

Investing in the First 1,000 days

Proper nutrition is critical to healthy growth, laying the building blocks for cognitive abilities, motor skills, and socio-emotional development. During the first 1,000 days between pregnancy and a child's second birthday children's brains grow faster than at any other stage of life. This window of rapid development is also a time of vulnerability.

The obvious role nutrition plays in a child's life makes it even more shocking that globally nearly [20 percent](#) of all children under the age of five are chronically undernourished or "stunted." That's 149 million young children failing to grow well each year because they did not get the right micronutrients and vitamins needed to thrive—and that's before the COVID-19 pandemic caused additional economic pressures and [disruptions and stress on health systems](#).



A community health worker in Robin, Haiti, weighs a 6-month-old, during a home health care visit. Photo credit: David Rochkind/USAID via [Flickr](#).

Pre-COVID-19, malnutrition contributed to nearly half of the deaths of children under-five. [In projections](#) of the increased death toll due to COVID-19-related service disruptions, wasting, a form of severe malnutrition, is the biggest driver of additional child deaths.

Overall funding for this crisis has increased, but it remains one of the least-addressed global public health challenges. 2021 is a critical moment for building partnerships on global nutrition and U.S. government leadership is key for gaining the political momentum necessary to reach the global goals on nutrition.

The consequences of early malnutrition are devastating and permanent, but they are also entirely preventable. We cannot afford to press pause on the crisis of child malnutrition while we fight the COVID-19 pandemic. **If we want to reach all children everywhere, we will need to scale up and accelerate our efforts to prevent malnutrition, as well as provide new resources to support partner countries to address the impacts of the COVID-19 pandemic.**

Nutrition and the First 1,000 Days

The negative outcomes of malnutrition, much like those of poverty, are often cyclical and can affect generation after generation. But the evidence is clear: focusing on quality maternal and child nutrition in the critical 1,000 days period, from pregnancy to a child's second birthday, leads to incredible gains for women's and children's health, improves early childhood development, and has immense impacts on long-term economic outcomes for both families and countries.

Decades of child development and nutrition studies have found that quality nutrition is important. It was a 2013 study in the British medical journal, *The Lancet*, that showed the quality of a person's nutrition early in life, particularly during the first 1,000 day period, can determine the future course of their health, educational attainment, and lifetime earning potential. Chronic malnutrition in the first 1,000 day period causes serious, often irreversible, physical and cognitive delays, called stunting. The study also identified the need to [scale-up a package of nutrition-specific interventions](#) including: exclusive breastfeeding, micronutrients, iron treatments for pregnant people, and therapeutic treatment for acute malnutrition to save more lives and reduce stunting.

The incidence of stunting and wasting is [highest](#) in the first six months of life, but the repercussions can last a lifetime. Individuals who experienced stunting as a child have been found to have a decrease of at least [10 percent](#) in income as adults, compared to non-stunted peers. Without urgent and intensified action to improve the quality of nutrition, particularly for women, adolescent girls, infants, and young children in the 1,000 day period, it will be harder to break this cycle and to achieve progress on hunger and poverty reduction.

Definitions

Malnutrition: poor nutrition, including underweight, overweight, or obese, and micronutrient deficiencies

Stunting: the physical and cognitive damage caused by chronic malnutrition and measured as low height for age

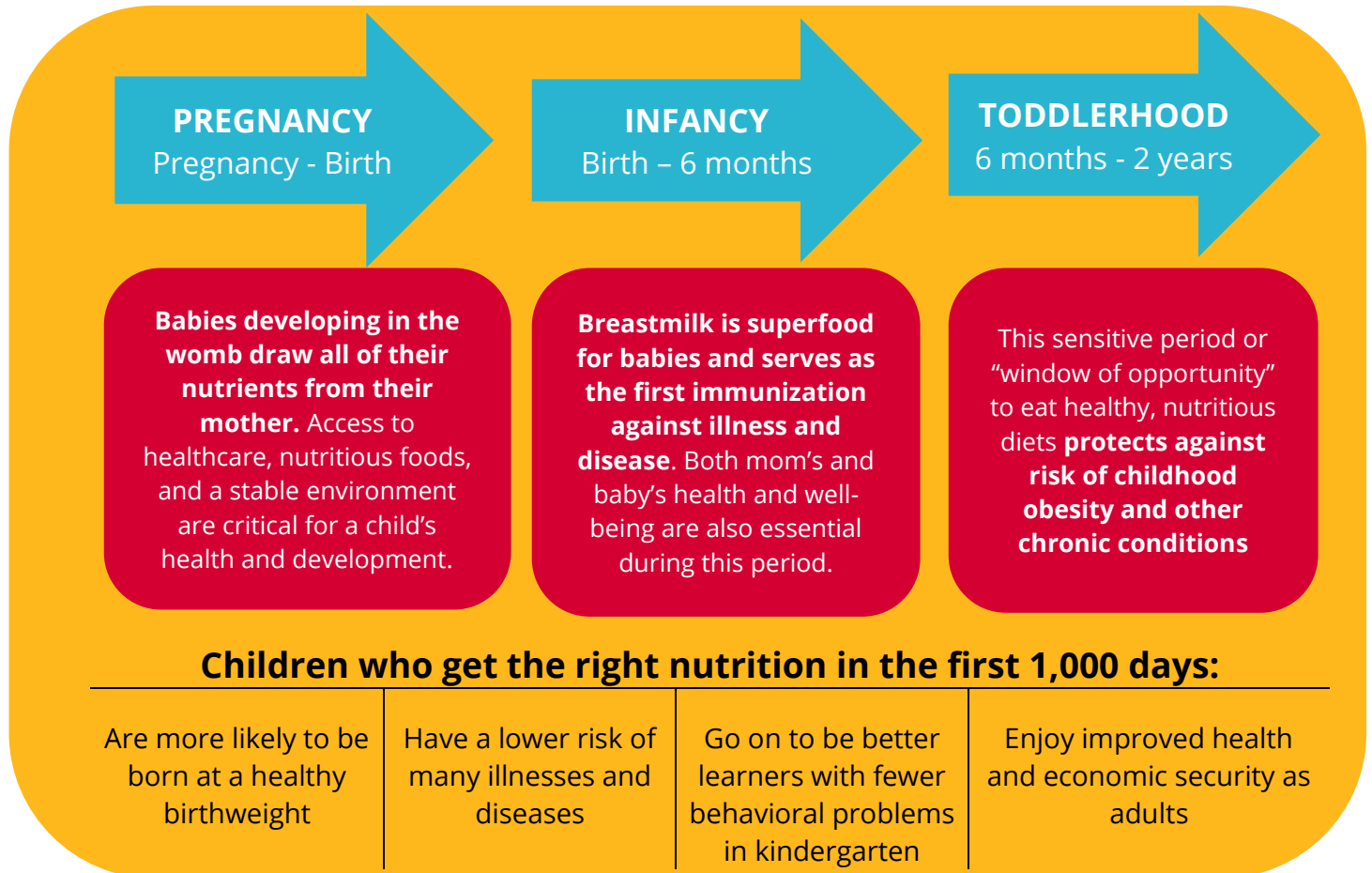
Wasting: caused by malnutrition and measured as low weight for height

Severe Acute Malnutrition (SAM): the most extreme and visible form of malnutrition, also known as extreme wasting

Nutrition-specific: initiatives targeting immediate causes of malnutrition such as exclusive breastfeeding and vitamin supplementation

Nutrition-sensitive: initiatives targeting underlying causes of malnutrition such as inadequate food access and affordability, water, sanitation, and hygiene, and social protection.

The power of the first 1,000 days



* Informational text from 1,000 Days at www.thousanddays.org

Nutrition and Maternal Health

Nutrition, even before a person becomes pregnant, is a major factor not only in the likelihood of survival for both mom and baby at delivery but also in the health of the child after birth. Gender norms and inequality on the household level leave girls disproportionately impacted by food insecurity and [50 percent](#) more likely to experience malnutrition than men and boys. Too often, girls and women are the last to eat and left with the least amount of nutritious food. Women and girls are likely to bear the brunt of the global malnutrition crisis set in motion by COVID-19 related economic contractions and shutdowns.

A chronically undernourished girl child whose growth is stunted (which also affects the growth of her pelvis) is more likely to have difficult or obstructed labor, and more likely to have restricted-growth or low-birth weight babies. [Obstructed labor](#) is one of the leading causes of maternal deaths in low-income countries. Too often in rural and hard to reach

places, not having access to a trained birth attendant compounds this issue. In addition to its effects on maternal mortality, obstructed labor can be a [significant contributor](#) to infant perinatal morbidity and mortality.



A mother who is pregnant with twins in a maternity ward in Loma Health Center, Democratic Republic of Congo. Photo by H6 Partners via [Flickr](#).

Undernutrition and micronutrient deficiency during pregnancy creates risks for both parent and child. Addressing deficiencies in two key minerals – iron and calcium– could substantially reduce preventable maternal deaths from hemorrhage and preeclampsia, which cause [42 percent](#) of maternal deaths globally. Malnutrition during pregnancy, mainly iron deficiency anemia, also contributes to at least [20 percent](#) of maternal deaths, and roughly [800,000 neonatal deaths](#) each year.

Among women of child-bearing age, the most vulnerable are young girls. Adolescent malnutrition alongside pregnancy remains a major contributor to maternal and child mortality, and to intergenerational cycles of ill-health and poverty. Pregnancy and childbirth complications are the [leading cause of death](#) among 15 to 19 year-old girls globally.

Nutrition and Child Health

While globally much has been done to improve child survival rates, nearly half of all child deaths—that is, nearly [2.5 million](#) preventable deaths of children under the age of five every year—are related to malnutrition. It is clear we will not be able to get to the broader global goals of ending preventable child and maternal deaths without addressing malnutrition. Much larger numbers of young children under five—[149 million](#), or nearly one in every four—are affected by chronic malnutrition.

While infectious childhood killers like malaria and measles have decreased dramatically since 1990, the youngest and most malnourished children still face the highest risk of falling ill to diseases healthier children have developed a stronger immune system to fight. According to a [report](#) from UNICEF, kids who suffer from severe undernutrition are 9.5 times more likely to die from diarrhea and 6.4 times more likely to die from pneumonia. These common childhood ailments are treatable, but when they afflict children already weak from undernutrition, they become much deadlier.

Infants in the neonatal period are particularly at risk if they have a low birth weight. When born too small or premature, infants often lack the strength to latch for nursing, have greater difficulty with breastfeeding, and are more susceptible to infection, all of which can perpetuate malnutrition. Malnutrition is preventable and treatable, but more must be done to reach this extremely vulnerable population with interventions, including breastfeeding support.

Spotlight Interventions: The Power 4

Supply all pregnant women with prenatal vitamins

Despite the proven benefits of supplying pregnant women with a full dosage of multiple-micronutrient supplements (MMS), the majority of women do not have access to these critical supplements. **MMS increases the chances a baby will be born at a healthy weight and survive to their second birthday.**

Continue large-scale vitamin A supplementation

Supplying a child with two high doses of Vitamin A every year is one of the most cost-effective ways to protect children from blindness, diarrhea, and other fatal illness. Until recently, Vitamin A supplementation was routine and easily accessible because it had been paired with national polio vaccination efforts. However, now that polio has been mostly eradicated, these vaccination campaigns are being phased out. After years of increasing the number of children who have access to Vitamin A coverage has started to drop alarmingly. **Transitioning national Vitamin A supplementation efforts to a sustainable delivery platform is essential** to ensuring children continue to receive this critical preventative regimen.

Support women and families to reach their breastfeeding goals

Babies have the best start at life when they drink nothing but breastmilk until they are 6 months old, and continue breastfeeding until they are 2 years old while also consuming other nutritious complementary foods. Even though breastfeeding is the best way to protect newborns from malnutrition, infections, and disease, only 41% of babies around the world are exclusively breastfed. Many mothers who would like to breastfeed cannot access the support and information they need to be successful. One-to-one and group breastfeeding counselling helps provide mothers with the support they need to reach their breastfeeding goals.

Expand coverage of specialized foods for treatment







The first priority of any nutrition program should be to make wasting treatment unnecessary by preventing children from ever becoming wasted. Unfortunately, millions of children every year still require wasting treatment. **Ready-to-Use Therapeutic Food (RUTF) is an energy-dense, life-saving product that gives wasted children the nutrients they need to survive.** Yet we are reaching less than a quarter of even the most severely malnourished children. Expanding coverage of services will help ensure no child dies because they don't have access to the fundamental treatment they need to stay alive.

* Informational text from 1,000 Days at www.thousandddays.org

Global Targets on Nutrition

In 2012 at the World Health Assembly, with U.S. support, nations endorsed a “Comprehensive implementation plan on maternal, infant and young child nutrition.” This set six ambitious global goals (below) to fight malnutrition by 2025 has specific targets for stunting, anemia, low birth weight, overweight, wasting, and breastfeeding. Pre-COVID-19 the global community was already off track for meeting these goals. **Increased U.S. leadership on nutrition this year is critical for fighting the current crisis and for getting us back on track to meet these bold goals.**

World Health Assembly Global Nutrition Targets, 2025

 Achieve a 40% reduction in the number of children under-5 who are stunted	 Ensure that there is no increase in childhood overweight
 Achieve a 50% reduction of anemia in women of reproductive age	 Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%
 Achieve a 30% reduction in low birth weight	 Reduce and maintain childhood wasting to less than 5%

Nutrition and Cognitive Development

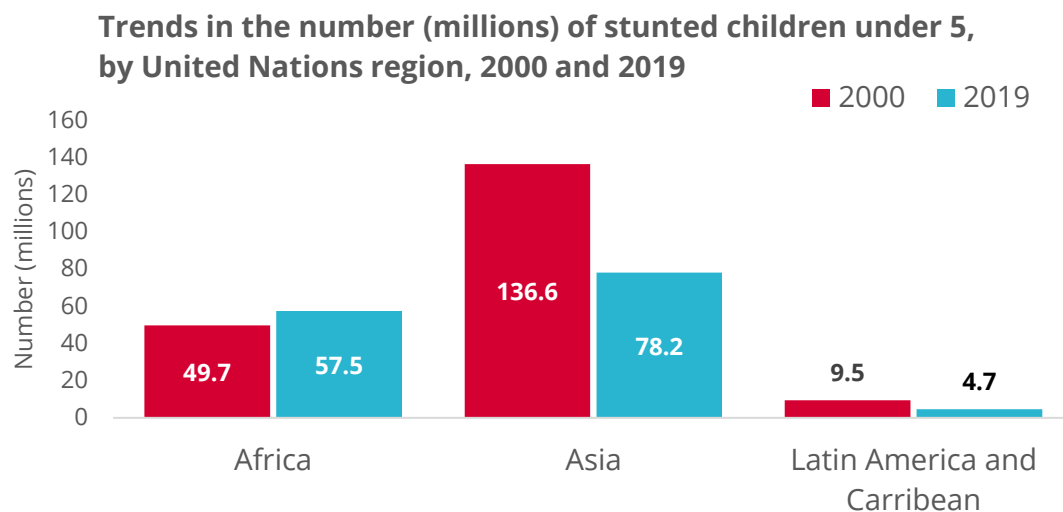
A lack of nutrition impairs healthy psychical and cognitive development. Children begin learning from the moment they are born, and proper nutrients are essential to facilitate growth. Adequate and appropriate nutrition is just as essential as teachers and books for a child’s cognitive development.

Micronutrient deficiencies, often known as “hidden hunger” because there may be no outward physical sign of malnutrition, are of particular concern. For example, a lack of iodine in the earliest years of a child’s life can result in permanent brain damage and decreased cognitive function. This wholly preventable impairment to cognitive development affects millions of babies born globally every year, predominantly in the poorest regions of the world. Impaired cognitive ability often leads to a reduced performance at school for children and at work for adults. In Guatemala, [a study](#) showed that six-year-old children who were stunted risked losing the equivalent of four grades of schooling due to impaired cognitive development.

In order to fulfill the right to good nutrition and provide all kids with the best opportunities to survive and thrive, we must do more to prevent and treat malnutrition.

Global Trends in Stunting

The World Health Organization, UNICEF, and the World Bank Group [report](#) joint malnutrition estimates for stunting for children under the age of five. Globally, malnutrition rates are alarming; stunting is declining too slowly to reach the global goals. In the Africa region the number of children who are stunted has increased over the past two decades. Service interruptions and stress on the health system due to the COVID-19 pandemic [are projected](#) to increase child malnutrition and stunting, which is not reflected in this data.



* Data from WHO, UNICEF, and World Bank Group [joint malnutrition estimates](#).

Investing in nutrition leads to substantial economic gains

The economic and societal implications of malnutrition are immense. Malnutrition drains billions of dollars in lost productivity and health care costs from low-income countries. Increased nutrition is proven to have enormous macro-economic impact, boosting a country's gross domestic product (GDP) through greater workforce productivity and health care cost savings. Yet, globally, [less than 1 percent](#) of Official Development Assistance (ODA) is for nutrition efforts.

Childhood malnutrition is estimated to cost GDP between 3 to 16 percent, with a potential global economic impact upwards of [3.5 trillion dollars](#). This is especially true in regions of the world with fewer resources. [Findings in a study](#) of 15 African countries found that a 40 percent reduction in stunting would add \$83 billion to their collective national incomes in the following years. Put simply, there is a direct link between the nourishment of children and their level of educational attainment and [income levels](#).

The costs are not only in lost potential. The direct costs of treating nutrition-related issues have been estimated [between \\$1 and \\$2 trillion dollars](#) globally.

Positive Economic Gains

Investing in nutrition leads to positive economic outcomes. Every dollar spent in scaling up nutrition interventions targeted towards the first 1,000 days yields a [return of up to 35 dollars](#) on the initial investment. In addition, every additional centimeter of adult height due to proper nutrition has been associated with a [4.5 percent increase](#) in wage rates.

Momentum for Nutrition in 2021

In June of 2013, global leaders gathered in London for the first ever Nutrition for Growth summit, an opportunity to pledge additional support to fight undernutrition. The event was the culmination of a global advocacy effort to increase the amount and quality of aid directed to nutrition programs. RESULTS joined other advocacy and humanitarian groups in calling on the U.S. to make specific commitments, including a clear baseline of nutrition spending, additional funding going forward, and a comprehensive U.S. strategy on nutrition. [At the summit](#), the U.S. committed to a comprehensive strategy on nutrition, but did not provide new funding for nutrition at that date.

However, Congress has continued to incrementally increase funding for the Nutrition account in Global Health over the past several fiscal years. This is a positive sign that bipartisan, bicameral support is growing for increasing resources to fight malnutrition. But more must be done.

Global nutrition advocates are again planning for a nutrition summit in December 2021 hosted by Japan – again called “Nutrition for Growth.” RESULTS’ advocacy efforts on nutrition are meant to build the groundwork to have an upswell of Congressional support for the expected 2021 nutrition pledging moment, where we want to see new resources committed from the U.S. to fight global malnutrition and stunting. A significant boost in nutrition funding in the annual appropriations process would be a strong signal of Congressional support in the lead up to the summit.

Fiscal Year 2022 Appropriations

Congress sets funding levels for global programs during the [appropriations process](#). This funding can support health, education, nutrition, and economic opportunity for families around the world. As members of Congress submit annual personal appropriations requests forms, they should protect critical funding for anti-poverty programs in the

International Affairs account. They can specifically show their support for ending preventable child deaths and fighting stunting by requesting funding in the State and Foreign Operations Appropriations bill for the Nutrition Account in Global Health.

To do so, please submit a formal appropriations request form for the Nutrition account to Senators Coons and Graham or Representatives Lee and Rogers as Chairs and Ranking Members of the State and Foreign Operations Subcommittees of Appropriations. Contact RESULTS staff Crickett Nicovich for support: cnicovich@results.org.

	FY18	FY19	FY20	FY21	RESULTS FY22 Request
USAID Nutrition	\$125 million	\$145 million	\$150 million	\$150 million	\$300 million