

Mehret Mandefro, MD, MSc
Adjunct Professor of Health Policy, GWU
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to Bolster Health and Nutrition

The public health components of our foreign assistance program are the most leveraged investments we can make to advance the wellbeing of communities around the world. And we know from scientific data and practical experience that the underlying social conditions provide the foundation for realizing the physical, mental and social wellbeing of all – especially children. As we think about the importance of the first 1000 days in a child’s life, beginning in pregnancy, we know that the “launch conditions” – in my field we call these social determinants – materially impact child survival and maternal health.

Dr. Perri Klass recently wrote about poverty as a childhood disease in the *New York Times*. I could not agree more. My own work has brought me to clinics in Addis Ababa, Ethiopia and in the South Bronx. I have personally seen the effects of poverty in a child’s life and the ways in which it affects the entire family unit. The connection between the toxic levels of stress that poverty can cause and its debilitating effects in early childhood development is well studied in the scientific literature. We have seen the damaging effects that stress hormones can cause on brain development. To name just one specific example, exposure to excessive levels of cortisol can permanently change the brain architecture in a developing child. The science is unequivocal on this point. Early childhood experiences of stress have a profound effect on the long-term health outcomes of children into the adult years.

So now that we know more – we must do more.

With more than 200 million children under 5 years of age that are not achieving their full development potential,¹ we cannot afford to leave the discussion of improving the health of children to what they eat alone. We must also address the environments they are born into with clarity, courage, and accountable outcomes. These are the primary factors that ultimately determine health in their lives and their mothers.

Of course poverty is the primary target of our foreign assistance programs.. So what, you may ask, does framing poverty as a childhood disease bring to the conversation of child survival and maternal health?

First, it changes where we begin the conversation by highlighting the fact that feeding a child’s mind is as important as feeding a child’s body. Children need

¹ Grantham-McGregor SM, Cheung YB, Cueto S, Gleww P, Richter L, Strupp B. Development potential in the first 5 years for children in developing countries. *Lancet* 2007; 369:60-70.

nurturing environments to thrive that take into account their emotional and cognitive development. The psychosocial development often left off the table in discussions about global child survival. This is harder to do when poverty is the differential. Second, given we know that child survival begins with maternal health, framing poverty as a childhood disease also calls into question the conditions under which pregnant mothers live and give birth. In other words, because we pay insufficient attention to the prenatal and postpartum environment, we miss a huge opportunity to improve the lives of the very people we could help the most.

It turns out poverty is also a health hazard for adults. Early childhood experiences of stress have a profound effect on the long-term health outcomes of adults. According to one study there is a 240% increase in hepatitis, 250% increase in STDs, 260% increase in COPD, and a 460% increase in depression.² The connection between these outcomes is thought to be mediated by social, emotional and cognitive impairment as well as the adoption of harmful health-risk behaviors later in life. These harmful effects also affect pregnancy outcomes by increasing the likelihood of fetal death in pregnant women. In one study, researchers found a direct correlation – up to 80% – between the risk of fetal death and the amount of exposure to toxic stress that pregnant women experienced when they were children.

These statistics compels us to rethink our approach to child survival and women's health by recognizing that physical health begins with mental health. As the 2015 deadline approaches for the Millennium Development Goals, perhaps the most impactful improvement we can make to improve the health of women and children around the world is including mental health in our post-2015 objectives as an independent target onto itself.

² Felitti MD, Vincent J, Anda MD, Robert F et al. Relationship of child abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 1998; 14(4): 245-258.