World Vision

Maternal, Newborn, & Child Health

Discover What It Is, What It Funds, and Why It Matters

Trendline of Hope

From declining child mortality to curbing the HIV/AIDS crisis and containing infectious disease outbreaks, global health programs have helped create a healthier world. Investments in Maternal, Newborn, and Child Health (MNCH) have been central to that progress. These programs focus on keeping mothers safe during pregnancy and delivery and giving newborns a healthy start. Programs funded through the Maternal and Child Health account deliver proven, cost-effective interventions during the first 1,000 days of a child's life — when investments have the greatest impact on survival, growth, and long-term development.

Success is measured in declines — fewer deaths and less disease.

- **Fewer child deaths**: Child mortalities between 1-5 years old have been cut in half in the last 20 years alone.
- **Fewer children born with HIV:** As of 2024, 7.8 million babies were born HIV free to mothers living with HIV.
- **Less disease:** Smallpox is eradicated, polio has decreased 99%, and deaths from malaria in Africa have been cut in half.

Why MNCH Matters to Americans and Christians

The Bible tells us that every person is made in God's image and that every life has sacred worth. **We believe God wants more for children than an early death from a preventable disease.** Travel to churches across the United States, and you will find Christians giving generously to help children have a healthy start. So many hospitals, birth clinics, and lifesaving programs are made possible by believers that care.

Christian organizations like World Vision are proven partners of the U.S. government and key implementers of global health and MNCH investments. Layering global health grants onto existing programs reduces cost and increases reach. Through our network of church partners and established local trust, **we reach even the hardest places with lifesaving care.**

Maternal Health

Maternal mortality continues to be high, with approximately 287,000 women dying annually because of complications during and following pregnancy and childbirth.

Of all maternal deaths, 92% occur in low and lower middle-income countries. Other complications may exist before pregnancy but are worsened during pregnancy, especially if not managed as part of the woman's care. Most of these deaths are preventable with proper interventions and access to care.

These major complications account for nearly 75% of all maternal deaths:

- severe bleeding (mostly bleeding after childbirth)
- infections (usually after childbirth)
- high blood pressure during pregnancy (pre-eclampsia and eclampsia)
- complications from delivery

World VIsion focuses on
THREE ESSENTIAL OUTCOMES
for children and mothers

1. Mothers and children **are well-nourished**.
2. Mothers and children **are protected from infection and disease**.
3. Mothers and children **have access to essential health services**.

Child Health

Children are dying from diseases we know how to treat. Nearly all deaths of children under five-years-old are preventable or treatable with low-cost interventions.

Leading causes of preventable child deaths

Pneumonia: Treatable with oral amoxicillin, which costs under $1 per course

Diarrheal Disease: Preventable with clean water and oral rehydration salts

Malaria: Treatable with low-cost artemisinin-based therapy

Vaccine-Preventable Diseases: Measles, pertussis, rotavirus, meningitis — all addressable through routine immunization

Malnutrition: Underlies ~45% of all child deaths; addressable through nutrition supplementation and feeding support

Birth Complications: Asphyxia and neonatal sepsis are largely preventable with a trained birth attendant present

Over the last 15 years, 88% of the severely malnourished children World Vision treated fully recovered.

What the Maternal and Child Health Account Funds

U.S. bilateral MNCH programs cover a broad **continuum of care** — from before a woman becomes pregnant through the first five years of a child's life.

Programs funded in the Maternal and Child Health account—including nutrition, immunization, skilled birth attendants, and community health worker training—serve as the entry point for families into health systems, building the demand and delivery infrastructure that anchors HIV/AIDS, malaria, and broader global health investments. Strong MNCH programs train and deploy community health workers who become the last mile of delivery for HIV, TB, malaria, and nutrition services. They build cold chain infrastructure that vaccine campaigns depend on and establish the data and accountability systems that governments use to track health outcomes across all disease areas.

What is the return on investment? A child who survives and thrives becomes a productive member of society, and a mother who survives childbirth remains the economic backbone of her household. **MNCH is not charity; it is a force multiplier for stability, economic growth, and reduced dependency on emergency humanitarian aid.**

MNCH continuum of care

1

Antenatal Care

Prenatal visits, nutritional support, malaria prevention in pregnancy, detection of high-risk pregnancies, and birth preparedness.

2

Skilled Birth Attendants

Training and deploying skilled birth attendants and midwives; equipping health facilities for safe delivery.

3

Postnatal Care

Newborn health checks in the critical first 48 hours; support for breastfeeding initiation; detection of neonatal complications.

4

Child Survival

Prevention and treatment of the leading killers of children under 5: pneumonia, diarrhea, malaria, and malnutrition.

5

Immunization

Strengthening routine immunization systems and supply chains; coordinating with Gavi (the global vaccine alliance) on delivery.

6

Nutrition

Treatment of acute malnutrition in children; micronutrient supplementation; promotion of optimal infant feeding practices.

7

Community Health Workers

Training and supporting community-level health workers — often the first and only contact point for families in remote areas.

8

Health Systems Strengthening

Building country capacity to collect data, manage health workforces, maintain supply chains, and sustain MNCH services independently.

END GOAL

- Lives saved
- Diseases contained
- Strong local health systems

Community Health Workers (CHWs)

Community health workers are health care providers who live in the community they serve. These health workers extend the reach of formal health systems and often work as volunteers, without any formal compensation. They are neighbors, trusted care providers, and community members themselves. The data and contextual insights that community health workers collect and use are the key to designing resilient health systems.

World Vision supports

193,759

community health workers

in 43 countries around the world.

On bike, boat, and foot, community health workers go the last mile to deliver medicine, vaccines, and lifesaving treatment to children, mothers, and families. Training and deploying community health workers improve access to healthcare services even in remote or underserved areas.

Why U.S. Leadership in MNCH Matters

Safer

U.S. investments in maternal and child health make America safer by stopping threats before they reach our borders. **Infectious diseases do not stay local — the same pathogens that kill children in sub-Saharan Africa and South Asia can become the next global outbreak.** U.S.-funded programs build frontline defenses: immunization systems, disease surveillance networks, and community health workforces that detect and contain outbreaks early, when they are still manageable and far from the United States. Beyond disease, fragile states with high child and maternal mortality are disproportionately the same states that produce instability, refugee flows, and ungoverned spaces that bad actors exploit. Investing in child survival is investing in the stability that keeps U.S. troops home and Americans safer.

Stronger

U.S. MNCH investment makes America stronger by building capable, self-sufficient partners rather than perpetual aid recipients. **Countries that achieve strong MNCH outcomes grow into more reliable diplomatic and trade partners, less dependent on emergency U.S. humanitarian assistance, and more able to contribute to shared security goals.** Crucially, much of this work is delivered through local and faith-based organizations, which often have deeper community reach than governments. These partnerships amplify U.S. credibility and influence at the grassroots level, where trust determines whether programs succeed or fail.

More Prosperous

U.S. MNCH investment makes America more prosperous in ways that are direct and measurable. Healthier populations are more economically productive — countries with lower maternal and child mortality have stronger labor forces, higher GDP growth, and greater purchasing power, expanding markets for American goods and services. **MNCH is among the most cost-effective investments in the international assistance portfolio**, returning several dollars back for every dollar spent by avoiding emergency and long-term recovery costs.

Faith-based Implementation Program Example:

The CORE Group Partners Project

The CORE Group Partners Project (CGPP) illustrates how U.S. MNCH and global health security dollars work in practice. Funded by the U.S. government and led by World Vision in partnership with 24 international and local faith-based and humanitarian organizations, CGPP eradicates polio and strengthens health security across some of the world's most hard-to-reach communities — places where no government infrastructure exists and where community trust is the only entry point.

Working in Cambodia, Indonesia, Nepal, Peru, Ethiopia, South Sudan, Senegal, Nigeria, Niger, DRC, Uganda, Kenya, and Somalia, CGPP deploys a community-based workforce to vaccinate children, monitor disease, and respond to outbreaks before they cross borders. The model integrates polio eradication with broader immunization, WASH, MNCH and nutrition programming — using the same trusted community networks to deliver multiple interventions simultaneously.

CGPP FY2024 Impact:

- Supported the vaccination of **5 million children with polio vaccines** through supplementary immunization activities
- Delivered risk prevention messages to 13.9 million people through a **workforce of 30,616 community volunteers**
- **Identified 43% of all suspected polio cases** through community-based surveillance — demonstrating the irreplaceable role of local trust networks in early detection
- **Filed 3,181 priority zoonotic disease alerts** — including anthrax, Rift Valley fever, Ebola, and highly pathogenic avian influenza — protecting both host populations and global health security

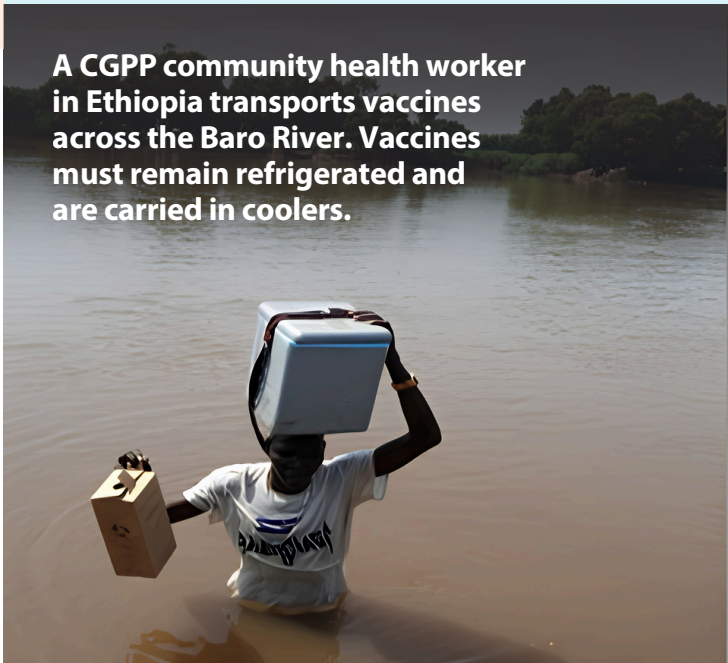
CGPP is a model for what U.S. global health investment looks like when it works: accountable, community-rooted, cost-effective, and aligned with American interests in stability and security. It also illustrates why faith-based organizations are not interchangeable with government agencies — their relationships, presence, and trust in high-risk communities are built over decades and cannot be reconstructed once funding is withdrawn.

World Vision

Eradicating Polio for Good

Efforts to eliminate polio have been overwhelmingly successful. Today, polio infections have declined 99%. **World Vision is on the frontlines of stamping out the last 1% and ending polio for good.** To achieve the goal of total eradication, we're taking polio vaccinations and treatment to the hardest places to reach.

By layering polio and other health interventions onto our disaster relief and development work, World Vision is helping vaccinate children and families — **including refugees fleeing Sudan** — in conflict and disaster zones where formal health systems do not exist or have been severely disrupted. Monitoring and preventative action ensures these areas do not become incubators of diseases that can quickly spread.



A CGPP community health worker in Ethiopia transports vaccines across the Baro River. Vaccines must remain refrigerated and are carried in coolers.