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The First One Thousand Days: Development Aid Programs to Bolster Health and Nutrition

Subcommittee on Africa, Global Health, Global Human Rights,
and Int'l Organizations
U.S. Rep. Chris Smith, Chairman
March 25, 2014

Good afternoon. We are here today to address the topic of "The First One Thousand Days: Development Aid Programs to Bolster Health and Nutrition."

There is perhaps no wiser investment that we could make in the human person than to concentrate on ensuring that sufficient nutrition and health assistance is given during the first one thousand days of life: A thousand days that begins with conception, continues throughout pregnancy, includes the milestone of birth and then finishes at roughly the second birthday of the child.

Consider this: According to the United Nations Children's Fund (UNICEF), 6.6 million children died before reaching their fifth birthday in 2012; an average of roughly 18,000 daily deaths among children under five years old. Among the factors contributing to such a grim tally are malnutrition, obstructed newborn breathing, pneumonia and diarrhea. All these, and other causes, are ones which we are capable of addressing, if we apply resources and political will to the problem.

Today's Hearing complements various hearings our Global Health Subcommittee has held over the past several years. It was inspired in part by what I experienced at the UN Millennium Development Goals Summit in New York in September 2010.

There I had the privilege of participating in an extraordinary Roundtable meeting of First Ladies of African nations that concluded with the signing of a declaration to end maternal and child malnutrition, with particular emphasis on “the first 1000 days in the life of a child from the moment of conception.”

The Roundtable focused on that great killer of children, malnutrition.

The Roundtable concluded that undernutrition alone remains “one of the world’s most serious, but least-addressed problems — killing an estimated 3.5 million children annually.” In other words, food insecurity is a plague which ravages our future, ending the lives of little boys and little girls throughout the developing world well before their time. The Roundtable also pointed out that 60 percent of the world’s chronically hungry are women.

According to the Global Alliance for Improved Nutrition, or GAIN, cosponsor of the Roundtable, malnutrition’s most devastating impact is actually in the womb, often causing death or significant mental and physical disability to the precious life of an unborn child.

Children who do not receive adequate nutrition *in utero* are more likely to experience lifelong cognitive and physical deficiencies, such as stunting. UNICEF estimates that one in four children worldwide is stunted due to lack of adequate nutrition.

Children who are chronically undernourished within the first two years of their lives also often have impaired immune systems that are incapable of protecting them against life-threatening ailments, such as pneumonia and malaria. Adults who were stunted as children face increased risk of developing chronic diseases, such as diabetes, hypertension, and heart disease. Mothers who were malnourished as girls are 40% more likely to die during childbirth, experience debilitating complications like obstetric fistula, and deliver children who perish before reaching age five.

We must take a holistic, mother-and-child approach to the problem.

By helping women throughout pregnancy receive adequate nutrition and supplemental micronutrients – such as iodine, Vitamin A and folic acid – and ensuring that they are well-fed while nursing, both children and mothers thrive.

In addition to addressing undernutrition, there are a number of other interventions that can make an impact. About 44% of all under-five deaths occur within the first month of life, during the neonatal period. Among newborns the greatest threats to survival are prematurity and failure to breathe at birth,

known as birth asphyxia. Following the neonatal period through the first five years of life, child survival is imperiled primarily by pneumonia and diarrhea.

The solutions are often readily at hand. Most neonatal deaths can be prevented at little to no expense with neonatal resuscitation, prompt administration of antibiotics, and nutrition supplementation. Inexpensive interventions like oral rehydration salts (ORS), which cost $0.05-0.10 per dose, are also effective in curbing diarrheal deaths.

Nor must we ever pit the survival of the child against that of the mother, as both are complimentary objectives. Curbing child mortality in the womb and at birth also goes hand-in-hand with reducing maternal mortality.

Best practices to radically reduce maternal mortality can and must be life-affirming— protecting from harm both patients, the mother and the child in the womb. Of course, we have known for more than 60 years what actually saves women's lives: skilled birth attendants, treatment to stop hemorrhages, access to safe blood, emergency obstetric care, antibiotics, repair of fistulas, adequate nutrition, and pre- and post-natal care.

Political will is absolutely essential to address this problem and to make sure it is adequately resourced. It is one thing that I hope this hearing will bring to light, that such interventions in the first 1000 days of life is not only morally imperative but also cost-effective.

One group of Nobel Laureate economic experts ranked efforts to address undernutrition as the single-most cost-effective investment in foreign aid. The economists concluded that each dollar spent on reducing undernutrition could yield a $30 benefit.

One other thing I hope this hearing will highlight is the importance of Faith Based Organizations in fighting this battle, and to underscore the need for our aid programs to work with such organizations. We will hear from representatives from two such organizations, Food for the Hungry and World Vision, to discuss their insights.

Faith Based Organizations play an absolutely critical role in places such as Africa, which one can say is a Faith Based Continent. Matthew 25 – "when I was hungry, you gave me food, when I was thirsty, you gave me drink, when I was naked, you clothed me" – inspires these and other great organizations such as Catholic Relief Services, just as it inspires the work of this subcommittee.

For example, in 2004, along with my colleague on the Foreign Affairs Committee, Ileana Ros-Lehtinen, I sponsored an obstetric fistula resolution, seeking to address one debilitating factor that wreaks havoc on the lives of mothers and their children. The following year I was able to amend the Foreign Relations Authorization Act to fund twelve centers in the developing world to treat and prevent obstetric fistula, as well as to provide funding for skilled-birth attendants. Importantly, I was also able to remove restrictive language from the original bill that would have prohibited faith-based hospitals in the developing world from receiving funding. Again, I must stress, that it is these Faith Based Organizations that are doing yeoman's work on the ground to address child and mother mortality, and they must be supported.

In this Congress I introduced H.R. 3525, the International Hydrocephalus Treatment and Training Act. Hydrocephalus, or "water on the brain," is a disease which affects three to five out of every 1000 newborns in developing countries, who are either born with it or acquire it due to neonatal infections in the first few months of life. For such children, it is often a death sentence. Doctors – assuming there is even a doctor around – often do not know how to treat it.

Moreover, if they do treat and use the traditional surgical procedure which requires the life-long use of a shunt, such shunts often become infected, leading to death a few years later.

Our bill would train doctors in Africa in a new and proven technique which does not require a shunt and is effective in at least two thirds of the cases of infants with hydrocephalus. It is ideally suited to conditions in the developing world. The amount required to make a difference in the lives of these children and their parents is relatively little – an estimated $15 million over 5 years. I invite my colleagues who are present here to join in co-sponsoring this legislation, as one way to address the problem of child mortality.

Initiatives such as these are ones which should gather support across the political aisle – they are life-affirming, and can save the life of both mother and child. We have common ground here.

By addressing health during the first 1000 days of life, beginning at conception, we help ensure that over the next 25,000 days – or whatever the number is that our Creator has allotted – our brothers and sisters the world over can best reach their potential, leading fulfilled lives of health, vigor and dignity.