



## Supporting Family and Community Investments for Young Children Globally: Workshop in Brief

### DETAILS

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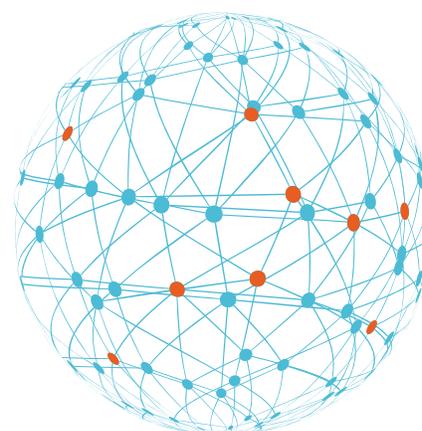
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## Supporting Family and Community Investments in Young Children Globally—Workshop in Brief

On July 27–29, 2015, the Forum on Investing in Young Children Globally, in partnership with the Ethiopian Academy of Sciences, held a workshop in Addis Ababa, Ethiopia, to examine topics related to supporting family and community investments in young children globally. The workshop also included discussions on how systems can better support children, families, and communities through acute disruptions such as the Ebola outbreak.<sup>1</sup> Over the course of the 3-day workshop, researchers, policy makers, program practitioners, funders, young influencers,<sup>2</sup> and other experts from 19 countries discussed how best to support family and community investments across areas of health, education, nutrition, social protection, and other service domains with additional sessions that addressed specific needs of children and their caregivers during acute disruptions. More broadly, the workshop sought to:



1. Discuss definitions of investments, including examples of coordination across sectors, funding entities, contexts, and the life course;
2. Highlight models of financial and human capital investments across public- and private-sector approaches, including evidence of effectiveness; and
3. Explore the innovative potential that is occurring regionally and globally in family and community investments in young children.

In addressing the specific circumstances of acute disruptions, workshop participants discussed lessons learned from examples across natural disasters, human-induced disasters, and outbreaks and suggested targeted areas for policy action aimed at strengthening investments and minimizing the negative impacts of acute disruptions on the health and well-being of children in the future.

This brief summary of the presentations and discussions at the workshop highlights the major issues raised by individual workshop participants, including suggestions for future discussion and action. The summary represents the viewpoints of the individual workshop participants and should not be seen as the conclusions or recommendations of

<sup>1</sup> Acute disruption is defined in the objectives for the workshop as one of three types of emergency: (1) human-induced disasters, (2) natural disasters, or (3) outbreaks.

<sup>2</sup> In this context, young influencers are recognized as the dynamic, young, engaged group of researchers and implementers who work behind the scenes to support policy and practice for investing in young children globally. This community consists of support staff for policy makers and program implementers, young researchers at universities, and community leaders. They are a group with intense energy and dedication who champion the well-being of young children and ensure their protection in the political sphere.

either the workshop as a whole or the sponsoring organizations. A full summary of the workshop will be available in spring 2016.

The workshop topics were designed to highlight *financing models and policies* for supporting family and community investments; provide *perspectives* from programs; bring in *voices* from the ground; explore the specific situation of making investments in families and communities during and after *acute disruptions*; and lay out *aspirations* expressed by workshop speakers to further connect the financing and policies back to impacts for young children and their caregivers across the globe. With 75 percent of workshop speakers coming from sub-Saharan Africa, the workshop provided the space to highlight regional issues and hear from those working in the region. Amina Abubakar, Postdoctoral Research Fellow at the Center for Geographic Medicine, KEMRI-Wellcome Trust Research Labs and co-chair of the workshop, framed the role of families and communities in investing in young children in the African context. Abubakar explained that in Africa, children are raised in a village and within communities. She linked this contextual relationship to the workshop sessions that explored the processes by which families and communities are strengthening investments in their children.

While this workshop brought forth financing, policy, and program perspectives, the workshop planning committee felt it was equally important to lift up the voices and bring the community into the room. Various voices were captured from across Ethiopia, Haiti, and Rwanda to articulate, in their own words, some of the challenges and solutions around family and community investments in their young children. Particularly vocal was the voice of the young influencers, which captures the return on investment that families and communities are making in this next generation. Gary Darmstadt, Associate Dean for Maternal and Child Health, Department of Pediatrics at the Stanford University School of Medicine and co-chair of the workshop, made the challenge to go beyond engaging the voices of families and communities, and to ensure policy decisions include these voices.

## FRAMING AND DEFINING FAMILY AND COMMUNITY INVESTMENTS

*In rural Ethiopia, Project Mercy is a holistic community-development initiative providing access to—while at the same time investing in—health, infrastructure, food security, and community development. Mothers and fathers reflected on the importance of education through the in-kind investments they make with their own time. The cyclical nature of community investments in young children was illustrated in the voice of one of the school’s graduates, Kidane Sarko, who has been accepted to pursue a master’s degree in public health at a university in the United States.*

Demissie Habte, President of the Ethiopian Academy of Sciences, noted that Ethiopia and the global community are taking an increasingly active role in making investments in children. If families and communities are going to function effectively, stressed Alex Coutinho, Executive Director of the Infectious Diseases Institute of Makerere University in Uganda, then the global community and national and local governments need to create the policies and resources that allow families and communities to also invest in their children. Coutinho went on to state that to be child-focused requires a fundamental focus on families. Larry Aber, Willner Family Professor in Psychology and Public Policy at the Steinhardt School of Culture, Education, and Human Development, and University Professor at New York University, stressed that it is almost impossible to overestimate how disproportionate it is that families and communities make investments in children—not only in dire times but also in relatively normal times—compared to investments from government, industry, and other stakeholders. Coutinho defined key inputs at the family level. Shifting to communities, Coutinho added that communities act as buffers and provide resilient structures to ensure a trajectory from child survival to long-term outcomes and impacts so that communities become positive gatekeepers of change for a child’s needs amid an uncertain future. Critically important across all communities, Coutinho stated, is that their empowerment is derived from top-down leadership when the global community and national governments support family and community investments in their children.

Gillian Mellso, Ethiopia Country Representative for UNICEF, affirmed that, although investing in young children is one of the most effective and preventive interventions with great return for so many challenges that thwart family and community development, early childhood development programs are among the most underfunded globally. Mellso emphasized that early childhood is the initial stage of lifelong learning and development that occurs for an individual, so greater levels of investment and partnership are necessary to promote equitable programs that will harness the potential of investments in young children for human, educational, social, and economic development for families and communities.

## FINANCING MODELS

Simon Sommer, Head of Research for the Jacobs Foundation, stated that there is a certain tension between the childhood development model and the business model. Sommer introduced three examples from sub-Saharan Africa where public and private approaches are being integrated to achieve a common goal of investing in children and their caregivers. These efforts illustrate how family and community needs can be met by private- and public-sector approaches to financing, but Sommer pointed out that variability occurs across how financial support is mobilized; what funding models look like; and how profit, value, and impacts are balanced with respect to investing in children.

In Cote d'Ivoire and Ghana, the world's first and second largest producers of cocoa, respectively, the World Cocoa Foundation has developed a strategy grounded in performance-based indicators for cocoa production alongside growth-based indicators for community-driven development in contexts where small-holder farms operate as a family enterprise. Bill Guyton, President of the World Cocoa Foundation, introduced the supply side of cocoa and the complexity surrounding production, which includes the nexus of poverty and children. CocoaAction is a platform by which all partnering entities have agreed to a common method of measuring success meant to better align cocoa production and community development issues such as primary education, child labor prevention, and women's empowerment for, ultimately, a greater impact. Guyton stated that CocoaAction is company implemented, thereby holding corporations accountable for the desired impacts on the ground, and also partnership driven, particularly linking with governments in Cote d'Ivoire and Ghana so that key performance indicators are agreed upon across partners. Guyton also introduced Transforming Education in Cocoa Communities (TRECC), which is a new initiative that helps to strengthen CocoaAction. TRECC, in partnership with the Jacobs Foundation, utilizes an impact-first financing model so that companies will receive resources based on whether or not they are achieving certain results across domains of primary education, productivity, and community development.

Shifting to East Africa, Afzal Habib, Co-Founder and Chief Imagination Officer at Kidogo, introduced their work in Kibera and Kangemi, two informal settlements in Nairobi, Kenya. Habib pointed out that in these communities, parents are willing to pay for child care services, yet quality services are largely unavailable. Habib continued by stating the situation begged a business question: how to deliver higher-quality care at roughly the same price point parents already pay for informal care offerings. Kidogo turned to the childhood development science to find a solution. This solution is based on four elements: safe and child-friendly environments, play-based experiential curriculum appropriate for the local Kenyan context, certified early childhood caregivers, and integrated health and nutrition programs across the delivery platform. The program operates on an innovative hub-and-spoke model, in which a best-practice hub provides an exemplary model for those already providing early childhood care in the informal settlement, with the hope that through microfranchise opportunities others may begin to operate sustainable, small-scale quality child care centers. Shared services, such as administration, management, and monitoring and evaluation, can be done centrally, allowing individual centers to focus on what they do best, which Habib deemed to be caring for children.

In South Africa, David Harrison, Chief Operating Officer of DG Murray Trust, stated that most children miss the opportunity for quality early learning largely because of the disorganized and informal structure of early childhood education, where the poorest 40 percent of the population have very little access to any sort of formal or structured early learning experience. To address this, DG Murray Trust, a South African grant-making foundation working with a coalition of funders and implementing partners, has identified four leverage points to take early learning to scale through innovative financing models together with the government. These leverage points include changing access to information about the power of early learning, altering the way public funding is used, improving outcomes of the private enterprise in early learning that is already occurring, and expanding the range and diversity of people in South Africa involved in the well-being and education of young children. Harrison argued that every business, community, and government works program should be seen as a platform for investing in young children. These four levers bring the dynamics of change around supporting young children in the South African context into focus, so that the system can change and appropriately scale up.

## POLICIES SUPPORTING FAMILY AND COMMUNITY INVESTMENTS

*In Rwanda, Faida Solanje, a mother caring for a child with developmental delays, offered her voice to describe the supportive environment that a pediatric development clinic implemented by the Rwinkwavu District Hospital, a government hospital in coordination with Partners in Health and funded by UNICEF, has provided.*

Helia Molina, Vice Dean of Research and Development, Faculty of Medical Sciences, University de Santiago de Chile and Former Minister of Health, Chile, stated that investing in young children needs to be as much a key issue

on the political agenda as it is among families and communities. In Ethiopia, national ministers are working together on policies to address the most pervasive challenges with young children: infectious diseases, malnutrition, education, and acute poverty. Yayesh Tesfahuney, Director of Child Rights and Promotion Directorate, Ministry of Women, Children, and Youth Affairs, stated that effective solutions need to come from the interweaving of parents, families, and communities; local, state, and the national government; and the global community. In the Ethiopian context, the agenda on young children reaches across the Ministry of Health (MOH), Ministry of Education (MOE), and Ministry of Women, Children, and Youth Affairs (MOWCYA). As a result, the government has formulated an integrated policy framework that provides a coordination mechanism for increasingly defining the roles and responsibilities of actors contributing to investments in young children, including the government, communities, parents, nongovernmental organizations, and others.

The Ethiopian government has also developed a national strategy and operational plan to serve as a guideline to bring the policy framework into action in an integrated way. Honorable State Minister of Health Kebede Worku outlined how the MOH takes the lead for young children from the prenatal period through age 3, and Yasabu Birknen, Director of Early Childhood Education in the Ministry of Education, laid claim to the MOE's responsibility for children ages 4 to 6. Worku argued that the state has a responsibility to invest aggressively in integrated services at all levels, including the community level. He emphasized the political commitment to investments in integrated services, particularly through the efforts of the MOH and community-level participation in the implementation of MOH programs and initiatives.

Panning out to a global view provided workshop participants the chance to visualize policy impacts of financial and human capital investments in young children and their caregivers through a series of data visualizations presented by Jody Heymann, Dean of the Fielding School of Public Health at the University of California, Los Angeles. By simultaneously looking in depth at a country and global level, Heymann grounded advocacy for resources and change in the data presented in her comparative framework. The maps Heymann projected illustrate how national laws and policies shape the social conditions that allow parents to invest in their children. Heymann provided by way of example the nearly global coverage for paid maternity leave, but far less global coverage for paid paternity leave. According to Heymann, such comparative policy tools help countries see how their peers are performing, linked to specific health, education, nutrition, and social protection outcomes.

Quentin Wodon, Lead Economist with the Education Global Practice at the World Bank, presented the economic impacts and costs of child marriage, which he stated is a multisectoral issue, much like early childhood development, that affects young children. Wodon suggested that child marriage and early pregnancy are topics that should be given more attention when discussing investments in young children. His analysis revealed that some of the largest economic costs of child marriage are observed through its impact on fertility, demographic growth, poverty, and gross domestic product growth. Child marriage also has large effects on child health, including for malnutrition and mortality under age 5. Angela Diaz, Jean C. and James W. Crystal Professor in Adolescent Health and Professor of Pediatrics and Preventive Medicine at the Icahn School of Medicine, Mount Sinai, stated that in addition to investments in early childhood development there is a stage of adolescence that is also critical in its impact on the health and development of young children. To prioritize investments in either early childhood interventions or prevention of early marriage are difficult choices, stated Wodon. Speaking about the relationship between the two areas of investments, he articulated that some of the most vulnerable young children are born to girls marrying before the age of 18.

## PROGRAM PERSPECTIVES

*Restavek Freedom Foundation in Port-au-Prince, Haiti, works through partners across policy implementers, public communication strategists, and faith leaders to address restavek—a form of child slavery endemic to Haiti that is pervasive across contemporary Haitian culture. Voices captured various community-based interventions targeting awareness across several types of messaging. Two former restaveks gave further dimension to the issue by explaining their own experiences with restavek metaphorically through different outlets they engage in to creatively express their past and also their hope in the future.*

For change to occur, knowledge, policy, and political will need to come together with community will, suggested Lorraine Sherr, Clinical Psychologist and head of the Health Psychology Unit at University College, London. Community will, in the contemporary Ethiopian context, was highlighted by a series of perspectives on where and how investments are being made in integrated ways across the areas of health, nutrition, education, and social protection, not only in young children but also in adolescents and caregivers. Alan Pence, United Nations Education, Scientific, and Cultural Organization Chair for Early Childhood Education, Care, and Development at the University of Victoria,

pointed out that there are many innovative and effective programs across sub-Saharan Africa, but they are largely invisible and unknown. The following perspectives highlight interventions in the Ethiopian context. Sherr emphasized that the value in these perspectives is that they create a process of setting up programs that seem doable, are well articulated, and are possible.

Frealem Shibabaw, Director of the Ethiopian School Meal Initiative, demonstrated the evolution of changing primary schools into a community solution center. The School Meal Initiative was founded on the premise that Ethiopia is not financially equipped to feed all of its children, where stunting occurs in 40 percent of children who attend school. To reduce the number of children who attend school while hungry, and because of high costs associated with buying milk, the School Meal Initiative brought cows to primary schools. The initiative was designed to be understood by local people, to be affordable, and to be sustainable (because the cows multiply themselves by giving birth annually). The model provides 10 cows to each participating school, which can then serve 200 milliliters of milk to 500 children per day. The school keeps half of the milk produced daily for children and sells the rest to the surrounding community to cover the administrative costs. The impacts of the program were seen almost immediately, reflected Shibabaw, with increases in school enrollment and attendance. Additionally, the program supports a school milk forum to engage school communities about the importance of milk so that they can support each other, create awareness, and build the capacity of schools.

Jeffrey Edmeades, Senior Social Demographer at the International Center for Research on Women, spoke about his project, Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA), which targets ever-married adolescent girls in Ethiopia. According to Edmeades, for an adolescent girl, marrying early means the end of formal education, the beginning of sexual activity and childbearing, and the introduction of other physical and mental health issues and concerns. Furthermore, children of very young women who marry early make up a subsequent generation that is susceptible to health, poverty, and development challenges. The TESFA program delivers three types of content to adolescent girls in rural Ethiopia: economic empowerment, sexual and reproductive health, and a combination of the two. The program spanned a year with approximately 3,000 female adolescent participants. Edmeades indicated that the effects of the program were particularly clear for the sexual and reproductive health outcomes, whereas the economic outcomes were clouded by broader macroeconomic changes that were going on in Ethiopia. Edmeades commented that these types of programs and their intended outcomes are critical to future engagement with this large population of Ethiopia's ever-married adolescent girls who are largely invisible in health and education systems in their communities.

Menelik Desta, Chief Operating Officer of the School Readiness Initiative (SRI), described the program, which was founded in 2007 as a pilot project to demonstrate the importance of preprimary education in the Ethiopian context. The program works alongside the Government Education Bureau, which provides school infrastructure and teachers' salaries. The SRI curriculum utilizes teacher-to-teacher and parent-to-teacher engagement strategies that are designed to empower the teachers and parents to improve the quality of education that is being provided. The program has now been scaled up to 52 government-run preschools in Addis Ababa, mostly serving children from families who cannot afford to send their children to private schools. Furthermore, the government has mandated that every government preschool use the guidelines created by SRI, which is accompanied by a monitoring and evaluation plan. A subprogram supports mental health in schools, which is innovative insofar as there are few trained professionals in Ethiopia that can provide mental health services for young children. The MOH, the MOE, and the MOWCYA in Ethiopia have adopted 11 manuals on early child care and education created by SRI. The project will look next to scale-up.

## EBOLA AND ACUTE DISRUPTIONS

A series of publicly accessible videos was assembled by Coutinho to transform workshop participants into an Ebola hot zone to see up front what life was like through the collective voices of those who were impacted by Ebola. Coutinho suggested that many of the key lessons learned from the Ebola epidemic are best highlighted through the voices of those serving on the front line. He underscored the impacts on children through the series of videos accompanied by available case and mortality data. In doing so, Coutinho also highlighted the ongoing collateral damages suffered by children across the areas of physical and mental health, social protection, education, and nutrition. Coutinho did stress the important role survivors—and particularly children—continue to play in the Ebola-impacted communities of West Africa. Janna Patterson, Senior Program Officer at The Bill & Melinda Gates Foundation, stressed that the examination of acute disruptions from multiple perspectives provides dimension to the human complexities that may not be evident

in quantitative data. The discussions that followed moved the conversation beyond child survival, to thriving and also looking toward the future.

Taha Taha, Professor of Epidemiology and Population, Family and Reproductive Health at the Bloomberg School of Public Health, Johns Hopkins University, provided an epidemiologic perspective of the impacts of acute disruptions on children and their caregivers. He did so by illustrating how a single infectious disease such as Ebola leads to an acute disruption for states and systems, but also for individual communities and the children in those communities. Taha argued that in Ebola transmission, the context—including individuals and communities—is a determinant in the outbreak. According to Taha, factors that contributed to making the most recent Ebola outbreak the most deadly in history include inadequate health care infrastructure; ineffective containment protocols and poor burial practices; contextual factors such as mobile populations in dense urban settings; poor coordination and disempowered local leadership; and community factors including engagement, which he argued is crucial to successfully controlling outbreaks. Janice Cooper, Country Lead of the Liberia Mental Health Initiative at the Carter Center, provided her perspective on service delivery after the recent Ebola outbreak, particularly around mental health and disabilities, where in Liberia there are few trained mental health providers. Cooper laid the foundation for the Ebola outbreak by presenting some of the challenges surrounding systems that supported young children in Liberia prior to the outbreak. Cooper made reference to President Sirleaf of Liberia shepherding the passage of the Liberian Children’s Law based on the Convention on the Rights of the Child in 2011 while she outlined some of the challenges and shortcomings of the services and programs for young children in Liberia prior to the outbreak and the implications these had for children during the response phase. Cooper noted that there were many actors involved in the response, and the coordination required to care for the needs of children—both infected and impacted by Ebola—was complex. Cooper stressed how important survivors were to the response phase, and she made the case for survivors’ involvement particularly in the mental health response, as they were instrumental in combating the stigma and distrust that was pervasive among families and communities during the outbreak. Cooper framed her discussion on the lessons learned around the notion that it was difficult to build the foundation for supporting young children during the emergency response phase. She argued that, in the case of Liberia, the Ebola outbreak has been used as a leverage point for charting a more robust course for children in the future. While Cooper reflected on the many actors she encountered who wanted to be part of the response, she stated that the priority needs to lie in strengthening the role of families so that families may be integrated into larger efforts to coordinate a response in the future.

Steve Adler, Chief Information Strategist for IBM’s efforts in the recent Ebola outbreak, framed his perspective as an “outsider” insofar as he claimed to be a technologist, businessman, and process oriented. Adler helped launch the African Open Data Jam in August 2014, which led to a large-scale open-data collection effort for application toward the Ebola epidemic. His experiences illustrated that open data in this context was a sound solution, but implementation proved to be a challenge. Adler reflected that it was difficult to determine what to fix during the most intense moments of the Ebola outbreak when there was little information available about what was wrong, much less any coordinated collection of information related to health infrastructure in place to support the outbreak. The 600-member Africa Open Data Group was formed as a result of Adler’s efforts, making it the largest open data group focusing on Africa in the world. The need that surfaced was information. Moving forward, Adler suggested that there should be a commitment to investing in the skills to gather necessary information ahead of the next acute disruption that can supersede barriers with language, culture, and literacy. By doing so, the information can stimulate economic growth because it informs the decision-making process.

Coutinho stressed the importance of defining family and community investments so that these investments account for children’s needs when shocks occur to the systems. The needs of children will remain the same, but it is how the delivery mechanisms function during emergencies that determines how young children and their caregivers will fare during these periods of vulnerability. Despite improvements in children’s needs during emergency responses, Arnaud Conchon, consultant for UNICEF, emphasized that early childhood development in the humanitarian context is still very new. Theresa Betancourt, Director of the Research Program on Children and Global Adversity at the Harvard School of Public Health, encouraged that, through integrated responses, times of crisis provide an opportunity to “build back better” for children. Ann Masten, Distinguished McKnight University Professor at the University of Minnesota, explained that building up resilience becomes a process by which integrating capacities occurs across all levels of the response phase, so that at the time of an acute disruption, when disaggregation and siloing are likely to occur, there is still the scaffolding in place to protect young children.

## ASPIRATIONS

Yisak Tafere, Lead Qualitative Researcher at Young Lives Ethiopia, pointed out that children living in poverty have high aspirations, but what they lack is the opportunity to achieve them in many cases. Coutinho reflected on his own childhood in the African context, stating that aspirations are an essential attribute if children are going to be given a future view of what they can become—to be able to say that “we, too, can go to the moon.” Aderemi Kuku, President of the African Academy of Sciences, grounded his aspirations in the future science and policies emanating from the African continent, which places an imperative on investing in children today. Kuku aspires for all African governments to have viable and comprehensive early childhood development policies.

The aspiration of the Forum on Investing in Young Children Globally is to assist decision makers around the world to use the best science and evidence for investing to optimize the well-being of children and their lifelong potential. Mellsop urged that those in attendance who represented the cross-section of science, policy, and practice owe it to future generations to collectively update the thinking, priorities, and investments to meet the needs of disadvantaged children. Coutinho situated the discussion on the future in the African context by stating if Africa is to take its place in the world in the future, in both normal times and during emergencies, investments in the continent’s children must go beyond basic survival to ensure children can thrive and transform the future.♦♦♦

## Forum on Investing in Young Children Globally (iYCG)

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**REVIEWERS:** To ensure that it meets institutional standards for quality and objectivity, this Workshop in Brief was reviewed by **Aderemi Kuku**, African Academy of Sciences, and **Janna Patterson**, The Bill & Melinda Gates Foundation. **Chelsea Frakes**, Institute of Medicine, served as the review coordinator.

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