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Does Theory Translate in the Trenches of Short Term Mission Work?

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ABSTRACT

Despite numerous criticisms in the literature on the ethics and sustainable outcomes of short-term international mission trips, there can be positive outcomes for volunteers and for recipients of short-term mission care efforts. Utilizing a theoretical framework that addresses efforts to promote sustainability can lead to a structured, productive, and satisfying experience. With effective host country partnerships and an organized model of care delivery, international mission volunteers can provide highly effective health care services that are specific to the health and cultural needs of the host community.

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In the last ten years, there have been increasingly larger numbers of Americans who are engaging in short-term mission (STM) trips to remote and often very under-served and under-developed countries, particularly in Latin America, Africa and Southeast Asia. With easier travel and the growth of agencies who sponsor and direct short-term missions, this has become a popular venture for health care workers, church workers, college and high school students, construction workers, and many others. A STM is typically a trip to another country or area which lasts an average of 5 to 14 days with a variety of health and humanitarian services provided for local residents. The universal intent of STM trips is generally to provide goods and/or services that will improve the quality of life for locals.

There are more than 500 American groups who organize and lead more than 6,000 STM annually from the U. S. (Bartelme, 2015, Niujokas, 2013). Medical mission trip participants include physicians, nurse practitioners, nurses, dentists, pharmacists, ministers, community leaders, and college and high school students. Participant expenses for the STM range from $1,500 to $4,000 per person, depending on the area of travel and the travel organization. Annually, U. S. citizens spend in excess of $250 million on these STM. It is not uncommon to embark on a STM and meet other teams in the same international airport headed to the same general region to provide helpful services somewhere in that same country. I have been in hub airports waiting on my flight headed to Guatemala or Haiti and observed 3 to 4 groups, each dressed in their identical team T-shirts eagerly awaiting their flights to serve in their assigned areas.

One group of short-term mission goers are those enrolled in university professional programs such as medicine, nursing and pharmacy. These professional programs utilize the STM trips as part of an educational offering to enhance and foster a greater appreciation for global health; in some cases students enroll in an actual credit course with the STM project as the

course activity. My own university just recently sponsored a trip for pharmaceutical students to Nicaragua during their Spring break period (ULM, 2016). Pharmacy and medical programs report STM with students as a cultural learning experience (Brown, Faircloth, & Ferrill, 2012; Chuang et al. 2015; Scopelliti, Kim, & Falter, 2012; and Werremeyer & Skoy, 2012). Nursing schools have taken groups of undergraduate nursing students and groups of graduate nursing students to various international sites for short-term mission assignments (Arseno, Reimer-Kirkham, & Astle, 2013; Burgess, Reimer-Kirkham, & Astle, 2014; and Green, Comber, Elliott, & Neubrander,2009).

Critics of short-term missions cite many objections and ethical concerns to the STM impact on local communities, including:

1. STM groups spend an average of $25,000-$50,000 per group for a one-week STM; this covers expenses for lodging, airfare, and food for the group. If this money were made available to local clinics, it would more than adequately support the work of that local clinic for a full year (Bartelme, 2015).
2. STM, especially medical teams, take business away from local providers. Some local residents actually prefer the foreign medical teams who they feel are more qualified than their local care providers (Suchdev et al. 2007).
3. The "feel good" reward that STM participants get after working on the mission does not justify the total costs expended (Caldron, Impens, Pavlova, & Greet, 2015).
4. STM provide temporary, short-term assistance, but fail to address the root causes of health problems of the community (Suchdev et al. 2007).
5. There is often a lack of follow up or sustainability for the work that was started by the STM teams (Suchdev et al. 2007; Leffers & Mitchell, 2010).
6. There are unmet expectations when STM teams send unprepared workers to meet health care needs. The workers have limited knowledge of culturally relevant care needs and often are unprepared for the communication barriers that exist.

Despite criticisms, global health remains a significant health care issue with some problems that can be addressed by short-term medical mission teams and humanitarian aid groups. The World Health Organization (WHO) has targets for health related millennium developmental goals which they have trended since 2000. Currently there are 17 Sustainable Developmental Goals (SDG) in the World Health Organization directed toward eradication of poverty and hunger, economic growth, and population health. The 2016-2030 SDG for health still focuses on improvements in economic and social conditions in developing countries, including poverty reduction, nutritional health improvements and prevention of communicable disease; but now also focus on non-communicable diseases which are rising as morbidity issues internationally. Due to longer longevity, there is a shift in occurrence from infectious diseases and communicable diseases to non-communicable diseases such as heart disease, stroke, cancer, diabetes, and chronic lung diseases which are becoming more prevalent in world health statistics. Sustainable health efforts imply that treatments and services provided will reach at least 65% of the population at risk and that the interventions will become an integral part of the national or local health care services and continue to function through a strong sense of community and national government ownership (WHO).

Substantial hunger and poverty exists globally, but most significantly in the sub-Saharan areas, Southeast Asia and in Central American countries, including Haiti (2015). The United Nations World Food Program (2015) hunger statistics indicate that 795 million people in the world do not have adequate food to eat; most of these are living in one of the three areas identified and most living on less than $1.90 per day. Poor nutrition is the primary cause of under-five deaths for 3.1 million children annually; and it is related to growth and developmental stunting in many others. Globally the four major causes of under-five deaths are pneumonia, diarrhea-related diseases, pre-term birth complications, and birth asphyxia; but poor nutrition was the underlying cause in more than one-third of the under-five deaths (UN Interagency Group, 2011). Lack of potable water sources affects 663 million people globally and lack of sanitation (particularly toileting facilities) affects as many as 2.4 billion people. Both of these factors contribute heavily to sanitation-related diarrhea diseases and deaths (WHO, 2015). Efforts by the WHO have demonstrated improvements in mortality statistics over the previous twenty years, but many of the 2015 target goals are only partially met, much work is still needed.

Can short-term mission goers make a sustainable difference with these overwhelming health burdens? Mother Theresa was quoted to say "In this life we cannot do great things, we can only do small things with great love…..If you can't feed 100 people, feed just one." Random short-term mission trips can have a short term affect leaving a "feel good" reward for both provider and recipient of care. There is no way to measure the impact of caring, sharing a hug or a smile with a child. In Canaan, Haiti in addition to providing a hot meal daily and some fun activities for the local children, it was very evident that the children we served were very eager to be hugged and cared about. It was a common sight for each American worker to be holding 3-4 children in their lap at any given point in time, sharing smiles and positive affirmations.

Some STM trips do leave behind sustainable impacts, particularly those who deliver surgical interventions such as facial reconstruction surgery, hip and knee replacements, cataract removal, and dental extractions, among others. Humanitarian aid groups who provide food, rebuilding after disasters, such as the Haiti earthquake, and sanitary water wells for clean water all generate sustainable work that can and does improve the quality of life. On a recent trip to Nicaragua, members of the team that I led constructed a steel frame house for a family in the community to provide them with a better home; that was clearly a sustainable difference for that family. Travelers with the Nicaraguan Christian Outreach program (Louisiana based, faith-based organization) often include a house building project for a local family with each group that travels to that mission site.

For the future mission trip participant, the first question to ask should be "will this trip make/create a sustainable difference in the lives of those I will serve?" Sustainable impacts may be in the form of improved quality of health/life, improved access to sanitation and potable water sources, education to promote better health practices, humanitarian aid for specific needs, and faith-related changes. What is the purpose of the STM? Is there a mission statement for the group which is designed to keep the mission on course and addresses the public health needs of the community? What type of activities will the STM workers be engaged in doing? There is a distinct advantage in making STM trips with established organizations who lead numerous trips to needy areas each year. These organizers have connections and partnerships with local leaders to help maneuver through customs, set up logistics such as lodging and meals for STM workers, and identify work needs for the group. Some of these agencies take groups to the same area

every 2-4 weeks, thus providing good follow up and sustainability of the projects. A great example of this in Louisiana is the Louisiana for Haiti group that involves several key religious organizations and community resources with planned activities for each of the monthly groups who go to Haiti. This group established long term goals to minister to the people of Haiti through humanitarian aid, health care, training for local ministers, and development of a premier orphanage and community that will train locals in job skills, as well as provide safe housing and gardening skills; all with the long range goal of helping the Haitians to become more self-sufficient. Each group that makes the trip to Haiti may play a small part in the attainment of this goal; over the course of time the goal will be realized.

Two authors (Leffers & Mitchell, 2010 and Suchdev et al. 2007) offer models for organization and management of short term mission efforts to promote sustainability and partnerships for global health. The primary phases of both models include preparing for the trip, actual service to be delivered, and evaluation of the trip outcomes. Leffers and Mitchell developed a Model for Partnership and Sustainability in Global Health through a grounded theory method to provide a framework for nurses planning to engage in global practice. Key themes of the model include components for engagement, mutual goal setting, cultural bridging, collaboration, capacity building, leadership, partnership, ownership and sustainability. Essentially the model emphasizes the role of engagement and partnership prior to planning and interventions in order to create a sustainable intervention. In partnership, both parties dialogue to listen and learn from each other, to engage in collaborative decision making, and to build on the community's resources and strengths. Collaboration is an essential component to the successful partnership for the STM, and mutual goal setting is based on respect for cultural perspectives and the knowledge of the host. When viable partnerships are established the outcomes should lead to ownership of the project by the host country when the mission group returns to their home country.

Preparation for the STM

As with any endeavor, the best programs are those that are well organized and structured. Preparation for a STM occurs on the corporate level and the individual level. Leaders of the group prepare the logistics: airfare and local travel arrangements, translators, lodging and meals for team members, and a schedule of activities for the time spent on mission. Key elements to be considered in the planning includes team member safety issues, a budget for the trip, and communication with the local people to help facilitate the plans and needs of the community. Team leaders will need to decide what equipment and resources will need to be taken on the trip based on an assessment of the area's health care needs and the type of activities planned for the trip. Medications and supplies can be obtained from philanthropic organizations, from local providers, from pharmaceutical companies, and from international missions pharmaceutical suppliers (Johnson & Johnson, MAP Pharmaceuticals, Blessings International are all suppliers that I have used on several trips). A sample packing list of medications and supplies is located in Table 1.

Table 1 Common Medical and Supply Packing List for International Medical Missions

Medications	Medical Supplies
Antibiotics	Blood pressure cuffs
Analgesics/anti-inflammatory	Glucose monitor/strips
MVI	Gloves
Cold and cough medicines	Antimicrobial hand gel
Topicals: antibiotics, antifungal, anti-inflammatory	Alcohol wipes
	Pregnancy tests
Antihistamines	First aid supplies
Parasiticidals	Thermometer
H2 blockers/antacid	Weight scale
Anti-diarrhea	Medication baggies/labels
Iron supplements	Medicine cups/syringes
Inhalers- nebulizer vials	Tongue depressors
Ophthalmics	Ear speculum for otoscope
	Pill cutter/crusher
	Soap, shampoo, lotion
	Toothbrush, toothpaste
	Sunglasses
	Nebulizer and face masks
	Insect repellant
	Clorox wipes

The focus of the trip will help to determine the specific supplies and medications that will be needed. Health professionals going on the trip may provide lists of special equipment that they will need; on a recent trip to Haiti, the dentists who worked in the clinic had very specific needs and could identify resources to help meet those needs. If leaders know that the area for the trip has problems with intestinal parasites, this would definitely guide the medications that would need to be included. The host country partners are critical in planning for a trip that makes an impact on the local community. The international pharmaceutical suppliers are very knowledgeable of drugs that would be best to include on STM trips to a particular country or region of the world.

An individual STM traveler prepares himself/herself in a number of ways, including financial resources, immunizations, passport, planning packing needs, and mentally preparing for the things he/she will encounter on the trip. Individuals should be encouraged to attempt to learn basics of the language and culture they will be involved with. A time of prayer and meditation prior to the trip is essential.

Following the Leffers and Mitchell model, the partnering process is an essential component to planning for a sustainable global health intervention. The health care provider must consider cultural perspectives, personal attributes, personal expectations and their knowledge of the host country. The host partners have a role in preparation and partnership by considering their own expectations of the team, and of the health care providers, and identifying the impact of social, economic, environmental and political status of their country. Those STM team members who agree to travel to the host country also have to consider their willingness to live in less than comfortable situations, their openness to the perspectives and biases of others,

their ability to be flexible and give leadership to the host partners, and their personal energy to take personal risks on behalf of others. As a previous team leader, I have emphasized to the entire team that having an attitude of flexibility is critical in the success of any mission team efforts. In the process of partnership, cultural bridges are formed that allow for collaboration and mutual goal setting.

A distinct advantage of working with partners within the host country is gaining assistance in planning for the logistics of the trip. The host partners can provide valuable resources in identifying safe lodging and eating facilities for the travelers, as well as help with travel arrangements while in country and help with maneuvering through customs on entry and exit from the country. Host partners are critical in helping the team identify an area in which to serve while on the mission trip; they are acutely aware of the health and physical needs of their communities. They also have knowledge of previous works that have been done in the community and can help direct work flow to cover the areas in greatest need of assistance. On a STM to Honduras, our nurse practitioners and their assistants worked side by side with a local physician providing health care to over 500 persons in 4 days. We also had the assistance of local nursing students who triaged our patients for us, checked their vital signs, and aided them through the clinic and the pastor's wife who served as our local pharmacist filling the prescriptions we had ordered for the patients seen in the clinic that week.

Providing a service to the community

The essential key to planning a successful international mission trip is to design the interventions to target the conditions that are endemic to the area of service. With this in mind, the team is able to assimilate all the equipment and supplies that will be most beneficial for the trip. For example, in a mission trip to Honduras, in collaboration with health care providers on the site, we were able to determine that a predominant problem with children in their clinics was asthma and pneumonia. This enabled the team to gather a large assortment of respiratory medications, nebulizers and nebulizer delivery systems for use while we were in the country. All of this equipment was left on site for the local health care provider to continue to use after the team had gone back to the U. S. In the same country, having knowledge that diarrhea-related diseases and intestinal parasites were very common, the team was able to bring large supplies of appropriate medicines to be used in the clinic, as well as vitamins for the children, and antibiotics to treat infections, particularly STDs. In this situation, the local physician was able to orient the team members on the common health conditions and help the team to come better prepared to assist with those health care needs. Suchdev's model supports this approach and notes that it is prudent to have a mission project that works in a single location so that future efforts can be sustained by successive trips.

Mission groups that focus on providing health education also produce sustainable results. Just as the old adage "if I give a man a fish, he eats for one day; if I teach him to fish, he can eat for a lifetime," health promotion education can improve the quality of life. Simple education which includes handwashing, sanitation, food preparation, prevention of disease spreading, etc. can equip people to live a healthier life.

On one trip to Haiti, there was a large mission team of over 60 volunteer workers. This team had the ability to focus their interventions in many areas. One group of physicians, dentists, nurse practitioners and nurses conducted a 4-day medical clinic, providing care to over 500 persons. Another group of ministers spent the 4 days teaching classes for local ministers to equip them to help their parishioners. Other groups of the large team provided other ministries: Bible school and feeding for the children; construction work on the site, building a cinderblock wall around the compound; door to door ministering and passing out packets of rice and beans; and eye glass clinics.

Critics call STM travelers "mission tourists," claiming that these travelers go off to foreign lands for their own personal interests and curiosity. These claims may have some validity, but in the touring elements of any mission trip, travelers are exposed to local artisans and local culture to help them build a better understanding of the history and culture of the people they serve. I have taken mission groups on tours of ancient ruins and churches, to coffee plantations, to chocolate factories, to local potters and artists, and even on boat rides and zip lining in Nicaragua and in Roatan. Here the travelers mingle with locals and learn to appreciate their culture. A personal favorite is always a trip to the local market; this offers a chance to support the local economy with souvenir purchases and to meet more of the local community. STM travelers spend most of their time working long hours in clinics and neighborhoods providing much needed services. At the end of a long week of hard work, often in difficult circumstances with either excessive heat, limited water, limited or no electricity, these STM travelers deserve and enjoy a chance to get to know the country and their customs a little better.

Evaluation of the outcomes

Evaluation is a key component of any health care effort; did we make a difference? What could we have done better? What barriers or problems were identified? In STM trips, evaluation is critical to aid in planning and improvement for future trips and to help STM travelers to debrief from the activity. On all mission trips that I have been involved in, there have been daily debriefings at the end of the day after all workers are in from the field, have cleaned up and eaten an evening meal. We gathered and shared positive and negative thoughts for the day, engaged in problem solving and goal setting for the next day. This helps to manage new issues and it also helps in the debriefing process for workers; it also helps build a spirit of team cohesiveness. On some trips we have been able to include the host partners in the nightly debriefings, which engages them more in the partnership process. Suchdev et al. supported regular and periodic evaluations to aid in measuring the effects of a STM project. The information gained from these evaluations are used to determine the effectiveness of the work and to determine if any changes are indicated.

Post-trip meetings and evaluations are also insightful. After travelers have returned home and had some time to process their thoughts about the trip, leaders can call a group meeting or send out a written evaluation tool to get feedback on the overall STM trip. Many STM travelers host a "show and tell" in their local home areas; either at work or in a church setting. This allows local mission supporters who were unable to travel but who invested in the trip either financially or through psychosocial support, encouragement, or prayers to see the impact of their assistance

in the work. At the end of each trip it is also good to discuss the trip outcomes with the host partner, gaining their insight as a local perspective and as a team member/advisor. This is described in the Leffers and Mitchell model in the outcomes of the STM: improvement in health, continued innovations, program activity continuance, and host country ownership. To achieve the best level of sustainability of a STM project, the host partners need to be empowered to continue any interventions and to work within their established systems more effectively. The ultimate goal of any health care mission venture should be to improve health outcomes for the people who are served by the mission group.

Conclusion

Both of these models provide guidance and direction for planning future STM projects with an organized approach that focuses on providing a service that is sustainable and improves the quality of life and the quality of health for those served in the project. Planning for international mission work of a short-term nature requires logistical planning, financial resources, skilled workers, and local in-country support. Even with the best of planning, teams have to be aware that there can be unexpected events and need to be flexible to adapt to the needs and the culture of the people they serve. As we become more and more a global community in our world, we have to accept that the health and needs of people around the world is a global responsibility that we all share a part in, whether we actually board the airplane to another country or we support and encourage from the home front. Even with challenges that can be realized in any STM, if leaders of the STM will apply the principles identified in these models it can help to create a meaningful experience and foster improvement in the health of communities around the world. There may always be those who offer criticisms of the work of STM groups, but with education, perhaps even their arguments will be stilled. The prophet Isaiah wrote, "and if you spend yourselves in behalf of the hungry and satisfy the needs of the oppressed, then your light will rise in the darkness, and your night will become like the noonday." The personal intrinsic values of a STM are incredible; they will change your personal perspective and value of what is really important in life.

Stone and Olson (2016) captured the essence of STM in their article on ethics in medical volunteerism. Participation in STM allows the provider to align themselves with professional values and visceral instincts germane to their profession. Additionally there are benefits such as broadened medical knowledge, sensitivity to cost issues, improvement in assessment and management skills, and a greater appreciation for cross-cultural communication and understanding. They support intentional planning for services that augment and support local priorities and values as a critical element to success of the STM. Sustainability can be achieved by training local providers, helping with the infrastructure needs, and building long-term relationships. They summarized their article by stating that:

> Those who write and talk about the dream of global health equity can make people think, but cannot make them care. It is only through direct involvement with the poor in the developing worlds (or here at home) that medical students and others in the medical profession at large will find reasons to care and, ultimately, find ways to change the health of the world's most vulnerable (Stone & Olson, 2016).

The Model for Partnership and Sustainability in Global Health Nursing (Leffers & Mitchell) can provide much needed guidance for nurses who endeavor to provide short-term and long-term international health work. The model emphasizes the need for effective partnerships and sustainable interventions with engagement from the nurse and the host country. Following the guidelines of the model, the nurse can lead a team of workers to an international site and provide highly effective health care services specific for that community. The next step, which is frequently highlighted as a deficit in the literature, is to produce quality research utilizing this model to test it empirically for future mission goers as a framework for planning and carrying out a STM. With future research testing this model, perhaps many of the criticisms cited in the literature, especially in regard to sustainability of the projects, will be quieted. Each STM can play a small role in meeting the WHO's SDG for health: "to ensure healthy lives and promote well-being for all at all ages."

References

Asenso, B. A., Reimer-Kirkham, S., & Astle, B. (2013). In real time: Exploring nursing students' learning during an international experience. International Journal of Nursing Education Scholarship, 10(1), 227-236. Doi:10.1515/ljines-2012-0045

Bartelme, T. (2015). Medical missions: Do no harm? Patient Care, March/April, 2015

Brown, D. A., Faircloth, J. L., & Ferrill, M. J. (2012). Planning a pharmacy led medical mission trip, part 4: An exploratory study of student experiences. The Annals of Pharmacotherapy, 46, 1250-1255.

Burgess, C. A., Reimer-Kirkham, S., & Astle, B. (2014). Motivation and international clinical placements: Shifting nursing students to a global citizenship perspective. International Journal of Nursing Scholarship, 11(1), 1-8. Doi: 10.1515/ijnes-2013-0056

Caldron, P.H., Impens, A., Pavlova, M., & Groot, W. (2015). A systematic review of social, economic and diplomatic aspects of short term medical missions. BMC Health Services Research, 15(380), doi:10.1186/s12913-015-0980-3

Campbell, C., Campbell, D., Krier, D., Kuchithau, R., Hilmes, T., & Stromberger, M. (2009). Reduction in burn-out may be a benefit for short-term medical mission volunteers. Mental Health, Religion, & Culture, 12(7), 627-637. Doi: 10.1080/13674670903124541

Chuang, C., Khatri, S. H., Gill, M. S., Trehan, N., Masineni, S., Chikkam, V, Farah, G. G., Khan, A., & Levine, D. L. (2015). Medical and pharmacy students concerns about participating on international service-learning trips. BMC Medical Education, 15,232. Doi:10.1186/s12909-015-0519-7

Decamp, M. (2007). Scrutinizing global short term medical outreach. Hastings Center Report, 37(6), 21-23.

Espinal, M., Aldighieri, S., St. John, R. Becerra-Posade, F. & Etienne, C. (2016). International health regulations, Ebola and emerging infectious diseases in Latin America and the Caribbean. Public Health Practice, 106(2), 279-282.

Green, S. S., Comer, L., Elliott, L., & Neubrander, J. (2009). Exploring the value of an international service-learning experience in Honduras. Nursing Education Perspectives, 32(5), 302-307.

Know Your World: Facts about hunger and poverty. Retrieved from: www.thp.org/knowledge-center/know-your-world-facts-about-hunger-poverty/

Leffers, J. & Mitchell, E. (2010). Conceptual model for partnership and sustainability in global health. Public Health Nursing, 28(1), 91-102.

Mishori, R., Winkleprins, V., & Otubu, O. (2013). Working with international populations abroad or in your own backyard. Family Practice Management, September/October 2013.

Naujokas, A. (2013). Raising the quality of care during medical missions. Archives Pathology Laboratory Medicine, 137(5), 637-642.

Scopelliti, E. M., Kim, J. & Falter, R. (2014). The impact of short term medical mission trip: Evaluation of pharmacy interventions and perceived clinical competence in an interprofessional setting. Currents in Pharmacy Teaching and Learning, 6, 353-358.

Stone, G. S. & Olson, K. R. (2016). The ethics of medical volunteerism. Medical Clinics of

North America, 100(2), 237-246.
Suchdev, P., Ahrens, K., Click, E., Macklin, L., Evangelista, D., & Graham, E. (2007). A model for sustainable short term international medical trips. Ambulatory Pediatrics, 7(4), 317-320.
Sykes, K. J. (2014). Short-term medical service trips: A systematic review of the evidence. American Journal of Public Health, 104(7), 38-48.
United Nations World Food Programme, Hunger Statisitics. Retreived from: www.wfp.org/hunger/stats
Weng, Y., Chiou, H., Tu, C., Liao, S., Bhembe, P. T., Yang, C., & Chiu, Y. (2015). Survey of patient perceptions towards short-term mobile medical aid for those living in medically underserved area of Swaziland. BMC Health Services Research, 15(524). Doi: 10.186/s12913-015-1186-4
Werremeyer, A. B. & Skoy, E. T. (2012). Instructional design and assessment: A medical mission to Guatemala as an advanced pharmacy practice experience. American Journal of Pharmaceutical Education, 76(8), 1-8.
World Health Organization (2015). World Health Statistics 2015. Author.
World Health Organization (2016). From MDGs to SDGs: A new era for global public health 2016-2030. Author
World Hunger Education Service. 2015 World Hunger and Poverty Facts and Statistics. Retrieved from www.worldhunger.org/articles/Learn/world%20hunger%20facts%202002.htm