



Promoting inclusive early childhood development under the SDG era

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Since the year 2000, the global child health agenda under the auspices of the United Nations and its affiliated agencies has been largely focused on child survival with remarkable results.^{1,2} For example, the total number of under-five deaths dropped from 12.6 million in 1990 to 5.6 million in 2016, or 35,000 every day in 1990 compared with 15,000 in 2016.² Globally, the under-five mortality rate dropped from 93 in 1990 to 41 deaths per 1,000 live births in 2016, representing a 56% decline. The progress in improving child survival has saved the lives of 50 million children under the age of 5 years who otherwise would have died had under-five mortality remained at the same level as at the beginning of the Millennium Development Goals in 2000.

Ironically, many of the beneficiaries of the global child survival programs, some of whom otherwise would have died, also experience long-term adverse outcomes.³ The Sustainable Development Goals (SDGs) launched in 2015 thus ushered in a broader and more inclusive mandate for child health policy.⁴ Whereas child survival still remains a major theme under the SDGs, there is explicit recognition at global, regional and national levels of the needs of the growing population of child survivors to thrive and realize their developmental potential. For example, the fourth SDG specifically calls for actions to ensure inclusive and equitable quality education and to promote life-long learning opportunities for all children, including monitoring the proportion of under-fives who are developmentally disadvantaged.

The global interest in early childhood development has been driven largely by extensive evidence on the development of the human brain from conception to adulthood. This suggests that approximately 80% of a child's brain growth and synapse development occurs before the age of 3, or within the first 1000 days after conception.⁵ Additionally, optimal development in early childhood prepares all children, including newborns and young children with disabilities and developmental difficulties, for quality education and vocational attainment.

The most prominent global initiative for early childhood development is the Nurturing Care Framework (NCF) jointly launched by UNICEF and the World Health Organisation in 2018.⁶ It primarily focused on addressing the needs of an estimated 250 million children in low and middle-income countries at risk of not realizing their developmental potential due to stunting and extreme poverty. While early childhood development entails multi-sectoral engagements, the NCF seeks to promote responsive care and a nurturing environment for all children using the health sector as the main platform for intervention. The NCF also acknowledges that childhood disabilities impose a significant emotional and economic demand on the affected families and children, especially in places with inadequate infrastructure and access to services and support. For example, an estimated 53 million children under the age of 5 years have developmental disabilities and this population exceeds 290 million if the age group is extended to 20 years.^{7,8} These children also require



responsive care and a nurturing environment to a much greater extent than their peers without disabilities or developmental difficulties. It is noteworthy that the Mission Statement of UNICEF already emphasizes priority attention to the most disadvantaged children and the countries with the greatest need.⁹

Faith-based organizations (FBOs) have a vital role in ensuring that global child health initiatives are widely promoted and equitably implemented at the community levels. The most successful programs are usually family-centered. Parents and caregivers therefore need to be empowered, engaged and supported to assure all children the best possible start in life. A list of actions recommended for FBOs to foster optimal child health practices inclusive of early childhood development has been reported by UNICEF.⁹ For example, FBOs can assist in bringing important early childhood development information into the family setting, emphasizing families' obligation to provide for their young children, offering information on how to do this and supporting them when they face difficulties. They can also engage in developing peer education groups for women's and men's associations to share information about early childhood development, and support members whose children are not accessing appropriate services through, for example, referral and financial assistance and dissemination of information about where to seek relevant services. More crucially, FBOs must seek to engage with policy makers to draw attention to the needs of the most vulnerable children that require priority attention where resources are inadequate to cater for all children. However, these actions need to reflect the emerging post-COVID-19 realities. For children with special healthcare needs, the delivery of personalized interventions will be particularly challenging for parents and caregivers, thus requiring all the virtues of Christ-like compassion and understanding. Like the good Samaritan, we must be ready to go the extra mile to support the most vulnerable and disadvantaged spiritually,

emotionally and financially as much as lies within our power and sphere of influence (Luke 10:25-37; Matthew 5:41).

The SDGs along with the Convention on the Rights of Children¹⁰ provide a unique opportunity for ensuring that no child is left behind in the crucial early years regardless of their race, gender, nationality, disability status and economic circumstances. While the SDGs have no measurable targets or performance indicators for early childhood development, the growing interest for the well-being of all children by UN agencies and their developmental partners, including FBOs, holds promise of a better future. That future is now.

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