

## A New Global Development Goal for the World's Youngest Children

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For the global development community, 2015 is a pivotal year. Under United Nations leadership, multilateral organizations, national governments, international and national nongovernmental organizations, academic institutions, and other civil society sectors are working to optimize progress on the Millennium Development Goals (MDGs) by the 2015 deadline. Simultaneously, the development community is in the midst of a global dialogue about what types of goals should succeed the MDGs post-2015. A growing segment of the global early childhood community is proposing a new goal for the post-2015 agenda:

**Reduce by half the number of children under 5 who fail to reach their developmental potential.**

Margaret Chan, Director-General of the World Health Organization, recently argued that the considerably improved rates of child survival since 1990 set a challenge for the global community—to ensure that living children thrive.<sup>1</sup> The 2007 *Lancet* series on Child Development in Developing Countries<sup>2</sup> estimated that 200 million children under age 5 in low- and middle-income countries fail to reach their developmental potential.<sup>a</sup> Furthermore, growing inequality in OECD (Organisation for Economic Cooperation and Development) countries and

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emerging economies<sup>3</sup> is adding to the significant loss of children's developmental potential globally.

A growing body of scientific research clearly indicates that adverse experiences, particularly in the first 5 years of life, profoundly impact the life course. Risk factors such as poverty, poor health—including HIV and poor nutrition—inadequate learning opportunities,<sup>2,4,5</sup> and violence<sup>6</sup> have a devastating impact on health and learning outcomes, as well as earning potential, for the world's most vulnerable children. Importantly, research demonstrates that these risk factors and adverse experiences can be modified using evidence-based early interventions.<sup>7,8</sup>

When opportunities for a good beginning in life are so profoundly unevenly distributed, both across and within countries, the fundamental goals of development are dramatically more difficult to attain. For example, in a global survey on priorities for post-2015 development goals, people across

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<sup>a</sup> Defined as children who are stunted (height for age less than -2 standard deviations) or living in absolute poverty (less than \$1 per day adjusted for purchasing power parity).

countries, from high to low Human Development Index (HDI), ranked “a good education” as number 1.<sup>9</sup> There is no more serious constraint on children’s ability to use a good education than the loss of their developmental potential prior to entering school. As such, achievement of an early childhood development goal is a necessary precondition to advancing this and other priorities of the post-2015 development agenda. Beyond the realm of education, enabling children to reach their potential will serve as a means of stemming the intergenerational transmission of poverty and inequality, promoting health, advancing women’s rights and gender equality, and promoting social justice.

Indeed, not pursuing an early childhood development goal would not only compromise achievement of other goals, but also abrogate the right of every child to develop to his or her potential.<sup>10</sup> Therefore, we frame this goal as “justice from the start.”

The goal of cutting in half the loss of developmental potential in early childhood meets a number of the criteria by which the global development community evaluates potential goals for the post-2015 period. This goal is:

- **Holistic.** Reducing the loss of developmental potential in early childhood requires action in economics, education, health, nutrition, and social protection, properly placing the focus on the people at the heart of the development agenda, rather than the sectors themselves.
- **Multigenerational.** This goal targets not only children, but also their parents. Caregiver well-being has implications for childhood health outcomes. Moreover, caregivers are responsible for children’s access to health care; proper nutrition; cognitive, social, and emotional stimulation; and protection from violence and trauma.

- **Universal.** There is no country in the world, from high to low HDI, in which all young children reach their developmental potential. Although this goal is especially salient for low- and middle-income countries, it is equally relevant for low-income communities and families in high-income countries.

- **Scientifically informed.** This goal builds on the enormous progress made over the last two decades in the neurodevelopmental and brain sciences. Numerous studies clearly establish the fact that the period from conception to age 5 is the most critical to lifespan development because the brain is most “plastic,” or most open to experience, during this period. Inadequate nutrition, insufficient cognitive stimulation, and exposure to toxic stress do more damage early in life. By the same token, interventions are more impactful and cost-effective in early childhood.

- **Measurable.** We propose a list of indicators across sectors to benchmark progress toward the goal (see Box 1, page 4). The first two indicators were used by the *Lancet* series<sup>2</sup> to estimate the number of children who experience loss of developmental potential by age 5 in low- and middle-income countries. Many of the other indicators are currently measurable, but some targets require more progress in early childhood data systems.

- **Actionable.** Most important for global development, emerging research indicates that there is a suite of evidence-based approaches that can be employed to improve most of these indicators. Thus, they are actionable. Going forward, we need systems, policies, fiscal resources, and human supports to enable investment in young children on a grand scale.

The world's post-2015 development efforts will have the greatest impact on the world's youngest children and those yet unborn. For many, the current global dialogue will largely determine the quality of their lives. Yet, these children remain voiceless in the current debates. As advocates for children and for sustainable human development broadly, now is the time to unite across sectors to demand—and deliver—justice from the start.

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#### References

1. Chan, M. 2013. Linking child survival and child development for health, equity, and sustainable development. *Lancet* 381:1514-1515.
2. Grantham-McGregor, S., Y. Cheung, S. Cueto, P. Glewwe, L. Richter, and B. Strupp. 2007. Developmental potential in the first five years for children in developing countries. *Lancet* 369:60-70.
3. OECD. 2011. Divided we stand: Why inequality keeps rising. OECD Publishing. <http://dx.doi.org/10.1787/9789264119536-en> (accessed May 20, 2013).
4. Walker, S., T. Wachs, S. Grantham-McGregor, M. Black, C. Nelson, H. Baker-Henningham, S. Chang, J. Hamadani, B. Lozoff, J. M. Gardner, C. A. Powell, A. Rahman, and L. Richter. 2011. Inequality in early childhood: Risk and protective factors for early child development. *Lancet* 387:1325-1338.
5. Sherr, L., J. Mueller, and R. Varrall. 2009. A systematic review of cognitive development and child human immunodeficiency virus infection. *Psychology, Health & Medicine* 14:387-404.
6. Tremblay, R. 2008. Anger and aggression. In *Encyclopedia of Infant and Early Childhood Development*, edited by M. Haith and J. Benson. London: Academic. Pp. 62-74.
7. Engle, P., M. Black, J. Behrman, M. Cabral de Mello, P. Gertler, L. Kapiriri, R. Martorell, M. E. Young, and the International Child Development Steering Group. 2007. Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *Lancet* 369:229-242.
8. Engle, P., L. Fernald, H. Alderman, J. Behrman, C. O'Gara, A. Yousafzai, M. Cabral de Mello, M. Hidrobo, N. Ulkuer, I. Ertem, S. Iltus, 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* 378:1339-1353.
9. United Nations. Results. *My World 2015*. <http://www.myworld2015.org/index.html?page=results> (accessed May 10, 2013).
10. United Nations General Assembly. 1989. *Convention on the Rights of the Child*. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx> (accessed May 10, 2013).

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**BOX 1**  
**Post-2015 Targets for Early Childhood Development<sup>a</sup>**

**Nutrition target<sup>b</sup>**

- Reduce by at least 40 percent the number of children under age 5 who are stunted.

**Economic target**

- Halve the number of young children who live in households with per capita incomes below national poverty lines through strategies that provide income supports, such as cash transfers and employment.

**Education targets**

- Halve the number of illiterate adults, particularly women.
- Provide for all children at least 1 year of high-quality<sup>c</sup> pre-primary education.
- Provide for all children living below national poverty lines at least 1 additional year of high-quality early childhood programming.

**Health targets**

- Reduce the maternal mortality ratio by three-quarters.
- Reduce rates of maternal depression.<sup>d</sup>
- Ensure universal access to reproductive health care, including prenatal care visits and family planning options.
- Provide universal, regular immunizations, screening, and treatment for childhood diseases and developmental delays.
- Prevent pediatric HIV infection and treat parental HIV infection.

**Social protection targets**

- Eradicate exposure to violence and trauma in children's homes, schools, and communities.
- Ensure all families with young children access to evidence-based programs and practices<sup>e</sup> that promote positive early interactions between caregivers and young children.

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<sup>a</sup> The proposed goal and indicators may increase depending on the number of years established through the post-2015 process.

<sup>b</sup> The authors support the indicators outlined in the paper "Nutrition in the Post-2015 Development Agenda" from the Expert Consultation, February 2013.

<sup>c</sup> High-quality pre-primary programs are operated by educators trained to work with young children and support children's positive identity, use child-centered approaches, engage families and communities in children's learning, support children's mother-tongue language, use culturally relevant materials, and offer opportunities to play and explore.

<sup>d</sup> Some promising interventions to prevent adverse outcomes for children of depressed parents include treatment for parental depression in combination with programs and practices of the type named in the second target for social protection. (NRC and IOM [National Research Council and Institute of Medicine]. 2009. *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*. Washington, DC: The National Academies Press. P. 313).

<sup>e</sup> Evidence-based practices that promote positive early interactions between caregivers and young children can be measured using data from the Multiple Indicator Cluster Survey.