

A child's earliest years present a window of opportunity to address inequality and achieve sustainable development for all. Quality health, education, nutrition, protection and nurturing care at the right time in a child's life enables healthy brain development, which improves children's capacity to learn and increases their productivity in adulthood. While investments in each of these sectors are important on their own, they are insufficient to create positive holistic change in the life of a child. Collectively, however, these human capital investments are greater than the sum of their parts, creating healthier, more prosperous, resilient and economically vibrant societies for generations to come. Specifically, targeted investments in Early Childhood Development (ECD) are some of the smartest a government can make to address inequality, break the cycle of poverty, and improve outcomes later in life. Yet, some 43% of children under 5 in low and middle-income countries, are not achieving their full potential.¹ Building on the 2016 *Lancet* series on Early Childhood Development, continued momentum is needed to ensure urgent and accelerated action at country-level. This will require increased political commitment, strong multi-stakeholder collaboration and cross-sectoral investments. Ensuring linkages to adolescents through targeted 'investments in the early years' will also be important to ensure a continuum of care and unlock dividends for generations to come. 'Nurturing care'—an indivisible cluster of interventions related to health, nutrition, responsive caregiving, safety and security, and early learning—provides a critical foundation for this work. The way mothers, fathers and other caregivers nurture and support children in the first 1000 days, is among the most decisive factors for healthy child development, with lifelong and intergenerational benefits for health, productivity and social cohesion. Consultations were held in 2017 to develop a comprehensive Nurturing Care framework which will be discussed at the 71st World Health Assembly in May 2018 offers an important roadmap to build advocacy for action. By offering a fair start to life to all children, in all settings, through targeted, cross-sectoral investments in their earliest years, we stand to help children reach their full potential and grow into healthy adolescents and empowered, engaged adults.

WHAT DO WE NEED FOR PROGRESS?

- Increased political commitment for the early years, recognizing investments as critical drivers in human capital
- Improved management systems, across sectors, at country-level
- Cross-sectoral coordination and investments for integrated ECD programming through childhood and into early adolescents
- Improved nurturing care to support optimal stimulation and opportunities for learning in the first years of life
- Greater evidence on the impact of investments in the early years, via strengthened national data
- Innovative and integrated financing for sustainable programming across sectors

TOP LINE MESSAGES

Investments in the early years—including targeted ECD efforts—are among the smartest a government can make.

Investments in the early years offer targeted opportunities to address inequalities, break the cycle of poverty and improve outcomes later in life. When we invest in a child's early years—including through early adolescents—we make investments in human capital that will create healthier, more prosperous and resilient societies for generations to come. The case is clear: investments in the early years of life carry benefits for entire societies, beyond individuals.

Strengthened cross-sectoral investments are needed urgently to offer all children, in all settings a fair start to life.

Individually, single-sector investments are important; but alone they are insufficient to achieve comprehensive and sustainable change in the life of a child. Integrated, cross-sectoral investments—including through multi-stakeholder partnerships – will be critical to increase value, improve efficiencies and maximize impact of efforts, accounting for the intersection of various sectors across a child's development and into adolescence.

A young person's most formative experiences come from nurturing care received from parents, other family members, caregivers, and community-based services.

The right stimulation, nurturing care and nutrition—particularly in the first 1,000 days of life—allows for healthy brain development, which improves a child's capacity to learn and, later, earn. Strengthened efforts are needed to support families beyond material and financial resources to ensure nurturing care that supports the multi-dimensional development of a child during the early years.

¹ Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional, and country level—Lu, Chunling et al. *The Lancet Global Health*, Volume 4, Issue 12, e916- e922

KEY STATISTICS

- Disparities in access to and quality of early childhood care and education in developing countries are causing over 200 million children to have poorly developed bodies and minds.^{2,3}
- An estimated 50 per cent of out-of-school children of primary school age live in conflict-affected areas.⁴
- More than ½ of the children who have not enrolled in school live in sub-Saharan Africa.⁵
- Girls are almost two and a half times more likely to be out of school if they live in conflict-affected countries.⁶
- Growth failure from conception to age 2-3 has a severe impact on adult health and human capital, including lower educational attainment, earnings, and chronic disease.⁷
- Due to malnutrition, 52 million children under 5 years of age are wasted, 17 million are severely wasted and 155 million are stunted, while 41 million are overweight or obese.⁸
- Because of a poor start in life, affected individuals are estimated to suffer a loss of about ¼ of average adult income per year.⁹
- 5.9 million children under the age of 5 years died in 2015. More than half of these early child deaths are due to conditions that could be prevented or treated with access to simple, affordable intervention.¹⁰
- Up to 1 billion children globally—over half of all children aged 2–17 years—have experienced emotional, physical or sexual violence in the past year.¹¹

MEASURING PROGRESS: KEY INDICATORS FROM THE EWEC GLOBAL STRATEGY

- Percentage of children under 5 years of age who are developmentally on track in health, learning and psychosocial wellbeing, by sex (4.2.1)
- Prevalence of stunting among children under 5 years of age (2.2.1)
- Proportion of children aged 6-23 months who receive a minimum acceptable diet (additional to SDGs)
- Participation rate in organized learning (one year before the official primary entry age), by sex (4.2.2)
- Percentage of infants <6 months who are fed exclusively with breast milk (GS Indicators, by focal population)
- End all forms of malnutrition and address the nutritional needs of adolescent girls, pregnant and lactating women and children (SDG 2.2)
- Coverage of essential health services, including RMNCAH: family planning, pregnancy & childbirth care, breastfeeding, immunization, childhood illnesses (3.8.1)
- Percentage of population using safely managed sanitation services including a hand-washing facility with soap and water (SDG 6.2.1)
- End preventable deaths of newborns and children under 5 years of age (SDG 3.2)
- End abuse, exploitation, trafficking and all forms of violence and torture against children (SDG 16.2)
- Proportion of young people (in schools) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (SDG 4.1.1)
- Percentage of population using safely managed drinking water services (SDG 6.1.1)
- Proportion of children under 5 years of age whose births have been registered with a civil authority, by age (16.9.1)
- Proportion of women aged 15-49 who received 4 or more antenatal care visits (additional to SDGs)
- Proportion of newborns who have postnatal contact with a health provider within 2 days of delivery (additional to SDGs)

² 1 Engle, P., Black, M., Behrman, J., Cabral de Mello, M., Gertler, P., Kapiriri, L., Kapiriri, L. Martorell, R., Young, M. and the International Child Development Steering Group, (2007). Child development in developing countries 3: Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *Lancet*; 369: 229–42 2.

³ Engle, P.L., Fernald, L.C., Alderman, H., Behrman, J., O’Gara, C., Yousafzai, A., Cabral de Mello, M., Hidrobo M., Ulkuer, N., Ertem, I., Iltus, S., and the Global Child Development Steering Group, (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *Lancet* 378: 1339–53.

⁴ UNICEF. https://www.unicef.org/media/media_95861.html

⁵ UIS GEM Report Policy Paper 32/Factsheet 44, p.4

⁶ GEM Report, Policy Paper 21, June 2015, p.3

⁷ <https://prodprofileblob.blob.core.windows.net/documents/ab67e4f7-9583-48de-a87d-489e489922ba>

⁸ WHO Fact Sheet. <http://www.who.int/mediacentre/factsheets/malnutrition/en/>

⁹ Gertler, Paul, James Heckman, Rodrigo Pinto, Arianna Zanolini, Christel Vermeerch, Susan Walker, Susan Chang-Lopez, and Sally Grantham-McGregor. 2014. “Labor Market Returns to an Early Childhood Stimulation Intervention in Jamaica.” *Science* 344(6187): 998-1001.

¹⁰ WHO Fact Sheet. <http://www.who.int/mediacentre/factsheets/fs178/en/>

¹¹ Hillis S, Mercy J, Amobi A, et al. Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics*. 2016;137(3):e20154079.

