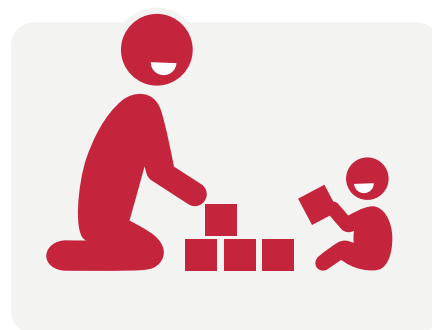


# EXECUTIVE SUMMARY

## GUIDELINE: **IMPROVING EARLY CHILDHOOD DEVELOPMENT**



## GLOSSARY OF TERMS

|                                    |                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Attachment</b>                  | An emotional bond between an infant and one or more adults. The infant will approach these individuals in times of distress, particularly during the phase of infant development when the presence of strangers induces anxiety. In addition, the infant is distressed if separated from attachment figures.                                                                      |
| <b>Depression</b>                  | An affective disorder characterized by a sense of inadequacy, feelings of despondency or hopelessness, a decrease in activity and/or reactivity, pessimism, sadness, irritability, changes in appetite and sleep patterns, and poor concentration.                                                                                                                                |
| <b>Developmental potential</b>     | Ability to think, learn, remember, relate and articulate ideas appropriate to age and level of maturity.                                                                                                                                                                                                                                                                          |
| <b>Early childhood development</b> | Refers to the physical, socioemotional, cognitive and motor development between 0 - 8 years of age.                                                                                                                                                                                                                                                                               |
| <b>Early learning</b>              | Any opportunity for the baby, toddler or child to interact with a person, place or object in their environment, recognizing that every interaction (positive or negative, or absence of an interaction) is contributing to the child's brain development and laying the foundation for later learning.                                                                            |
| <b>(Child) Maltreatment</b>        | The abuse and neglect of children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.          |
| <b>Maternal-infant bonding</b>     | A process that includes the emotional tie of a mother to her infant, occurring in the first week or year of an infant's life and that is influenced by signals and cues from the child as well as the maternal-driven processes.                                                                                                                                                  |
| <b>Nurturing care</b>              | Characterized by a caregiving environment that is sensitive to children's health and nutritional needs, responsive, emotionally supportive, and developmentally stimulating and appropriate, with opportunities for play and exploration and protection from adversities.                                                                                                         |
| <b>Play</b>                        | Defined as being for its own sake (without a specific goal), voluntary, a special activity (out of the ordinary), enjoyed by participants, governed by rules (implicit or explicit) and imaginative. It can be solitary or social, and with or without objects. Young children acquire and consolidate developmental skills through playful interactions with people and objects. |
| <b>Positive parenting</b>          | Incorporates anticipatory guidance for safety, education, development and the establishment of a caring and understanding relationship with one's child. Parenting is not limited to biological parents, but extends to guardians or caregivers providing consistent care for the child.                                                                                          |
| <b>Responsive caregiving</b>       | Incorporates anticipatory guidance for safety, education, development and the establishment of a caring and understanding relationship with one's child. Parenting is not limited to biological parents, but extends to guardians or caregivers providing consistent care for the child.                                                                                          |
| <b>Responsiveness</b>              | The capacity of the caregiver to respond contingently and appropriately to the infant's signals.                                                                                                                                                                                                                                                                                  |
| <b>Stimulation</b>                 | Sensory information received from interactions with people and environmental variability that engages a young child's attention and provides information; examples include talking, smiling, pointing, enabling and demonstrating, with or without objects.                                                                                                                       |

# BACKGROUND

Enabling young children to achieve their full developmental potential is a human right and a critical requisite for sustainable development. Evidence in the Lancet series *Advancing early childhood development: from science to scale* (Lancet, 2017) highlights the profound benefits of investing in early childhood development (ECD) for learning, productivity, health and social cohesion along the life course. The series highlighted the critical importance of the early years and coined the term ‘nurturing care’ as a central tenet of what is required to achieve optimal development, namely health, nutrition, security and safety, responsive caregiving and opportunities for early learning.

The *Nurturing Care Framework* (WHO, UNICEF & World Bank Group, 2018) was launched at the time of the World Health Assembly in 2018 to provide a roadmap for action. The *Framework* builds on state-of-the-art evidence about how child development outcomes are influenced and how they can be improved by policies and interventions. Nurturing care is characterized by a stable environment that promotes health and optimal nutrition, protects children from threats, and gives them opportunities for early learning, through affectionate interactions and relationships (Figure). It describes how a whole-of-government and a whole-of-society approach can promote nurturing care for young children and outlines guiding principles, strategic actions and ways of monitoring progress. The *Framework* focuses on the period from pregnancy to age 3 within a life-course approach and addresses all relevant sectors, but with a spotlight on the health sector.

ECD refers to the process of cognitive, physical, language, temperament, socioemotional and motor development of children that starts at the time of conception until 8 years of age. The earliest years are especially important, being the time when the brain develops rapidly; it is therefore a critical period for the fetus and child to receive nurturing care. It is also the period when the fetus and child are most sensitive to interventions (Lancet, 2017). Being at the forefront of providing nurturing care, parents and other primary caregivers need to be supported through policies, information and services in order to have knowledge, skills, time and material resources for appropriate child care.



**Figure: Components of nurturing care**

Given the critical importance of enabling children to make the best start in life, the health sector has an important role and responsibility to support nurturing care. Many interventions for reproductive, maternal, newborn and child health (including for nutrition, mental health and HIV prevention and care) have a direct impact on ECD. Moreover, the health sector has access to families and caregivers during this period and therefore has specific opportunities.

Until now, WHO has not had guidelines specifically on interventions for improving ECD. Existing WHO guidelines related to infant and child nutrition; essential newborn care; prevention and treatment of childhood illness; water, sanitation and hygiene; accident and injury prevention; and care for children with developmental difficulties and disabilities, refer to the importance of respective interventions for ECD. However, they do not address ECD-specific outcomes such as those related to responsive caregiving and early learning opportunities.

In order to provide clear and specific guidance on approaches for improving ECD, WHO developed this guideline with a particular focus on responsive caregiving, opportunities for early learning, and supporting the mental health of mothers. The guideline provides global, evidence-informed recommendations on approaches to improve ECD.

# RECOMMENDATIONS

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Enabling young children to achieve their full developmental potential is a human right and an essential requisite for sustainable development. It is primarily the family who provides the nurturing care that children need to develop in the earliest years, but many parents and other caregivers need support to put this into practice. This guideline provides direction for strengthening policies, services and programmes to better address ECD, and for countries to work towards related commitments made under the Sustainable Development Goals.

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## PURPOSE OF THE GUIDELINE

This guideline provides global, evidence-informed recommendations on improving ECD. The objective is to identify ECD-specific interventions and feasible approaches that are effective in improving developmental outcomes in children.

This new guideline focuses on the needs of both caregivers and young children because ECD is an outcome of healthy, nurturing interactions between them. It is relevant for all infants and young children and their caregivers.

The recommendations in this guideline are intended for a wide audience, including policy-makers, development agencies and implementing partners, district and sub-national health managers, health workers and nongovernmental organizations.

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## GUIDELINE DEVELOPMENT METHODOLOGY

WHO developed these recommendations using the procedures outlined in the *WHO handbook for guideline development* (WHO, 2014a). The steps in this process include: (i) identification of key questions and outcomes; (ii) retrieval of the evidence; (iii) assessment and synthesis of the evidence; (iv) formulation of recommendations, including research priorities; and planning for (v) dissemination; (vi) implementation, equity and ethical considerations; and (vii) impact evaluation and updating of the guideline. The Grading of Recommendations Assessment, Development and Evaluation (GRADE)<sup>1</sup> methodology was followed to prepare evidence profiles related to preselected topics, based on up-to-date systematic reviews.

The scoping of the guideline and the prioritization

of the outcomes were carried out by the Guideline Development Group (GDG) in September 2017. The development and finalization of the evidence-informed recommendations were conducted by the GDG, initially in a meeting held in Geneva, Switzerland, 1 – 3 May 2018, and subsequently in a virtual meeting in September 2018.

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## AVAILABLE EVIDENCE AND REVIEW PROCESS

The evidence to inform development of the guideline was obtained from two systematic reviews that were conducted following the procedures of the *WHO handbook for guideline development* (WHO, 2014a). The design of the review protocols was informed by the Lancet series *Advancing early childhood development: from science to scale* (Lancet, 2017).

A decision-making framework was used by the GDG to guide discussions and make recommendations. This included the following considerations: (i) the quality of the evidence across outcomes deemed critical to decision-making; (ii) the balance of benefits and harms; (iii) values and preferences related to the recommended intervention in different settings and for different stakeholders, including the populations at risk; (iv) the acceptability of the intervention among key stakeholders; (v) resource implications for programme managers; (vi) equity; and (vii) the feasibility of implementation of the intervention. Additional evidence was solicited for these areas where possible.

<sup>1</sup> GRADE ([www.gradeworkinggroup.org](http://www.gradeworkinggroup.org)).

## RECOMMENDATIONS

In order to improve ECD, WHO recommends:

### 1 RESPONSIVE CAREGIVING

All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care.

*Strength of recommendation: Strong*

*Quality of evidence: Moderate (for responsive care)*



### 2 PROMOTE EARLY LEARNING

All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.

*Strength of recommendation: Strong*

*Quality of evidence: Moderate (for early learning)*



### 3 INTEGRATE CAREGIVING AND NUTRITION INTERVENTIONS

Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.

*Strength of recommendation: Strong*

*Quality of evidence: Moderate*



### 4 SUPPORT MATERNAL MENTAL HEALTH

Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.

*Strength of recommendation: Strong*

*Quality of evidence: Moderate*



# RESEARCH GAPS & IMPLEMENTATION CONSIDERATIONS

## RESEARCH GAPS

The GDG highlighted several areas where there is insufficient evidence and where further research is required. These include:

1. The most effective responsive caregiving interventions that are feasible and scaleable in low- and middle-income countries.
2. The effectiveness of caregiving/parenting interventions on child outcomes by population and setting.
3. Subgroup analysis for particular population groups (e.g. child and caregiver characteristics) on the effectiveness of interventions to improve responsive caregiving and facilitate early learning opportunities.
4. Costing of interventions, and data on resources required, to provide policy-makers with information to plan programmes.
5. The reliability and validity of tools employed to assess child and caregiving outcomes, as a large variety of tools are used, and many are unstandardized.
6. Optimization of combined nutrition and caregiving strategies.
7. Clear definitions and reporting guidelines are needed for interventions categorized as responsive caregiving, early learning promotion, and support for socioemotional and behavioural development.
8. Data that report on caregivers other than mothers, and measure outcomes on other caregivers.
9. Mechanisms for facilitating effective multi-sectoral approaches to improve ECD.
10. Effective processes to achieve implementation of ECD-specific interventions at scale.
11. Successful implementation of psychosocial interventions for maternal mental health with regards to the training, supervision and compensation to health care providers, delivery within community settings, and reporting of relevant barriers or facilitators.
12. Studies on maternal mental health that report on child health and development outcomes in addition to mental health outcomes.

## IMPLEMENTATION CONSIDERATIONS

The recommendations in this guideline are in line with previous work, such as that presented in the Lancet series *Advancing early childhood development: from science to scale* (2017) and the WHO/UNICEF training materials on *Care for child development* (2012). The value of the guideline lies in the systematic and rigorous process of evidence synthesis that underpins the recommendations which, in turn, support the components of nurturing care and the *Nurturing care framework*.

As this is a global guideline, Member States are expected to adapt the recommendations according to their setting. Interventions for responsive caregiving, early learning, and maternal mental health can be integrated into routine services, such as for maternal, newborn and child health and nutrition. Antenatal care, childbirth and postnatal care, immunization, and well and sick child visits are all opportunities to counsel caregivers and support ECD.

The family primarily provides responsive caregiving and early learning activities. For many parents, these activities come naturally as part of their childrearing practices, but they can also easily break down under conditions of stress. Extreme poverty, food insecurity, violence in the community and at home, and unclear and unsafe environments are examples of stressors that hamper caregivers in their capacity to provide nurturing care. Prematurity, stunting or exposure to HIV are other factors that can pose challenges to children's development.

By enhancing counselling to address responsive caregiving, opportunities for early learning, and maternal mental health in routine health and nutrition services, and by adding targeted mechanisms to reach those families and young children at risk and in need of extra support, countries can take important steps towards creating the enabling environments that caregivers and young children need.

The recommendations in the guideline are of universal relevance. They apply equally to children with developmental difficulties or disabilities and their caregivers and should be fully integrated into all services that they may need. They are also important for caregivers and young children who are deprived of a stable, secure home environment, such as those who are living in humanitarian contexts.



Engaging with multiple stakeholders and partners will be critical for strengthening systems to implement the recommendations. While the health sector has an important role to play, other sectors are equally relevant, such as education, food security, environment, child protection and social welfare. Community participation and local ownership of activities are also essential. This requires advocacy and awareness including among political leaders.

Scaling-up of policies and interventions that support the recommendations will require the endorsement of both local administrators and government policy-makers; effective leadership; and training of health workers and other providers. Implementation research and adaption of evidence-based tools and approaches is recommended to develop affordable and sustainable solutions that respond to local contexts and can be scaled up with quality. The *Nurturing care framework* provides a roadmap for multi-sectoral, multilevel action, recommending whole-of-government and whole-of-society approaches.

### **RESPONSIVE CAREGIVING**

refers to the ability of the caregiver to notice, understand, and respond to the child's signals in a timely and appropriate manner. It is a foundation for children's good health, nutrition, early learning, safety and security.

### **EARLY LEARNING**

happens when children use their five senses, move their bodies, hear and use language, experience different places, interact with people, and explore different objects. Opportunities for early learning present themselves in daily life.

### **NURTURING CARE**

refers to a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive, and developmentally stimulating.

## **REFERENCES:**

📄 *Guideline: Improving early childhood development*

([www.who.int/maternal\\_child\\_adolescent/child/guidelines\\_improving\\_early\\_childhood\\_development/en](http://www.who.int/maternal_child_adolescent/child/guidelines_improving_early_childhood_development/en)).

📄 *Frequently Asked Questions: WHO Guideline on Improving Early Childhood Development* ([URL TBC]).

📄 *Lancet. Advancing early childhood development: from science to scale. Lancet. 2017; 389:10064.*

([www.thelancet.com/series/ECD2016](http://www.thelancet.com/series/ECD2016)).

📄 *WHO, UNICEF, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018.*

([www.who.int/maternal\\_child\\_adolescent/child/nurturing-care-framework/en](http://www.who.int/maternal_child_adolescent/child/nurturing-care-framework/en)).

# OTHER WHO GUIDELINES & TOOLS THAT SUPPORT ECD

## **a. Infant and young child feeding**

Guideline: counselling of women to improve breastfeeding practices  
[www.who.int/nutrition/publications/guidelines/counselling-women-improve-bf-practices/en](http://www.who.int/nutrition/publications/guidelines/counselling-women-improve-bf-practices/en)

Optimal feeding of low-birth-weight infants in low- and middle-income countries  
[www.who.int/maternal\\_child\\_adolescent/documents/infant\\_feeding\\_low\\_bw/en](http://www.who.int/maternal_child_adolescent/documents/infant_feeding_low_bw/en)

Management of children with severe acute malnutrition  
[http://apps.who.int/iris/bitstream/10665/95584/1/9789241506328\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/95584/1/9789241506328_eng.pdf?ua=1)

## **b. Responsive caregiving and opportunities for early learning**

Care for Child Development  
[www.who.int/maternal\\_child\\_adolescent/documents/care\\_child\\_development/en](http://www.who.int/maternal_child_adolescent/documents/care_child_development/en)

Caring for the child's healthy growth and development

[www.who.int/maternal\\_child\\_adolescent/documents/child-healthy-growth-development/en](http://www.who.int/maternal_child_adolescent/documents/child-healthy-growth-development/en)

Early childhood development and disability  
[http://apps.who.int/iris/bitstream/10665/75355/1/9789241504065\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/75355/1/9789241504065_eng.pdf)

## **c. Antenatal, childbirth and postnatal care**

Recommendations on antenatal care for a positive pregnancy experience  
<http://apps.who.int/iris/bitstream/10665/250796/1/9789241549912-eng.pdf?ua=1>

Interventions to improve preterm birth outcomes  
[http://apps.who.int/iris/bitstream/10665/204270/1/WHO\\_RHR\\_15.22\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/204270/1/WHO_RHR_15.22_eng.pdf?ua=1)

Postnatal care of the mother and newborn  
[http://apps.who.int/iris/bitstream/10665/97603/1/9789241506649\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/97603/1/9789241506649_eng.pdf)

## **d. Violence and injury prevention and support for children with disability**

INSPIRE: seven strategies for ending violence against children  
<http://apps.who.int/iris/bitstream/10665/207717/1/9789241565356-eng.pdf>

Parenting for lifelong health  
[www.who.int/violence\\_injury\\_prevention/violence/child/PLH-manuals/en/index1.html](http://www.who.int/violence_injury_prevention/violence/child/PLH-manuals/en/index1.html)

## **e. Mental health**

The mhGAP Intervention guide for mental, neurological and substance use disorders in non-specialist health settings  
[www.who.int/mental\\_health/mhgap/mhGAP\\_intervention\\_guide\\_02/en](http://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en)

Effective strategies for detecting maltreatment of children and youth within the context of mental health and developmental assessment  
[www.who.int/mental\\_health/mhgap/evidence/resource/child\\_q15.pdf?ua=1](http://www.who.int/mental_health/mhgap/evidence/resource/child_q15.pdf?ua=1)

Thinking healthy - a manual for psychological management of perinatal depression  
[www.who.int/mental\\_health/maternal-child/thinking\\_healthy/en](http://www.who.int/mental_health/maternal-child/thinking_healthy/en)

## **f. Environmental health**

Inheriting a sustainable world? Atlas on children's health and the environment  
[www.who.int/ceh/publications/inheriting-a-sustainable-world/en](http://www.who.int/ceh/publications/inheriting-a-sustainable-world/en)

The impact of the environment on children's health  
[www.who.int/ceh/publications/don-t-pollute-my-future/en](http://www.who.int/ceh/publications/don-t-pollute-my-future/en)

Air pollution and child health: prescribing clean air  
[www.who.int/ceh/publications/air-pollution-child-health/en](http://www.who.int/ceh/publications/air-pollution-child-health/en)

## **g. Neonatal care and the prevention and treatment of severe morbidity in young children**

Survive and thrive: transforming care for every small and sick newborn. Key findings.  
<https://apps.who.int/iris/bitstream/handle/10665/276655/WHO-FWC-MCA-18.11-eng.pdf?ua=1>

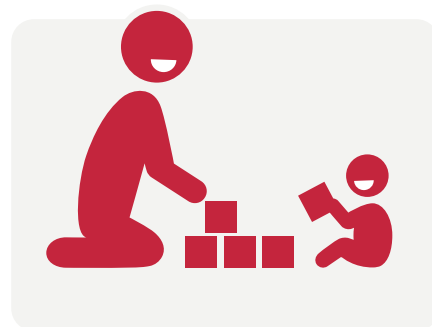
WHO recommendations on home-based records for maternal, newborn and child health  
[www.who.int/maternal\\_child\\_adolescent/documents/home-based-records-guidelines/en](http://www.who.int/maternal_child_adolescent/documents/home-based-records-guidelines/en)

Standards for improving the quality of care for children and adolescents in health facilities  
<https://apps.who.int/iris/bitstream/handle/10665/272346/9789241565554-eng.pdf?ua=1>

## **h. Diet, physical activity and health**

Guidance on physical activity, sedentary and sleep time in young children  
<https://apps.who.int/iris/handle/10665/311664>

Report of the Commission on Ending Childhood Obesity: implementation plan: executive summary  
<https://apps.who.int/iris/bitstream/handle/10665/259349/WHO-NMH-PND-ECHO-17.1-eng.pdf?sequence=1>



[ Design note: references TBC ]