



Reaching and Investing in Children at the Margins: Workshop in Brief

DETAILS

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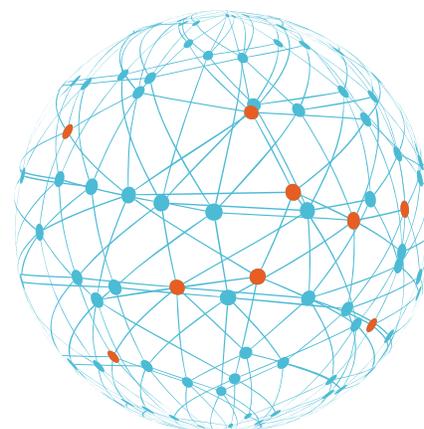


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Reaching and Investing in Children at the Margins— Workshop in Brief

On November 3–4, 2015, the Forum on Investing in Young Children Globally of the National Academies of Sciences, Engineering, and Medicine,¹ in partnership with the Open Society Foundations² and the International Step by Step Association (ISSA),³ held a workshop in Prague, Czech Republic, to examine the science and economics of investing in the health, education, nutrition, and social protection of children at the margins of society. Over the course of the public workshop, individual workshop participants sought to bring to the foreground a scientific perspective of children at the margins and explore how discrimination and social exclusion affect early development, focusing on vulnerable populations such as children living outside of family care; children from diverse ethnic and linguistic backgrounds such as Roma; children with developmental delays and disabilities; and refugee, immigrant, and migrant children.

This brief summary of the presentations and discussions at the workshop highlights the major issues raised by individual workshop participants. The summary represents the viewpoints of the individual workshop participants and should not be seen as conclusions or recommendations of either the workshop as a whole or the sponsoring organizations. A full summary of the workshop will be available in Summer 2016.



YOUNG CHILDREN'S RIGHTS AND THE EFFECTS OF DISCRIMINATION

Highlighting the Syrian civil war, which has resulted in the global movement of more than 4 million people fleeing violence and persecution since 2011—an unprecedented amount—Nives Milinovic, president of the ISSA board, underscored the need to bridge research, policy, financing, and practice. She emphasized that while investing in people is sometimes the hardest and longest investment, it is also the most necessary. With the adoption of the United Nations Sustainable Development Goals (UN SDGs) for 2015–2030, the global agenda has shifted from saving lives and ensuring basic rights to focusing on sustainability, holistic human development, and the numerous factors affecting health and well-being, said Zulfiqar Bhutta, Robert Harding Inaugural Chair in Global Child Health at the Hospital for Sick Children (SickKids) in Toronto and founding director of the Centre of Excellence in Women and Child Health at the

¹ For more information on the Forum on Investing in Young Children Globally, please visit nationalacademies.org/HMD/activities/children/investingyoungchildrenglobally.aspx.

² See <https://www.opensocietyfoundations.org>.

³ See <http://www.issa.nl>.

Aga Khan University. Furthermore, these global goals strive for a world that is “just, equitable, and inclusive,”⁴ in which everyone receives care, education, and opportunities to thrive.

Jonathan Todres, professor of law at the Georgia State University College of Law in the United States, discussed the importance of the United Nations Convention on the Rights of the Child (UN CRC). This treaty, to which every country in the world is a party except the United States, mandates a child’s right to life, survival, and development without discrimination. According to Todres, the UN CRC is particularly important because it serves as a legal mandate. In essence, countries must protect and provide for their children not on moral grounds, but because they are legally compelled to do so. Although Todres cautioned against causation, he said that in the era of the UN CRC, there has been notable progress for children such as a decrease in under-5 mortality from 12 million per year in 1990 to less than 6 million in 2015.⁵ Moreover, the number of children not attending school and involved in child labor has been reduced.

In discussing the promises and gaps of the UN CRC, UN SDGs, and other global commitments, Todres presented five key considerations when advancing children’s rights and well-being. First, he emphasized the *time-sensitive nature of children’s rights*, stating that for many children poor health care and nutrition, or a lack of education for a relatively short time (e.g., 2 years) can dramatically alter their life course. He also stated that evidence shows the detrimental effects *discrimination* has on a child’s psychological well-being, scholastic achievement, and social and emotional growth. Todres highlighted the *interrelationship among rights*, such as the horizontal relationship between health and education and the vertical relationship between women’s rights and children’s rights. To ensure child well-being features prominently in a country’s agenda, Todres recommends “*mainstreaming*” children’s rights—accounting for them at the design, implementation, and monitoring and evaluation stages of law, policy, and programming in all sectors, and involving children in these processes. Finally, according to Todres, children facing adversity are often *making mature decisions*. Being open to children’s insights about their lives and experiences can have a positive effect on programming.

CHILDREN LIVING OUTSIDE OF FAMILY CARE

Orphans and children living outside of family care are an extremely vulnerable population, often exposed to poverty, stigma, physical and sexual violence, and a lack of emotional resources, according to research cited by Vesna Kutlesic, director of the Office of Global Health at the *Eunice Kennedy Shriver* National Institute for Child Health and Human Development. Other research indicates it is important to explore whether these children were first traumatized while facing adverse circumstances while living with their families or if they were first exposed to traumatic experiences once they were separated from their families and transitioned to an out-of-family placement (an institution, foster care, etc.) or ended up homeless and living on the street. Regardless of the timing of traumatic life events, Kutlesic emphasized the importance of building on the strengths of these children, eliminating stigma, and fostering their growth and well-being through their participation in evidence-based, multidisciplinary interventions aimed at improving their health, education, and psychosocial development.

In 2003, the European Commission’s Daphne Program launched a survey to examine the risk of harm to children under the age of 3 years living in European institutions. Kevin Browne, director of the Center for Forensic and Family Psychology at the University of Nottingham, United Kingdom, and his team conducted research for the program on the behavioral consequences of institutionalization. Browne’s findings showed that institutions have negative impacts on a child’s social behavior and interaction with others; negative impacts on the formation of emotional attachments; and are linked to poor cognitive performance and language deficits. In 2003, 44,000 children under 3 years old were in institutions across Europe and Central Asia.

Reasons for institutionalization vary across Europe. In Western Europe, two-thirds of institutionalized children were in institutional care because of abuse and neglect; in Eastern Europe, children were more likely to be institutionalized because of disability, abandonment, and because parents were unavailable, according to Browne. In 2003, to combat the detrimental effects of institutionalization on young children, UNICEF launched a deinstitutionalization campaign. In 2013, Browne said that while some countries significantly reduced the number of children under 3 years of age in institutions during the previous decade, others increased their number. He suggested provision of high-quality foster care; community services for families in need; and day care facilities for children with and without disabilities to

⁴ UN General Assembly. 2015. Transforming our world: The 2030 agenda for sustainable development. In: Assembly UG, ed. *General Assembly Resolution 70/12015*.

⁵ See http://www.who.int/gho/child_health/mortality/mortality_under_five/en (accessed February 8, 2015).

reduce the number of children in institutions. Browne also recommended residential care only for children who may harm themselves or others, and he recommended an increased number of mother–baby units in institutions when community services do not exist.

Anne Berens, Julius B. Richmond fellow, Harvard University in the United States, presented findings from the Bucharest Early Intervention Project, an ongoing longitudinal study that began in Romania in 2000 with three aims: (1) examine the effects of institutionalization on the brain and behavioral development of young children; (2) determine if observed negative effects can be remediated by placing children in high-quality foster care; and (3) improve the welfare of Romanian children by establishing foster care as an alternative to institutionalization. The institutional sample comprised 136 children from state-run institutions, 68 of whom were randomly assigned to foster families and 68 of whom remained in institutions; the control sample was made up of 72 children from the community who had never been institutionalized. According to Berens, results showed that high-quality foster care produced gains in developmental quotient, intelligence quotient, and electroencephalogram measures of brain function among previously institutionalized children, with the greatest benefits for children placed before the age of 2. The study also found that children who remained in institutions had a striking rate of psychopathology in the form of behavioral difficulties, attention deficit hyperactivity disorder, externalizing symptoms, and aggression. Additionally, Berens noted the study showed the importance of timing effects at which a child is placed in foster care from an institution, with evidence of sensitive periods for various developmental outcomes at 12, 15, 20, and 24 months of age.

Irina Malanciuc, country director for the Lumos Foundation, Moldova, presented Lumos’s model for deinstitutionalization in Moldova. In Moldova, Lumos has significantly contributed to deinstitutionalization reform, she said. From 2007 to 2014, the number of children in institutions decreased from 11,500 to fewer than 3,000 through the development of social services, the creation of alternatives to institutional care, family support, community-based services, development of inclusive education, and intersectoral coordination at the central and local levels. In 2010, only 8 percent of children with disabilities were enrolled in mainstream education, said Malanciuc. In 2014, that number increased to 50 percent, reducing the number of institutionalized children. However, very young children and those with severe and complex disabilities remain in institutions. According to Malanciuc, as of 2014, more than half of the remaining children in institutions have disabilities and special education needs.

Katerina Slesingerova, head of the Department for the Protection of Children’s Rights at the Ministry of Labor and Social Affairs in the Czech Republic, highlighted the country’s ongoing process of transforming the child care system using evidence. Currently, more than half of the available public funding for child care goes to institutional care, 30 percent goes to foster care, and about 9 percent goes toward prevention, she said. Even with reductions in the number of institutionalized children, funding for institutions remains constant, when funds could instead be diverted to community services, according to Slesingerova.

CHILDREN FROM DIVERSE ETHNIC AND LINGUISTIC BACKGROUNDS SUCH AS ROMA

Estimated at 10–12 million, Roma is Europe’s largest ethnic minority group. According to Sarah Klaus, director of the Open Society Foundations Early Childhood Program and based in the United Kingdom, Roma children are a vulnerable population and their communities are marginalized in many ways. For instance, Klaus reported that only one-third of employment-age Roma are employed; 20 percent never enroll in school; the life expectancy of Roma is 8–12 years shorter than the general population; there are high levels of infant mortality in Roma communities; and more than 50 percent have reported discrimination in the past year. Furthermore, although Roma make up a fraction of the population in many countries, Romani children are overrepresented in institutional care. In Slovakia for example, although Roma account for 9 percent of the total population, 82.5 percent of children in institutional care are of Romani origins. In Hungary, Roma comprise 7 percent of the population yet 65.9 percent of the population of institutionalized children are of Romani origins.

Margareta Matache, instructor at the FXB Center for Health and Human Rights at Harvard University, highlighted what to her was an alarming lack of data and lack of governmental practice and measures on the early development of Romani children. In presenting the risk factors affecting the early development of Romani children, she emphasized gaps in early childhood education, citing the poor quality and discriminatory nature of Roma-segregated kindergartens and schools; discrimination and bullying against Romani children; and a lack of culturally sensitive curricula. In addition, while discussing the risk factors that exist in neighborhoods, she emphasized that in some instances, Romani families are geographically separated from the rest of the population by walls built by local municipalities and many Romani neighborhoods lack access to electricity and drinking water. Matache stated that due to inequalities, Romani

children face higher rates of mortality and malnutrition than their non-Romani peers and they are also at risk of chronic stress and trauma when exposed to forced evictions, discrimination, and ethnic-based violence. Nevertheless, Matache stated that many Romani children are resilient even in very adverse circumstances.

David Greger, director of the Institute for Research and Development of Education at Charles University in the Czech Republic, presented findings from the Roma Early Childhood Inclusion Study for the Czech Republic, reiterating a lack of data in the country related to early childhood in general. Results of the survey showed a widespread lack of public child care for children under the age of 3; insufficient kindergarten capacity; unequal kindergarten admission criteria; and low kindergarten enrollment rates of children from disadvantaged backgrounds. According to Greger, the report also showed that Romani children are underrepresented in preschool and that economic barriers are the most prominent reason Romani parents do not send their children to school. Later on, Romani children often enter primary school programs where they receive instruction from reduced curricula.

Arthur Ivatts, senior consultant with the Open Society Foundations, highlighted similar structural barriers in Romania and the Czech Republic to Romani children's access to quality, unsegregated early childhood education. He pointed out that young Romani children live in extreme poverty and dangerous living conditions, are geographically marginalized, and experience social exclusion. Moreover, they live under conditions of high stress, with neglected infrastructure, and institutionalized racism and discrimination. Even though there is a large body of research that addresses these barriers, Ivatts remarked that policy makers are largely silent on these issues, making them a "hidden disgrace" of Europe. Ivatts believes that the treatment of Roma in Europe comes dangerously close to the criteria for crimes against humanity. He recommended policy change in the form of ratified antidiscrimination laws; new laws on inclusive education; programs to reduce poverty and provide free transportation, meals, books, and clothes to children; and severe penalties for hate speech and discrimination.

Radosveta Dimitrova, COFAS Forte (the Swedish Research Council for Health, Welfare and Working Life) Marie Curie fellow and docent at Stockholm University in Sweden, suggested that researchers and policy makers focus on the assets in Roma communities and not just on the adversity and challenges they face. She highlighted that Roma families have the potential for success and policy makers should build on the strengths already present in Roma communities. Dimitrova pointed out that many Roma have already succeeded in academia and in other sectors. She also encouraged participants to promote culturally informed research, policy, and practice and to engage parents, teachers, and communities at all levels.

CHILDREN WITH DEVELOPMENTAL DELAYS AND DISABILITIES

Although many countries have inclusive laws and policies on paper, in practice, children with developmental delays, behavioral disorders, or disabilities are often excluded from mainstream education. Andy Shih, senior vice president of scientific affairs at Autism Speaks in the United States, credited this contrast to a gap between policy and implementation. Shih also briefly presented the South European Autism Network's Caregiver Needs Study, which aims to understand the parental experience in navigating the system to obtain support for their children, which is a voice he said was missing from previous research.

Donald Wertlieb of the Partnership for Early Childhood Development & Disability Rights and based in the United States warned participants about the misleading notion of "margins," stating that children with developmental delays and disabilities can be anywhere from 5 to 40 percent of a country's population. A conservative estimate of 20 percent is still a large "margin," he said, indicating that these children should be more prominently included in global efforts to build healthy, prosperous societies. Wertlieb noted four transformative trends: (1) a growing number of children living with disabilities; (2) a shift from medical models to biopsychosociocultural models; (3) a movement from narrow deficit models to holistic, ecological models that embrace strengths, as well as promotive and protective factors; and (4) replacing charity-based approaches with rights-based frameworks.

He outlined a path to achieving the UN SDGs that includes cross-sectoral integration, collaboration and interoperability, and triple twin-tracking. Triple twin-tracking involves harmonizing twin-track I, "mainstreaming" disability policies and services with universal services and policies; with twin-track II, coordinating child/family-centered and community-based care; and twin-track III, integrating special knowledge of children from birth to age 3 years with more traditional knowledge of older children and adults.

Vibha Krishnamurthy, founder and director of the Ummeed Child Development Center in India, provided details on each twin-track of the triple twin-tracking system. For Krishnamurthy, twin-track I involves placing children

with disabilities in the context of child development in general while ensuring practitioners provide the special services they need. This is linked to training health workers to promote early development, detect delays and disabilities, and provide referrals to services. In twin-track II, it is critical to recognize families as the experts in their own lives, but at the same time invest in communities, she said. Krishnamurthy stated that twin-track III should involve transferring the knowledge researchers have on young children to the education setting as well as to young adults as a way to help with the transition out of childhood to adulthood. For her, improving the lives of the most vulnerable people in society will make things better for everyone, particularly as the world looks past survival to developmental outcomes.

Hollie Hix-Small, assistant professor at Portland State University and early childhood intervention (ECI) consultant from the United States, presented a global survey that sought to explore ECI services around the world, identify regional differences in programming, and make recommendations for developing and strengthening ECI systems. Hix-Small referenced her work with Emily Vargas-Baron, director of the RISE Institute, in concluding that several countries are developing broad and strong ECI foundations; international, regional, and national support is needed to develop sustainable systems; countries have differing priorities and starting points; and culturally and contextually relevant examples from policy to practice are needed.⁶

MIGRANT, IMMIGRANT, AND REFUGEE CHILDREN

According to data from the European Commission, of the several hundred thousand refugees seeking asylum in the European Union, one in four are children, said Joan Lombardi, senior advisor to the Bernard van Leer Foundation based in the United States. Eskinder Negash, senior vice president for Global Engagement with the U.S. Committee for Refugees and Immigrants, presented a global picture of refugees, internally displaced persons, and asylum seekers. He noted that in 2014, the UN High Commissioner for Refugees (UNHCR) reported 19.5 million refugees, 38.2 million internally displaced persons, and 1.8 million asylum seekers. According to Negash, of the refugees, 51 percent are under age 18—children, as defined by international law—who are vulnerable, dependent, and developing. There are more than 1 million refugee children from Syria alone who are seeking protection in Lebanon, Turkey, Jordan, Iraq, Egypt, and North Africa (in order of number of refugees per country). Negash pointed out that although the current focus is on the civil war in Syria, many other refugees have been in camps or warehouses for decades. In fact, the second largest city in Kenya is a refugee camp. As of 2014, the five main countries of origin for refugees according to the UNHCR for resettlement are Syria, the Democratic Republic of the Congo, Myanmar, Iraq, and Somalia.⁷ To combat the high number of refugees and displaced children, Negash recommended recognizing displacement due to gang violence and sexual orientation prejudice; developing policies to grant “child protective status;” and strengthening child welfare standards for ensuring protection.

The Mother Child Education Foundation (ACEV) runs a 10-week intensive preschool and family support program for the marginalized Kurdish population living in underdeveloped regions of South Eastern Turkey and a 25-week mother–child education program with Palestinian refugees in long-term settlement camps in Beirut, Lebanon. According to Suna Hanoz, a senior specialist with the foundation, the preschool and family support program is offered in partnership with the Turkish Ministry of Education to Kurds, who typically have a low socioeconomic status; are deprived of early childhood education services due to their scarcity in the region; and are challenged with language issues, as the majority of them speak Kurdish at home. The Mother Support Program, implemented in partnership with the Arab Resource Collective, teaches mothers to effectively interact with their preschool-aged (4 to 6 years old) children. Hanoz said that evaluations of these programs show children’s acquisition of socioemotional skills, executive function, and cognitive development; and mothers’ improved patterns of parenting through responsiveness to children and less harsh discipline. ACEV plans to implement these programs with Syrian families in the future.

Human Rights Watch (HRW) investigates and documents human rights abuses in 90 countries, exposes findings to the media, and advocates for policy change. Alison Parker, director of HRW’s programs in the United States, presented human rights concerns facing unaccompanied child migrants, families separated across the U.S.–Mexico border, and children migrating with family. Unaccompanied child migrants have endured sexual violence; trafficking; involvement with criminal groups (gangs); lack of access to food, water, shelter, and education; and fear for their lives,

⁶ The policy reaction panel following these presentations comprised six experts working in Albania, Georgia, Macedonia, and other Eastern European countries to increase inclusion of children with developmental delays and disabilities in policy, programming, and research. Their comments are fully discussed in the forthcoming workshop summary.

⁷ See <http://www.unhcr.org/559ce97f9.html> (accessed February 8, 2016).

according to Parker. She stated that many families are separated across the U.S.–Mexico border, in which U.S. citizen children remain in the United States and their undocumented parents are deported back to Mexico or Central America. Many families who successfully migrate to the United States are sent to detention centers for several weeks, sometimes separated from one another in different facilities across the country. Parker closed by offering some of her recommendations and lessons learned: recognize that children can experience trauma before, during, and after migration; examine the reception of children and their families at the border; embrace the best interests of children when creating policies; keep families and children together; prohibit the detention of child migrants as a means of migration control; prohibit the employment of children; recognize that some child migrants are victims of criminal organizations around the world; and provide holistic services—health, legal, and social—to migrant children and families.

In his research reaction, Jan Peeters, director of Innovations in the Early Years at the Research Centre for Early Childhood Education and Care at Ghent University in Belgium, suggested workforce competencies that are necessary at the team and individual level when working with migrant and refugee children and children at risk. He recommended openness to dialogue with parents, colleagues, and children on the basis of reciprocity; an engagement and ability to work toward social change; the ability to reflect critically on one’s own pedagogical practice and that of the team and the institution working in these hyperdiverse contexts; and the ability to create new pedagogical knowledge and practice.

COMBINING THE SCIENCE OF CHILD DEVELOPMENT WITH QUALITY MEASUREMENT TO SUPPORT EARLY CHILDHOOD PROGRAMS AND POLICIES

Target 4.2 of SDG Goal 4 on education explicitly recognizes early childhood development care and education as a necessary part of a child’s holistic development and well-being.⁸ Abbie Raikes, technical development lead for the Measuring Early Learning Quality and Outcomes Project at UNICEF, stated that several of the SDGs are linked; specifically Goal 1 addressing poverty, Goal 2 focusing on hunger and food security, Goal 3 promoting health, Goal 5 championing gender equity and women’s empowerment, and Goal 16, which seeks peace and justice. To unite the various fields and sectors addressing these goals, Raikes recommended measurement as a way to create a common language and promote equity, ensuring that all children are counted and acknowledged. She also stated that measurement leverages available data, further establishing the field of early child development and providing a roadmap for action and change. She championed using a combination of global and national data to inform local policies and programs, ideally having child outcomes measured through culturally relevant tools that also measure context. Raikes highlighted the World Health Organization’s child development indicator project, which focuses on children birth to age 3, and the Measuring Early Learning and Quality Outcomes (MELQO) project, which measures the quality of environments as examples of how early childhood experts are attempting to address questions of measurement at scale.⁹

Following this discussion, additional speakers presented individual and population-level assessment and monitoring tools across the areas of health, education, nutrition, and social protection. Hix-Small presented the *Ages and Stages Questionnaire: Inventory*, a progress monitoring tool for children up to age 3 that was adapted from the Ages and Stages Questionnaire, a screening tool that determines if a child needs further assessment. Krishnamurthy discussed the *Guide for Monitoring Child Development*, a clinical, open-ended evaluation and intervention that engages families to monitor the development of children up to age 3. Ivelina Borisova, director of Early Childhood Development Impact & Innovation at Save the Children, presented Save the Children’s *International Development and Early Learning Assessment*, a direct child assessment instrument that targets children ages 3 to 6 or 7. This instrument measures motor development, emergent language and literacy, emergent math/numeracy, and socioemotional development, as well as approaches to learning. Finally, Ruth Perou, behavioral scientist at the U.S. Centers for Disease Control and Prevention, presented the organization’s *Violence Against Children Surveys*, nationally representative household surveys of children and young adults ages 13 to 24. In addition, the surveys, which address topics such as gender attitudes, witnessing violence, violence perpetration, and health outcomes, are accompanied by a technical package to protect children from violence and adversity.¹⁰ ◆◆

⁸ Target 4.2 states: “By 2030, ensure that all girls and boys have access to quality early childhood development, care and preprimary education so that they are ready for primary education.” For more information, visit <http://www.un.org/sustainabledevelopment/education> (accessed February 8, 2016).

⁹ A more in-depth discussion of the WHO child indicator projects and MELQO is included in the forthcoming workshop summary.

¹⁰ These measurement tools are discussed in depth in the forthcoming workshop summary. Topics include objectives of the measures; examples of how tools have been culturally adapted; examples of use in policy and practice; and ethical considerations for using these tools.

DISCLAIMER: This Workshop in Brief was prepared by **Charlee Alexander** as a factual summary of what occurred at the meeting. The statements made are those of the authors or individual meeting participants and do not necessarily represent the views of all meeting participants; the planning committee; or the National Academies of Sciences, Engineering, and Medicine.

REVIEWERS: To ensure that it meets institutional standards for quality and objectivity, this Workshop in Brief was reviewed by **Arthur Ivatts**, Open Society Foundations, and **Hollie Hix-Small**, Portland State University. **Chelsea Frakes**, National Academies of Sciences, Engineering, and Medicine, served as the review coordinator.

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For additional information regarding the meeting, visit nationalacademies.edu/HMD/activities/children/investingyoungchildrenglobally.aspx.

Forum on Investing in Young Children Globally (iYCG)

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