

The next 1000 days: the forgotten ages of child health



The story of child and adolescent health over the past 25 years is one of clear but sometimes stalled progress, followed by the catastrophically negative impact of COVID-19, from which many children's lives have not recovered. It started with a focus on reducing mortality in children younger than 5 years, which almost halved, from 9·9 million deaths in 2000, to 5·3 million in 2019. It then expanded to include ensuring that children and adolescents fulfil their cognitive developmental potential through tackling poverty, providing nurturing care (ie, health, nutrition, responsive caregiving, safety and security, and early learning), and focusing on a life-course approach. Research showed that child health and development could be altered through careful investment and targeted interventions in the preconception period to the first 1000 days of life and in adolescence. Much more needs to be done to put this evidence into action. But a crucial age group has been largely forgotten.

A new Series published in this issue of *The Lancet* aims to address this oversight: Early Childhood Development and the Next 1000 Days. From the ages of 2–5 years, many children fall through the cracks between the frequent interactions with health-care systems after birth and during early infancy and the infrastructure that is provided by formal education. This effect is magnified by poverty and follows axes of inequity across the world, both within and between countries. These years are a pivotal yet neglected phase in a child's development, when they acquire crucial foundations for future learning and success, including rapid acceleration in a range of motor, social, and language and literacy skills.

Disabilities, including vision and hearing loss and neurocognitive developmental issues, that have not become clear during the first 1000 days often present during this time. 7·5% of children younger than 5 years are thought to have disabilities globally, but this is likely a gross underestimation. One of the challenges of measuring the burden of disease in this age group is that it is often unclear who or which systems should be taking responsibility—the education or the health-care system? A fragmented approach means that this group is often lost to analysis and evaluation. At this crucial stage, many young children begin to suffer harsh discipline and even violence at the hands of caregivers, inflicting lasting trauma. The first paper in the Series

highlights the next 1000 days as a crucial period for engaging fathers, in particular, in violence prevention.

The second paper in the Series focuses on four key interventions that influence childhood trajectories during this period, including cash transfers, early childhood care and education, and nutritional interventions. By far the best value for money is provided by early childhood care and education, which—if high quality—can serve as a platform for other health and education programmes and improve short-term and long-term cognitive development. High-quality, universal early childhood care and education in low-income and middle-income countries can cost less than 1% of GDP per year. Yet although 80% of children in high-income countries attend some form of such care, less than 20% of children do in low-income and middle-income countries.

Poor-quality early childhood care and education that is designed to be little else than a place where young children wait while parents work will not realise improved health or educational outcomes. But, if implemented with sensitivity and thoughtfulness and with buy-in and cross-pollination from educators and health-care workers, there is great potential for early childhood care and education settings to improve lives. Investing earlier in children's care and education shapes the rest of their lives. Across the world, the early childhood care and education setting is under-regulated, undergoverned, underprofessionalised, and undervalued. This Series provides strong evidence that this situation must change and should compel governments and policy makers to seriously reconsider where to focus their budgets.

In 2024, a child dies due to violence every 5 min. About one in six children live in extreme poverty, surviving on less than \$2·15 a day. More than one in six children live within 50 km of armed violence or conflict. Many geopolitical and economic headwinds, as well as an increasingly unstable climate, are working in opposition to the health and wellbeing of the world's children. But the progress made in understanding the importance of different periods of a child's life and the powerful effects that interventions can have on long-term health and development is cause for optimism, energy, and renewed commitment. There is no better place to start than with investment in the next 1000 days.

■ *The Lancet*



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For more on the story of child and adolescent health since 2000 see Comment *Lancet* 2022; 399: 1679

For more on under-5 mortality see Articles *Lancet Child Adolesc Health* 2022; 6: 106–15

For the 2016 Lancet Series on early childhood development see Series *Lancet* 2016; 389: 77–90

For more on how early childhood care and education is undervalued see https://heckmanequation.org/wp-content/uploads/2013/07/F_HeckmanDeficitPieceCUSTOM-Generic_052714-3-1.pdf