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Reframing Nutrition Policy for Children Under Five in Thailand: Beyond the First 1,000 Days to 2,500 Days

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Abstract

Malnutrition continues to threaten child health globally, with Thailand mirroring this trend: in 2022, 12.4% of children under five were stunted, 7.2% wasted, and 10.9% obese. While the country's First 1,000 Days initiative—targeting pregnancy to age two—yielded early success in reducing undernutrition, emerging gaps among 3–5-year-olds prompted a policy shift toward a broader 2,500-day framework. This approach, launched in 2022, extends care from preconception through age five and integrates multisectoral action involving five key ministries. Anchored in the “Power of Three Pillars”—policy, partnerships, and resources—the initiative strengthens local governance, enhances service delivery, and fosters family and community engagement through sub-district Child and Family Development Teams and Village Health Volunteers. Key interventions include micronutrient supplementation, exclusive breastfeeding promotion, nutrition education, and digital support tools. By 2024, the initiative had reached all 76 provinces, improving stunting, wasting, and obesity rates to 10.2%, 5.5%, and 8.3%, respectively. Thailand's experience demonstrates the importance of continuity of care, multisectoral collaboration, and community empowerment in addressing early childhood malnutrition. The 2,500-day model offers a promising framework for countries aiming to meet global nutrition targets and achieve long-term health outcomes by embedding child nutrition within holistic, life-course development strategies.

Keywords: Early childhood malnutrition and development, exclusive breastfeeding, multisectoral collaboration, micronutrient supplementation, community empowerment.

Introduction

Malnutrition remains a global public health threat that significantly impacts well-being throughout life, particularly during early childhood. In 2022, approximately 149 million children under five years of age suffered from stunting, 45 million from wasting, and 37 million were overweight or living with obesity worldwide [1].

The global burden is mirrored in Thailand—one in ten children under five is affected by malnutrition. According to the latest Multiple Indicator Cluster Survey (MICS) conducted in 2022, 12.4% of Thai children aged 0–5 years were stunted, 7.2% experienced wasting,

and 10.9% were obese—up from 9.2% in 2019 [2]. This rise in obesity cases is attributed to the increased consumption of high-sugar and high-fat foods and beverages. Malnutrition can impair physical and cognitive development if left unaddressed, with stunted children averaging 13 fewer IQ points than their well-nourished peers [3]. It also increases the risk of noncommunicable diseases—such as diabetes, hypertension, and cardiovascular conditions later in life—or premature death [4].

Addressing malnutrition is therefore central to Thailand's commitment to Sustainable Development Goals (SDGs) 2 (Zero Hunger) and 3 (Good Health and Well-being) [5]. The Ministry of Public

Health (MoPH) prioritized nutrition in its 20-Year National Strategic Plan (2017–2036). The Department of Health (DOH) launched the National Nutrition Action Plan (2023–2027) to improve nutritional status across all age groups, with particular focus on women of reproductive age, pregnant and lactating women, and young children.

Result

The first 1,000 days of life initiative

Launched in 2018, Thailand's first 1,000-day program targeted pregnant women, lactating mothers, and children up to two years of age, covering five domains: maternal and child nutrition, physical activity, sleep, sanitation, and oral health.

The 1,000-day period is segmented as follows [6]:

- 270 days of pregnancy
- Exclusive breastfeeding for 180 days (0–6 months)
- 550 days of complementary feeding (6–24 months)

The key strategies were:

- **Comprehensiveness:** mobilizing village health volunteers (VHVs) and community networks.
- **Quality:** strengthening antenatal care, growth monitoring, micronutrient supplementation, and oral health.
- **Coverage:** extending services to disadvantaged populations.
- **Community ownership:** empowering families to sustain healthy practices.

This initiative achieved reductions in malnutrition among children under two between 2019 and 2022: stunting, wasting, and obesity decreased from 16.3% to 12.3%, 6.7% to 5.6%, and 11.5% to 9.1%, respectively, as reported by the Health Data Center (HDC) of the MoPH.

A policy shift: from first 1,000 to 2,500 days

Despite progress, persistent gaps remained in children aged 3–5 years [7]:

- The prevalence of malnutrition was higher among preschoolers.
- Continuity of care declined after the age of two.
- Limited engagement of local administrative organizations (LAOs) and a shortage of nutritionists constrained delivery.

Recognizing the critical role of multisectoral collaboration in improving nutrition [8], the DOH launched a collaborative initiative in 2022 with five Ministries—Interior; Social Development and Human Security; Education; Labor; and Digital Economy and Society—to expand the program to cover 2,500 days (conception to age five). Each ministry was assigned specific roles: ensuring safe pregnancies, workplace breastfeeding spaces, child support grants (600 Thai Baht per month for children 0–6 years), nutritious meals in all early childhood development centers (ECDCs), and oral health promotion, particularly preventing dental caries. This integrated, cross-sectoral approach aligned with SDGs 2 and 3, and the Global Nutrition Targets (GNTs).

Concurrently, the initiative entered its second phase, guided by the *Power of Three Pillars*—a community-based, sub-district intervention framework built upon three foundational components: policy, partnerships, and resources, and comprising four key elements [9].

- *Integrated governance:* LAOs are empowered to allocate budgets and resources
- *Enhanced health and social services:* Strengthening service delivery to ensure access to

health entitlements, facilitated by VHVs.

- *Quality ECDCs*: Ensuring health, nutrition, and learning readiness.
- *Community and family engagement*: Establishing local “Child and Family Development Teams (CFDTs)” at the sub-district level

Key interventions and success factors

Several innovations strengthened the 2,500-day initiative:

- *Policy support*: multisectoral collaboration and inclusion of marginalized groups, including ethnic minorities, guided by the core principle of “leaving no one behind.”
- *Budgetary innovation*: decentralization of government funds, with annual allocation to local government authorities integrated into local action plans to ensure long-term financial sustainability. LAO health security funds, civil society contributions, and community fundraising (e.g., charity runs, religious events) supplement these funds.
- *Essential nutrient access*: exclusive breastfeeding promotion; “90 Days of Milk and Eggs” packages for pregnant women and undernourished children; iodized salt use; iron, iodine, and folic acid for mothers; and iron syrup for young children.
- *Standardized monitoring tools*: provision of digital scales and stadiometers to sub-district health facilities and ECDCs.
- *Capacity building*: CFDTs are trained to provide education and detect early malnutrition.

- *Digital communication*: The LINE app “9 Steps for Child Growth” offers real-time parental support.

Weaknesses and challenges

Despite successes, two main challenges persist:

Workforce shortages: the number of trained nutritionists remains inadequate to cover all sub-districts.

Cultural barriers: food taboos in ethnic minority areas (for example, prohibiting eggs for pregnant women) hinder the adoption of optimal practices.

These weaknesses and challenges are addressed through culturally sensitive counseling by VHVs and CFDTs.

A comparative perspective within the ASEAN

All ASEAN countries follow WHO and UNICEF guidelines on the first 1,000 days, but Thailand is the first to systematically expand this framework to 2,500 days. Comparable and commendable community-based models exist in the region—Indonesia’s Posyandu (integrated health posts with life cycle approach) [10], the Philippines Barangay Health Stations [11], and Vietnam’s Village Health Worker Program [12]. However, these remain primarily focused on the 1,000-day period. Therefore, Thailand’s extended model represents an innovative proof of concept for broadening the scope of early-life nutrition policy.

Outcomes and impact

By 2024, the initiative had scaled nationwide, covering 76 provinces, 878 districts, 7,255 sub-districts, and 75,142 villages. A total of 2,727 sub-districts were recognized for implementation excellence.

Data from the HDC showed notable improvements in child nutrition: stunting, wasting, and obesity declined to 11.8%, 6.3%, and 8.2%, respectively, among children under five—all improvements compared with 2022 MICS levels. Among children aged 3–5 years, stunting decreased from 17.1% (2022) to 10.2% (2024), wasting from 7.2% to 5.5%, and obesity from 9.1% to 8.3%.

These results demonstrate that expanding beyond 1,000 days to a comprehensive 2,500-day framework can substantially improve nutrition and health outcomes.

Conclusion

Malnutrition in children under five remains a challenge, but Thailand's policy evolution offers important lessons. A shift from a narrow 1,000-day approach to a multisectoral, community-centered 2,500-day strategy has reduced stunting, wasting, and obesity while strengthening continuity of care up to school age.

Key enabling factors include the following:

- Strong local governance and decentralization.
- Sustained investment in services and human resources.
- Flexible funding mechanisms
- Multisectoral partnerships and community engagement.

Thailand's experience in extending the focus of early childhood nutrition beyond the first 1,000 days demonstrates both feasibility and meaningful impact. This model could inform regional and global strategies to achieve SDGs and GNTs, and ensure healthier life trajectories for children.

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