutrition, lack of clean water and hygiene, poor indoor air quality, illness or death of mother, and complications of childbirth. The underlying causes of maternal death include poor nutrition, young and too-frequent pregnancies, malaria, small stature, gender violence and unsafe abortion. See Darmstadt, G *et al*, 2005, "Evidence-based, cost-effective interventions: How many newborn babies can we save?", *Lancet 365*, pp 977–88; Jones, G *et al*, 2003, "How many child deaths can we prevent this year?", *Lancet 362*, pp 65–71, Ronsmans, C & Graham, W, 2006, "Maternal mortality: Who, when, where, and why" *Lancet 368*, pp 1189–200, Black R *et al* 2008 "Maternal and child undernutrition: Global and regional exposures and health consequences", *Lancet 371*, pp 243–60
14. Darmstadt, G *et al*, 2005, *Ibid*; Jones, G *et al*, 2003, *Ibid*; Countdown to 2015/UNICEF, *Tracking progress in maternal, newborn and child survival: The 2008 report*
15. Jones *et al* estimated a 55% reduction in neo-natal deaths and a 67% reduction in post-neo-natal child deaths summing to a 63% reduction in all under-5 deaths.
16. An estimated 75% of maternal deaths are preventable with proven, cost-effective strategies. See: Wagstaff A & Claeson M, 2004, *The Millennium Development Goals for health: Rising to the challenge*, World Bank, p 6
17. UNDP Millennium Indicators database; World Bank *Global monitoring report 2008*; UNAIDS, *2008 report on the global AIDS epidemic*; WHO, *World malaria report 2008*
18. No single comprehensive study covers the total cost of basic health services. However, in-depth costing studies have been carried out for each of the main components, and these provide detailed estimates of the cost of each sub-service: maternal and neo-natal health services ($4.7bn), child health services ($5.3bn), family planning ($3.7bn), and major infectious disease programmes excluding HIV and AIDS ($5.5bn). We assume that overlap and synergies in these services could result in savings of around 20% of the total costs of $19.2bn per year. This indicates that at least $15 billion in aid for basic health services will be required in 2010. For details of calculations see World Vision International, 2008, *A matter of life or death: How 18 million children are relying on the G8 to keep its promises*, pp 16–17
19. The 2001 Abuja Declaration by African Union member nations set a target of at least 15% of national government expenditure on health.
20. Approximately $17 billion in aid will be required for HIV and AIDS programmes; see: UNAIDS, 2009, *What countries need: Investments needed for 2010 targets*, p 7
21. See *The EU agenda for action on MDGs 2008*, and the PEPFAR Reauthorization Bill 2008 (HR5501)
22. World Bank, *Policy note to G7 Finance Minister's Meeting*, February 2009

part two
the quantity and quality of Official Development Assistance

"To the people of poor nations, we pledge to work alongside you to make your farms flourish and let clean waters flow; to nourish starved bodies and feed hungry minds." — **Barack Obama, Inaugural Address 20 January 2009**

Since 2005, when G8 and other donor nations committed to lift total annual aid for 2010 by $50 billion,[23] there has been some progress in increasing aid volumes and addressing the low quality of much aid.

However, to date, the fifteen non-G8 donor countries,[24] as a group, have been better at meeting their aid pledges than the G8 donor group.

Non-G8 leading the way

The figures below plot the increases in total aid by the non-G8 donors and by G8 donors over the last three years, and compare this with the linear growth required to reach the 2010 commitment of an additional $50 billion. Figure 5 shows that the non-G8 donors are tracking very close to the linear increase required to reach their share of the total $50 billion increase by 2010.

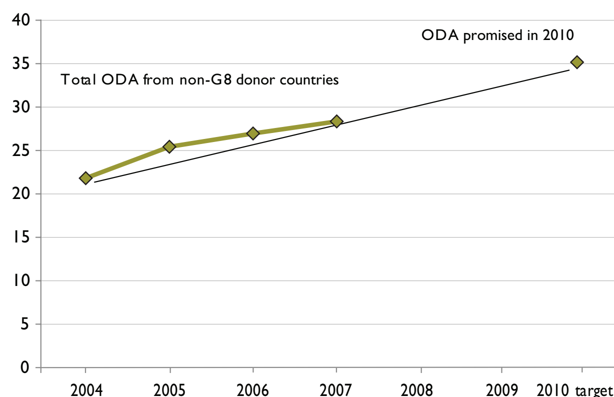

Figure 5. Progress of non-G8 donors towards the 2010 aid volume target compared with linear growth (in 2004 US$ billions)

Source: OECD DAC online database Table 1; DAC pre-Gleneagles 2010 projection

Figure 6, which plots total G8 aid, shows that aid increased significantly in 2005 but has since fallen back and is now well below the linear trend required to achieve the 2010 G8 target. If G8 countries continue along this trend, many critical G8 development assistance commitments will not be realised.

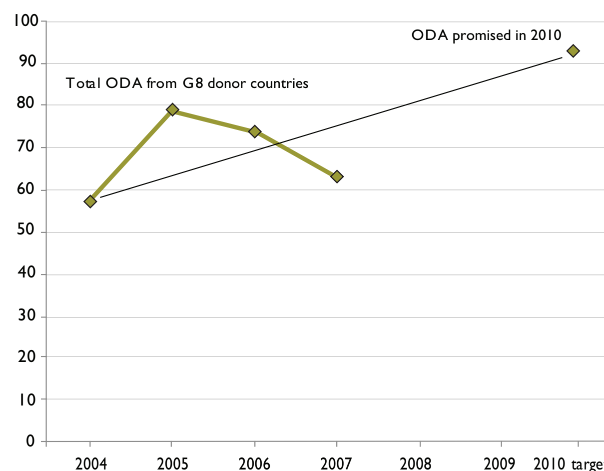

Figure 6. Progress of G8 donors towards the 2010 aid volume target compared with linear growth (in 2004 US$ billions)

Source: OECD DAC online database Table 1 and DAC pre-Gleneagles 2010 projection

G8 can still get back on track

A closer look at the contributions of individual G8 countries shows that there are considerable variations in country performance against their 2010 targets – see Figure 7 (facing page).

It is likely that all but one of the G8 countries (with the exception of Italy, which has by far the largest difference between current funding and ODA target) will be able to meet their commitments. In fact, a number of G8 (and non-G8) countries have already indicated that they will significantly increase aid in coming years.

These include:

- the United States President's commitment to double US aid, and also the US Government's decision to provide an average of $10 bn a year for AIDS, TB and malaria programmes over the next five years;
- Germany's reiteration of its promise to reach the EU goal of 0.51% of GNI by 2010; and
- the United Kingdom's plans to lift aid to 0.56% of GNI by 2010 and 0.7% by 2013.

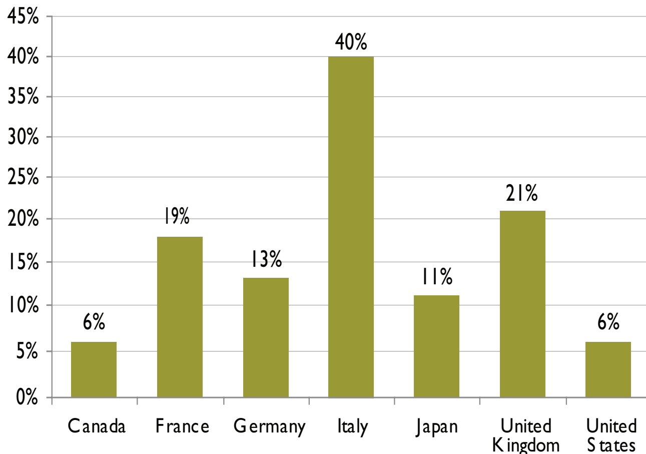

Figure 7. Average annual ODA increases required to reach G8 country targets for 2010 (excluding inflation)

Source: OECD DAC online database Table 1 and DAC pre-Gleneagles 2010 projection

The international economic slowdown is putting pressure on budgets, however most donors (with a couple of worrying exceptions) recognise that commitments to achieve the Millennium Development Goals should not be conditional upon the economic cycle, and that they are even more important during tight economic periods as the poorest people are those most affected.

Many countries have already strongly re-asserted their commitments to increase development support over the near term and additional strategies have been activated by bilateral and multilateral agencies to assist poor countries that are most affected.[25]

Donors can achieve their ODA volume commitments, as well as provide additional assistance at this time of economic downturn, because aid requirements are relatively small.

Figure 8 compares the $50 billion annual aid increase promised by 2010 with the scale of the domestic stimulus programmes already announced by G8 donor countries.

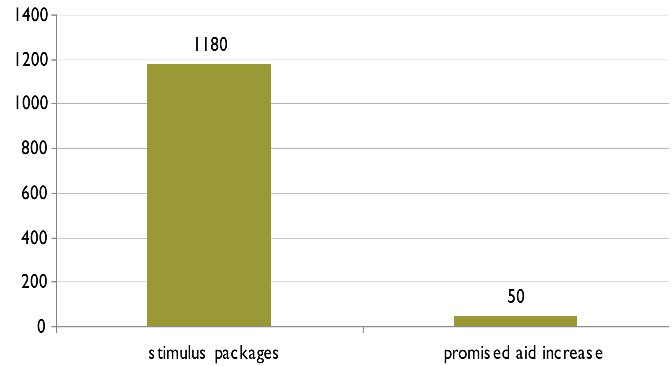

Figure 8. Relative size of G8 domestic stimulus packages and global promise to increase aid (in US$ billions)

Source: Stimulus figures from The Economist 29 January 2009

Aid quality improving, but more can and must be done

Donors have committed to increase not only aid volume but also its quality, and progress has been made in this area since the Paris Declaration was endorsed in 2005.

The 2008 OECD Survey on Monitoring the Paris Declaration found that some significant improvements have been made in aid programme implementation. Technical assistance is better aligned and co-ordinated, there is greater use of developing country financial and procurement systems, aid tying has decreased and donors are co-ordinating their aid delivery more.

However, as the Accra Agenda for Action has noted, there is still a long way to go for most of these measures. Figure 10 (overleaf) compares the 2008 results for some of these indicators with the 2010 targets agreed under the Paris Declaration.

As with the levels of ODA, there have been some significant improvements in aid effectiveness. However, G8 (and other donor) nations will need to maintain, and in some cases increase, their efforts if they are to reach their 2010 targets.

Paris Declaration target	2005	2008	2010
Technical assistance is aligned and co-ordinated	48%	60%	50%
Donors use country public financial management systems	40%	45%	80%
Donors use country procurement systems	39%	43%	80%
Aid is more predictable	41%	46%	71%
Aid is untied	75%	88%	Progress over time
Donors use co-ordinated mechanisms for aid delivery	43%	47%	66%
Mechanisms for mutual accountability	22%	26%	100%

Figure 9. Progress towards aid effectiveness targets

Recommendations on ODA quantity and quality

World Vision recommends that:

8. each G8 donor country that has not yet done so publish a timetable of aid increases towards the country's promised 2010 aid levels, in order to ensure that aid reaches its promised level of $130 billion by 2010;

9. the G8 establish a monitoring system to identify early warning signs of threats to the achievement of each Millennium Development Goal during the present economic downturn, and take additional action to mitigate those threats; and

10. G8 donor countries develop a joint strategy plan with other donors through the OECD Working Party on Aid Effectiveness to achieve the Paris Declaration and Accra Agenda for Action targets for 2010, and review the progress of this strategy annually.

References

23. Of this $50 billion, approximately $38 billion was to come from G8 donors and $12 billion from non-G8 donors.
24. The 15 non-G8 donor members of the Development Assistance Committee are Australia, Austria, Belgium, Denmark, Finland, Greece, Ireland, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden and Switzerland.
25. For example, see http://www.dfid.gov.uk/news/files/pressreleases/social-response-fund.asp (accessed 16 March 2009) and http://www.worldbank.org/html/extdr/financialcrisis/ (accessed 18 March 2009)
26. OECD, *2008 Survey on monitoring the Paris Declaration: Making aid more effective by 2010*, p 22

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities world-wide to reach their full potential by tackling the causes of poverty and injustice. As followers of Jesus, World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity or gender.

Children are often most vulnerable to the effects of poverty. World Vision works with each partner community to ensure that children are able to enjoy improved nutrition, health and education. Where children live in especially difficult circumstances, surviving on the streets, suffering in exploitative labour, or exposed to the abuse and trauma of conflict, World Vision works to restore hope and to bring justice.

World Vision recognises that poverty is not inevitable. Our Mission Statement calls us to challenge those unjust structures that constrain the poor in a world of false priorities, gross inequalities and distorted values. World Vision desires that all people be able to reach their God-given potential, and thus works for a world that no longer tolerates poverty.

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