First 1,000 days last forever: Scaling up nutrition for a just world

New UNICEF Global Report “Improving Child Nutrition: The achievable imperative for global progress” to be launched in Dublin today

If you have never heard of stunting, you are by no means alone. A vast human tragedy, it is one of the least reported, least recognized, least understood issues before us.

Stunting, caused by chronic under nutrition early in a child’s life, blights the lives of some 165 million children around the world. It is far more than a problem of inadequate growth / height for these children. It can trap them in a lifetime cycle of poor nutrition, illness, poverty and inequity.

Why? Because stunted growth in the first months of a child’s life means stunted development of the brain and thus, of cognitive capacity. Permanently.

Stunting hampers not only the future ability of an individual child to learn and earn, but also the social and economic progress of the countries in which they live. In real terms, it cuts school performance, translating into a reduction in adult income by 22% on average. It also leads to increased risk of obesity, diabetes and cardiovascular disease in adult life.

In 2011 it was estimated that more than one in every four children under five in the developing world were stunted, or 28 per cent -- an estimated 160 million children. 80 per cent of children globally live in just 14 countries. Stunting continues to be highly prevalent in sub-Saharan Africa and South Asia, and is highest among low-income countries1.

High stunting rates are part of the reason why the world is not on track to reach most of the Millennium Development Goals, notably on extreme poverty and hunger, child and maternal health, and combatting HIV and AIDS. Under nutrition contributes to one-third of child deaths and around one-fifth of maternal deaths.

The good news is that it does not have to be this way. In fact, attacking stunting is a huge development opportunity. And a cost effective one.

We know what works. Expectant mothers need vital nutrients like iron and folic acid; new born babies need that natural 'superfood' – breastfeeding, in that first fragile hour after birth and then for the next six months. Adequate solid foods need to be introduced at the right time. Throughout, adequate health care and good hygiene and sanitation are vital. Poor sanitation and thus repeated bouts of diarrhea contribute to stunting.

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| Fast Facts about nutrition of children in Tajikistan |
|---------------------------------|-------|
| Exclusive Breastfeeding rate*   | 34%   |
| Stunting Prevalence*            | 26.2% |
| (children 0-5 years who are short for their age) |       |
| Wasting Prevalence*             | 9.9%  |
| (children 0-5 years who have low weight for their height) |       |
| Under-weight prevalence*        | 12.1% |
| Iodine Deficiency among children aged 6-59 months** | 52.9% |
| Iodine Deficiency among women** | 58.6% |

Source:
*Demographic Health Survey, Preliminary Report, 2012
**Micro Nutrient Status Survey 2009

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In 2008, eight of the world’s leading economists, including five Nobel Laureates, in the so-called Copenhagen Consensus, recommended priorities for confronting the top ten global challenges. They ranked providing young children with micronutrients the number one most cost-effective way to advance global welfare. And in 2012, they reached a similar conclusion.

More good news: while stunting may be under-appreciated as a global challenge and opportunity, there is a growing international response, to which the conference in Dublin will contribute. A major global initiative called the Scaling Up Nutrition (SUN) movement is bringing much needed investment in and focus on nutrition for children and women in numerous countries.

Indeed, more and more countries are scaling up nutrition programmes to reach children during that critical first 1,000-day period and in a child’s life. And as a new report on child and maternal nutrition by UNICEF shows, countries as diverse as Ethiopia, Haiti, Peru and Rwanda have already markedly reduced stunting levels in recent years, showing that progress is possible.

Ireland has been a strong supporter of these efforts and during its EU presidency can press forward a bold agenda to address hunger, nutrition and climate justice.

No child, no mother, no country-- should ever have to suffer the injustice of a lack of nutrition in the 21st century. What is more unjust, more cruel, than condemning a child, in the womb, to a life of deprivation – especially when we know how to prevent it? Surely, if we know how to do so, and have the means to do so, there can be no reason not to do so. Urgently.

For further information, please contact:
United Nations Children’s Fund (UNICEF) in Tajikistan:
Ms. Parveena Muhammedkhajaeva
Communication Officer
Tel.: +992 (918) 31 00 71
Email: pmuhammedkhajaeva@unicef.org

Nutrition challenges in Tajikistan

Undernutrition remains an important public health challenge in Tajikistan, causing preventable deaths of mothers and children and delaying the physical and cognitive development of girls and boys, sometimes beyond remedy. One in four children in Tajikistan under five are stunted and more than half of Tajikistan’s population is iodine deficient.

Direct nutrition interventions that will reduce the immediate causes of undernutrition include promotion of exclusive breastfeeding up to 6 months of age, timely introduction of complementary feeding, universal salt iodization, maternal supplementation with vitamins and minerals, and other approaches to increasing vitamin and mineral intakes, such as food fortification.

Undernutrition can be prevented through a combination of behavioral and strengthening and scaling up of nutrition interventions.

(Situation Analysis: Improving economic outcomes by expanding nutrition programming in Tajikistan, WB and UNICEF Report, 2012)

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