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The Structural Determinants of Child Well-being

An Expert Consultation
Hosted by the UNICEF Office of Research
22-23 June 2012

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THE UNICEF OFFICE OF RESEARCH

In 1988 the United Nations Children's Fund (UNICEF) established a research centre to support its advocacy for children worldwide and to identify and research current and future areas of UNICEF's work. The prime objectives of the Office of Research are to improve international understanding of issues relating to children's rights and to help facilitate full implementation of the Convention on the Rights of the Child in developing, middle-income and industrialized countries.

The Office aims to set out a comprehensive framework for research and knowledge within the organization in support of its global programmes and policies. Through strengthening research partnerships with leading academic institutions and development networks in both the North and South, the Office seeks to leverage additional resources and influence in support of efforts towards policy reform in favour of children.

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Executive Summary

This paper describes the outcomes of an expert consultation on "The Structural Determinants of Child Well-being" hosted by the UNICEF Office of Research. The two-day meeting brought together twelve participants to discuss the underlying causes of child well-being and develop an initial framework to consider the impact of structural factors on children's lives and the inequalities that too often shape (and limit) their futures.

Seven major conclusions emerged from the debate.

There is a large and still to be exploited potential for structural interventions to improve the lives of children in low and middle-income countries. Some sectors, notably health, have moved ahead in defining a structural determinants approach to programming and have a growing evidence base to draw upon. Other sectors have begun to follow but still have to make their case with the policy community. Until now, there has been very little work that brings together insights from analysing structural determinants of child well-being across all its dimensions in a consistent and rigorous way.

Definitions of terms relating to structural and social determinants, and what we understand by social norms vary, and are sometimes at odds with each other or confusing. An agreement on key principles and concepts is an important basis for defining structural interventions that can make a difference at national and local levels.

An integrated view of child well-being requires inter-sectoral and comprehensive approaches which both recognize the interplay of structural factors that influences children's lives and seek to build synergies across programme areas. A pathway analysis can be helpful, together with the recognition of the vital importance of the early years, and other key periods of emotional and cognitive development such as adolescence. Such a 'life-course' approach offers the possibility to better understand the interaction of determinants at different stages of a child's life and intergenerational drivers of inequity, gender inequality and disadvantage. A life-course approach has a strong evidence base primarily in OECD countries, and is still to be extended to low- and middle-income countries.

Structural determinants are by their nature complex. That complexity does not imply that appropriate interventions cannot be launched, rather that new ways of planning and organizing inter-sectoral approaches are required especially in settings where administrative capacities are still weak. A number of such innovations are beginning to show promise and need both support and expansion. New thinking related to 'Governance' as a domain of analysis and policy action for children provides directions of fresh research. Applied to systemic issues such as de-centralisation or social exclusion, such approaches point back to the insights developed from human rights thinking, including the obligations of the state to put in place and monitor the effectiveness of institutions and structures that address underlying causes of inequity and ensure that excluded groups, including all children, girls and boys, have a voice and are heard both in policy making and in resource allocation.

A number of tools to strengthen analysis and action under a structural determinants approach are available but need to be expanded and tested in different settings.

Finally, measurement challenges also need to be overcome to build a strong data base for action.

A framework to support structural interventions for child well-being and a set of principles to guide their application and further exploration was outlined. This represents a first attempt to organize a structural determinants approach for children as a step towards integrating relevant actions into UNICEF programming at the country level.

1 The Rationale for a Structural Determinants Approach

In response to persistent inequities, there is a global imperative to address the underlying causes of child well-being. While remarkable achievements have been made in the last decades in progress in health and survival of children, progress is still lagging in other key dimensions of child well-being, a number of which are now recognized as needing fresh attention in both poor and rich countries.

Implicit in this assessment is the recognition that existing approaches to expand access to services – often focusing on technology driven solutions – are not achieving their full potential to reach all children, with disadvantaged groups often left behind. Tackling inequity has been defined as a core mandate for UNICEF's work and identifying the points of intervention to maximize impact on inequities among children is a growing focus of its work. Gaps in child well-being outcomes between the better and worse off exist both between and within countries despite widespread social consensus that such gaps are unjust and harmful for global economic development and prosperity.

The challenge is to extend the existing development model beyond programmes targeted at specific problems and instead take account of and address the structural determinants underpinning sustainable and comprehensive improvements to child well-being. This involves a shift in focus from interventions that are directed to change at the individual child or family level to more comprehensive programmes where social and structural components are seen as critical and where the 'enabling environment' becomes an explicit target for policy action and advocacy.

Structural approaches aim to modify social conditions and arrangements by addressing the key drivers of children's vulnerability. They also include actions that focus on the factors that limit a family's or individual child's ability to benefit from existing services, for example by targeting these groups specifically or modifying the services to ensure that these groups are able and willing to use them. These approaches often seek to address constraints on a community's or vulnerable group's ability to act on their own behalf in decision-making processes. For example, legal action against discrimination provides support and space for disadvantaged groups to organize and claim rights.

While advances have been made in the application of a structural determinant approach to understanding outcomes for children, they are largely found in the health sector. In the early 1980s, Mosley and Chen (1984) developed a conceptual framework for child health and survival with proximate and underlying factors. More recently, Victora et al. (2011) have reviewed inequities in health and nutrition in low and middle income countries. The priority public health conditions model which uses a determinants approach has also been applied to child health and nutrition and looks at socioeconomic context and position, differential exposure, differential vulnerability, differential outcomes and differential consequences to understand health inequities. Beyond health, work in HIV, child protection and early childhood development has also contributed to available knowledge and generated broader insights. However, while we now know a growing amount about determinants of child well-being outcomes in specific dimensions, we have relatively little understanding about their interactions.

Furthermore, there is a growing acceptance of the need to incorporate a structural approach into programme design, but there is very little in the way of systematic approaches, or guidance on how this can be done in ways that are evidence-based and can be translated into practical programme and policy action. The UNICEF Office of Research, along with key partners and collaborators internally and globally, seeks to contribute to knowledge on structural determinants and the implications for programming.

ABOUT THE CONSULTATION

A first event examining the structural determinants of child well-being and how gaps in equity outcomes for children can be best addressed using a structural determinants framework was hosted in Florence by the UNICEF Office of Research. Twelve experts from diverse disciplines related to child well-being were invited to engage in two days of discussion that aimed to achieve three important goals:

i. An agreement on core principles and directions towards developing a framework to assess structural determinants of child well-being in different contexts

ii. Identification of challenges and opportunities for a determinants approach with a preliminary assessment of data needs and measurement issues that underlie such an approach

iii. Identification of promising directions and major strategies to modify these determinants.

From the outset, it was emphasised that the overall purpose of the exercise is to identify ways to influence key determinants through policy action, either in the short run or over a longer term that may be necessary for example to shape or influence social norms.

One of the special features of this meeting was an attempt to integrate elements across areas such as poverty, gender, governance and human rights to see how such interactions work out in practice for a given child in a community. The test of 'value added' however remains. Does it make sense to policy makers? Does it have a logic that can persuade? Is there evidence to support the analysis? These 'so what?' questions highlight the importance of winning sustained support for often politically challenging policy action that such analysis of broader structural determinants may call for.

Four round tables were designed around grouped areas of specialisation. The first day began with an examination of concepts used in analysing structural determinants in different areas of child well-being, followed by an in-depth discussion on poverty, political economy and urban dimensions of child well-being. In the afternoon, structural approaches and determinants in health, gender and HIV were discussed. The morning of the second day was devoted to governance, accountability and issues that arise from human rights perspectives. An afternoon wrap-up session sought to bring the discussions together and provide a first cut on how determinants analyses could be more explicitly integrated into programme and policy work and set out an action plan on which to move forward. The event was organised as a dialogue among experts. Contributors were encouraged to 'think big,' in a forward-looking and imaginative way, and share lessons and evidence from their respective knowledge bases.

2 Seven Key Outcomes

Two days of rich discussions are synthesized thematically into seven key outcomes.

1 There is a major untapped potential for improving child well-being through structural approaches

There is increasing evidence that structural approaches can significantly influence outcomes for children. The health sector has been the most successful in demonstrating the impact of structural determinants on child health and equity in health outcomes. Socio-economic differentials in child survival and nutrition are well documented. Poverty and environmental conditions such as poor water, sanitation and hygiene, as well as crowding and indoor pollution are strongly associated with increased incidence of major childhood diseases and under-nutrition. Poorly aligned economic growth and distribution are also key risk factors for HIV in high prevalence settings. In parts of sub-Saharan Africa, unequal levels of economic, educational, socio-cultural and legal support for adolescent girls have been identified as root causes of their gender-related vulnerability to HIV. Health and HIV-related programming for children have long recognized the importance of addressing these structural determinants.

Increasing (though still insufficient) attention is being paid to broad measures to improve public health, the environment and food security, provide social protection and economic safety nets and otherwise ensure access for the disadvantaged to health and social services. Similar efforts are ongoing in other sectors. Structural interventions are not always well documented, however, and their mechanisms of action are not always clear and require actions from outside the sector in which the intervention is delivered. For example, to improve girls' entry and retention in secondary school, it may be necessary to address a number of reasons that prevent girls being sent to secondary school, including the low value placed on girl's education, but also the value of girl's labour in the household and the opportunity cost represented by schooling. These factors are linked in subtle ways. While it is possible to influence that opportunity cost directly through a cash transfer or an incentive of some kind without changing norms about girl's education, in doing so over time it may be possible to shift gender norms more broadly. Similarly, the well-being of children of migrant workers in China has recently been influenced both through improvements in wage employment together with modifications to controls on population movement and health insurance coverage levels.

2 Achieving a common language, definitions and concepts is a critical first step

With policy experts from different development fields, modellers, academics and practitioners around the table, defining a common language and creating a space for communication with shared definitions, terminologies and concepts became an objective in itself.

There was broad agreement on what represent the main components of a determinants approach when applied to children and child well-being (see diagrammatic representation on page 9 of this report).

- 'Pre-determinants' were identified as the deeper set of factors such as historical or cultural contexts which themselves influence social and structural conditions that are defined as 'determinants'. With respect to children's well-being, the economic, political and social systems – in many ways the historical bases for inequity – are all important. Among the pre-determinants is religion, or belief systems that are deeply historical and embedded, but which are often eluded. While these factors were not easily amenable to intervention, awareness of their critical role in shaping child well-being is important.
- Structural (or macro) determinants operate at the level of systems, institutions or processes. Such determinants ultimately influence outcomes through proximate (or micro) determinants which encompass actions by individuals, families and communities. In principle, interventions can be geared towards influencing structural determinants. Interventions often need however to be geared at both levels. The links may not be linear, and 'iterative feedback cycles' may be a more desirable way to describe their interaction. Structural determinants, proximate determinants and outcomes are interconnected and operate in sometimes complex ways. A clear understanding of pathways and causal chains is essential to assess their effects.
- Social norms are rooted in a particular society's customs, traditions and value systems. Social norms are often backed by social sanctions, and resistance to these norms can lead to exclusion and social marginalization. Social norms can be particularly significant during key transition periods in a child's life.
- A 'life-course' approach provides a dynamic lens through which structural determinants can be viewed, analysed and employed. There is growing empirical evidence on the high returns of early intervention to improve future outcomes. Biomedical and genetic knowledge continues to emerge in support of child-centred interventions from early childhood, through pivotal points in adolescence, when patterns are set for later life. The plasticity of the brain is being shown to extend beyond the limits of earlier understanding and scientific knowledge. There is a growing need to re-conceptualise these periods of particularly rapid brain development and emotional growth and help re-calibrate the way interventions for these age groups are planned and organised. More understanding is required on how to optimise programming across the life course of children in a way that consolidates the impact of previous interventions across a child's life into adulthood, and builds on strong interactions across different levels (individual, family, community and nation). A life-course perspective presents a way to look at intergenerational transmission of key structural determinants of child well-being such as poverty and inequity. Much more work is needed to identify these pathways and appropriate interventions to break vicious cycles across the life course.
- Other concepts are emerging that extend the analysis of child well-being, but require consistent terminology and measurement. For example, subjective well-being has shown itself to be a powerful dimension of overall child well-being, however it is not often measured.* Subjective well-being is positively associated with housing, environment and material situations of children in OECD countries. Within OECD countries, subjective well-being among children has improved since the mid 1990s with most of the improvements taking place among girls indicating a closing of the gender gap. Similar analysis is beginning to be applied in middle and low income countries underlining the importance of appropriately adapted concepts and indicators.

3 Context matters

How structural determinants operate is a function of the specific social, cultural, political and economic environment. In a broad sense this encompasses both global realities and national and local conditions. In earlier days, developing countries were relatively insulated against global shocks. This has become less and less the case during the last decade.

* Subjective well-being has been defined as concerned with 'emotional and psychological domains of life' and reveals what children say they feel about various aspects of their lives (Bradshaw, 2011).

Inequality is rising in many parts of the world as an unfortunate by-product of a combination of sharp inequalities in developed countries and globalization. Changes in the global financial environment have significant impacts for how inequity is manifested in countries and also constrains how core development challenges can be addressed. Insecurity is rising from environmental causes too, with increasingly common natural disasters curtailing growth. At the same time, options are opening up for developing countries. Higher commodity prices, discovery of resources, and new aid from China and India means that countries are no longer tied to international financing institutions – generating more opportunities and thereby more policy space. While overall trends are strongly influenced by recent patterns of inequality in countries such as China and India, a number of Latin American countries stand out as an exception through their purposive inequality-reducing economic policies (Cornia, 2012).

The most important dimension of context, however, is at national and subnational level. This implies that any 'framework' can only be indicative of the likely pathways of a given set of determinants on child well-being. Analysis will always need to be carried out at the local level, prior to identifying effective interventions. For example, health insecurities are always an issue for the disadvantaged and catastrophic health expenditures commonly push whole families into poverty. Chronic and rising unemployment forms the day to day background to family and individual decision making. Security is a major issue in some countries, in cases of violence but also other aspects of life issues. These become the context against which policies need to be devised.

The appropriate balance needs to be found – between approaches targeting the more proximate factors and intermediate conditions that are easier to influence, and those that address more fundamental issues. It may not be possible to have an impact on disparities in child well-being without tackling the deep seated problems such as inequitable power relations and resource allocation. Yet these are often overlooked in a traditional programming framework.

4 An integrated view of child well-being requires inter-sectoral and comprehensive approaches

Achieving integrated child well-being interventions has been a particular challenge in developing country contexts where sectoral ministries operate in separate spheres and incentives for integrated approaches are not strong. In Ghana, for example, a large investment in education in the deprived north without concomitant investments in the economy has resulted in many seeking jobs elsewhere, creating gross income inequities and depriving the north of much needed labour capital. Addressing malnutrition is seen as requiring a stronger inter-sectoral approach than that which many countries, even those where malnutrition is a serious problem, have been using in recent years. Understanding how approaches can integrate multiple policy instruments to support the whole child in such settings becomes particularly important.

Countries such as South Africa are seeing the benefits of integrating social protection into a broader inter-sectoral development planning with resulting impact on schooling and health. This explicitly includes excluded groups, recognises that individual policy instruments have many outcomes, and is backed by rigorous evaluation and costing. Comprehensive social policies are recognised as critical for the successful reduction of child poverty and exclusion and the achievement of equity outcomes. In a broader sense, a society's ability to innovate for the well-being of children and the capacity of its institutions to deliver a coordinated set of services for disadvantaged groups becomes a central factor of a structural approach and focus of analytical attention.

Systems and structures for improved governance are needed to address child well-being. A verticalized implementation structure in countries may mean accountabilities are unclear. While there are examples in the developed world where children's issues are well integrated across traditional ministerial structures and different administrative levels, the model for

integrating cross-cutting issues in low and middle-income countries is not well developed. Notions of power further complicate political issues such as agenda setting, policy directives and issues. There are three well-discussed types of accountabilities: financial (dealing with allocation and resourcing to support decisions); performance (outputs and outcomes that can include indexing and ranking of performance); and political (including policy making, political processes and legislation). Additionally, a fourth type, social accountability, involves demonstrating the social impact of policies and interventions of actions for the most marginalised. Media and NGOs have a role to play in ensuring such accountability. Concepts of local self-governance and decentralised governance mechanisms with incentives for greater accountability need further exploring.

Often the public and private sector are seen as adversaries and not partners. Yet public and private action are both needed to further child well-being outcomes. The public sector can leverage private action, through contracting and stimulating service delivery in the private sector, particularly in health, education, water and sanitation. The private sector can also influence government to create change. Mechanisms to leverage the private sector and enhance their contribution to social goals need to be further explored. This may include common goal setting and a better understanding of social markets. The role of efforts to improve public sector efficiencies such as efforts to fight corruption and devolution need further study as the impact of these on children remains largely unexplored.

5 The imperative to reduce inequities for children can help sharpen the focus

A focus on alleviating inequity can serve as a useful approach to sharpen analytical and programme actions and help narrow in on structural determinants (and the interventions that impact them). Children's lives are influenced by many factors that are constantly changing, including interaction with their family and wider socio-cultural environment. Analyzing the differences in outcomes between groups of children sharpens the focus to those factors that have the greatest leverage on such differences, and the 'opportunities' that may exist to move wider change in the short or medium run (with a 'focusing event' opening a window of opportunity). A longer term perspective is however vital for framing those choices and deciding pathways of action.

A rights-based approach informs any sound analytical child well-being framework. Child rights and child well-being are sometimes placed in opposition, when they are best seen as two sides of the same coin. Human rights approaches are complementary to the design of structural interventions. Because human rights strive to empower the disadvantaged, the focus shifts towards entitlements which in turn give rise to obligations on the part of the State. A focus on rights assists in improving accountability, as responsibilities are defined in terms of the obligations of *'duty-bearers'* and those who are entitled to make claims – including children and adolescents – as subjects of rights and *'rights holders'*. Interventions that are designed from a human rights perspective are more likely to address fundamental causes rather than avoid the trap of overly dwelling on just one bottleneck, and be sustainable. The human rights emphasis on legal action and on mechanisms of oversight is a potentially critical support to structural actions against inequity. It also explicitly recognizes that the impact of interventions is far from gender neutral, and that strategies should be designed which recognize the multiple forms of gender discrimination that women and children experience and avoid reinforcing prevalent stereotypes.

The perception of the child as a subject of rights may also have an impact on norms both around childhood and specific practices that harm or enhance the lives of children. In doing this it will be important to document how the Convention on the Rights of the Child has contributed to real shifts in favour of the most marginalized children.

Deficiencies may exist in upstream policy reforms for children where, for example, changes in budgeting have not sufficiently benefited the most marginalized groups. Participation through collective action can create macro-level changes in equity.

6 Some analytical tools exist but better ones are needed

Within each of the broader determinants, it is important to bring to bear the most relevant analytical tools that can help policy makers get a better understanding of the impact of determinants on child well-being, the pathways and causal chains linking them, and the interventions that can tackle them.

Analytical methods for situation analysis, including determination of causal pathways need to be strengthened. It is rarely possible to address all determinants at once and particularly for complex determinants, such as income inequality, multidimensional analysis is required. For instance the vertical dimensions of inequality (income poverty, access to quality services) require collective action, while with horizontal inequities (inequality of opportunities over which individuals have no control, such as discrimination on the grounds of gender or ethnicity), political inclusion is key, and long term movements of political contestation become important. Gender needs to be examined through a lens of 'resources' and 'agency' of women and girls (and equally so for men and boys). The need for such tools is particularly strong at the 'meso' level (educational systems, access to employment) where equity and empowerment often overlap.

Tools to support equity analysis critical for children's lives do exist but they are often stand-alone and not conceptualised in a mutually consistent way. Developing a set of locally adapted tools of analysis that can provide a more integrated and calibrated equity analysis for children is an important and challenging goal for most countries.

7 Data and measurement are critical gaps in understanding structural approaches for children

Measurement issues are key to the practical application of structural interventions. The quality and comprehensiveness, access to and transparency of data at the local level are going to be decisive for efforts to understand barriers to equity for disadvantaged populations and design structural interventions. This also includes information on population dynamics and the importance of demographic trends and their impact on children, especially with respect to the impact of demographic change on family structure and attitudes to the girl-child in transition societies or the impact of shifts in policy attention and resources towards an ageing population.

Determining exogeneity or endogeneity of individual determinants requires data that may not be available in all countries. Proxies will be needed. For unpacking the determinants of equity among children, variance analysis needs to be conducted more systematically, to understand differences. Persuasive results can be obtained through a range of methods beyond randomized controlled trials, including qualitative analysis. Work on measurement of determinants of child well-being and data emerges high on priority for further research.

THE SEVEN KEY OUTCOMES

1. There is a major untapped potential for improving child wellbeing through structural approaches.
2. Achieving a common language, definitions and concepts is a critical first step.
3. Context matters.
4. An integrated view of child wellbeing requires inter-sectoral and comprehensive approaches.
5. The imperative to reduce inequities for children can help sharpen the focus.
6. Some analytical tools exist but better ones are needed.
7. Data and measurement are critical gaps in understanding structural approaches for children.

3 Towards a Multisectoral Framework

Developing a framework for analysing and prioritising actions on equity in child well-being is an ambitious task. In the two days of the meeting, the goals for such a framework were discussed, and from these a set of basic principles was developed. These were considered necessary but not exhaustive principles to help shape conceptual thinking about structural determinants for child well-being.

Principles for a Framework

- Child centred
- Incorporates global and macro-processes
- Appreciates multi-directionality, multi-dimensionality and multi-sectorality
- Does not lose sight of complexity but easy to conceptualize
- Measurable and linked to well-being outcomes
- Contextual to varying (micro)environments
- Actionable and amenable to programming
- Consistent with the post 2015 MDG frame and builds on existing work

Operationalizing the framework needs to be carried out at country level. The main target as user of the framework is national level policy makers and partners. It could also be a means by which local authorities or communities assess their own situation, and support their initiatives, alongside or irrespective of action by higher level authorities. There need to be champions to try out and use such approaches.

The group identified four domains to codify structural determinants (political, historical and economic; demographic, geographic and environment; governance and human rights; and social, cultural and norms). Systems, institutions and policy processes were considered critical macro actions, spanning public and private modalities. Micro-actions of actors occur through communities, families and at the individual level impact child well-being at the material, relational and subjective levels. The proposed framework described below was developed in consultation with a smaller group of participants to help take the work on structural determinants one step further.

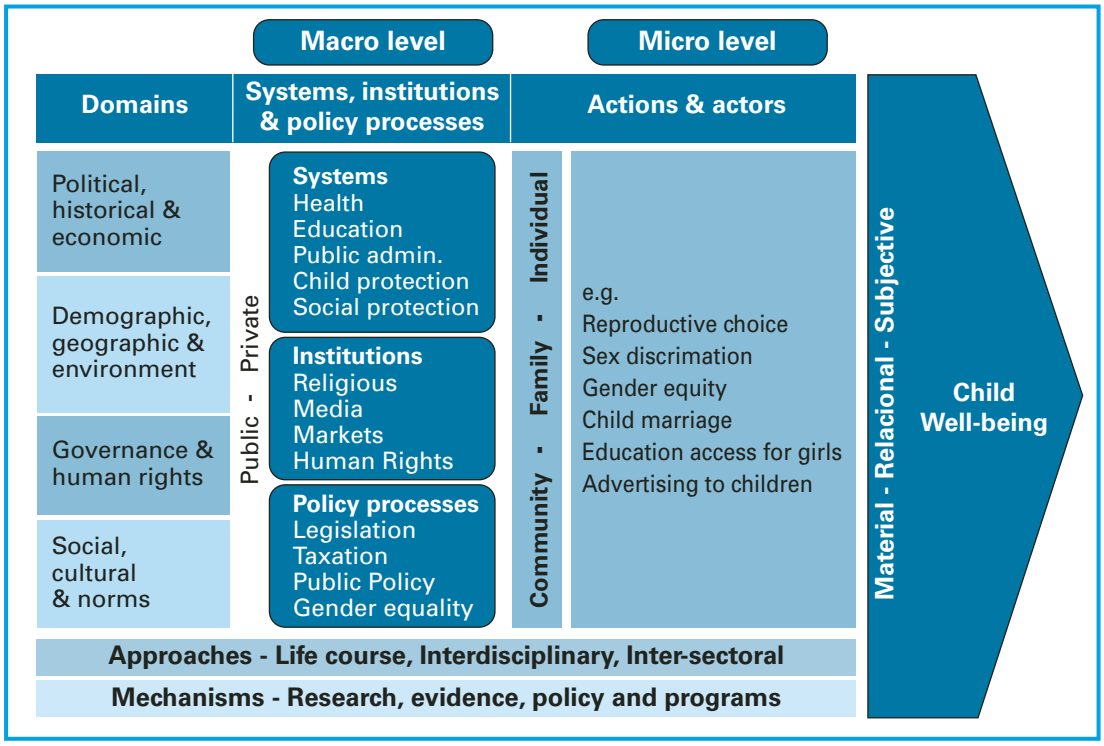
Advancing the Agenda

The consultation concluded with a sense that the process of bringing together different perspectives on structural determinants of equity in child well-being was important and needs to be deepened. This was the first time that a group was looking at determinants of child well-being in a systematic way across sectors.

A platform had been created on which to build and explore further. Short participant written contributions forming the basis for further thinking on these issues were prepared in advance of the meeting and are collated here as proceedings to accompany this document. A broader consultation process both within UNICEF and externally with experts

and specialists, as well as practitioners, is needed. Once developed, the framework needs to be tested out at country level, both to ascertain where it still needs to be refined but also to explore using real data and context.

A Proposed Frame for Analysis of Determinants of Child Well-being



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4 Compendium of Contributions

This document presents a compendium of contributions from experts attending "The Structural Determinants of Child Well-being" consultation hosted by the Unicef Office of Research in Florence, Italy.

The consultation was held over two days on 22-23 June 2012 and was organized into four round tables with 12 participants in total. The contributors came from different disciplines and were brought together to discuss various aspects of structural determinants for children's outcomes.

Authors were encouraged to be provocative and honest, and their contributions here are crafted as exploratory think-pieces intended to stimulate discussion, and not final peer reviewed papers.

A synthesis document for the meeting can also be found which summarizes the key findings of the consultation.

Outline of the Meeting and Round Tables

Welcome by the Office of Research Director, Gordon Alexander with Unicef Deputy Executive Director, Geeta Rao Gupta Context, framing and introduction Key goals for the consultation Risk and opportunities for a determinants approach to programming
Introduction by Meeting Chair, Robert Black Description of the agenda Participant introductions Methods and approaches for joint discussion
Round Table 1: Examining concepts in structural determinants Unpacking core features of structural determinants: *Judy Auerbach* A life course perspective to child well-being: *Kimberly Gamble-Payne* Subjective child well-being: *Jonathan Bradshaw*
Round Table 2: Poverty, political economy and the environment Context, politics and extreme poverty: *Frances Stewart* Policy, intersectorality and social inclusion: *Michael Samson* Social and environmental determinants, health and urban perspectives: *Yan Guo*
Round Table 3: Health, gender and HIV HIV and structural approaches: *Alan Whiteside* Determinants of child health: *Robert Black* Gender, equity and measuring empowerment: *Anju Malhotra*
Round Table 4: Governance, accountability and rights Systems and structures for improved governance: *Guy Peters* Accountability: *Enakshi Ganguly Thukral* Analyzing linkages between child rights and child well-being: *Christian Salazar*
Synthesis session: Integrating determinants thinking into UNICEF's work Towards a framework to guide policy and action: *Robert Black* Reflection on cross cutting issues, gaps and future areas of research: *Michael Samson* An action agenda and next steps, discussion led by *Gordon Alexander* and *Goran Holmquist*

UNPACKING CORE FEATURES OF STRUCTURAL DETERMINANTS

Round Table 1 — Examining concepts in structural determinants

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The underlying intention of this consultation (as articulated in the Briefing Note for Speakers), is to *suggest an approach to guide the development of an analytic framework for better understanding the social/structural determinants of child well-being.*

Any systematic approach for addressing social/structural determinants of child well-being should follow a logical progression from conceptualization to operationalization, to intervention design, to measurement and evaluation. Because we are focusing our discussion on an analytic framework, rather than an intervention strategy, it is useful to spend some time unpacking the conceptualization and operationalization phases of this progression – that is, the core construct of "social determinants" itself. While some of this unpacking is reflected in the WHO Commission on Social Determinants of Health (CSDH) report and the UNICEF meeting briefing document, some is not.

Conceptualization

Constructs and definitions of what are currently referred to as "social determinants" vary in the literature, but all refer in some manner to "social conditions", defined simply by Link and Phelan (1995)[1] as "factors that involve a person's relationship to other people". This notion is elaborated in the definition of social determinants of health developed by the WHO Commission (2008):[2]

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are ***shaped by the distribution of money, power and resources*** *at global, national and local levels, which themselves are* ***influenced by policy choices****. The social determinants of health are mostly* ***responsible for health inequities*** *– the unfair and avoidable differences in health status seen within and between countries".* (emphasis added)

Embedded in this definition are a number of characteristics or features of social determinants which themselves are essential to articulate explicitly in an analytic framework on social/structural determinants of child well-being, as they underlie the possibilities for research leading to action (interventions, programs, and/or policies).

Key features of social determinants (not specific to child well-being) include:

They are complex and interconnected;

- Their influence is bi-directional, e.g., poverty-illness-poverty (Braveman and Gruskin 2003);[3]
- They are contextually framed by such things as:
  - History
  - Culture (including social norms)
  - Macro-social factors, e.g. globalization, neoliberalization;
- They involve long and complex causal chains of mediating factors to influence outcomes of interest
  - Both their direction and their mechanisms of change are important to know
  - Some argue that addressing mediating factors without addressing fundamental cause is insufficient (Link and Phelan 1995);
- They are not neutral in their operation and effects
  - They reflect and reinforce social inequalities/inequities/stratification/relative deprivation
  - They reflect and reinforce power relations (Solar and Irwin 2010);[4]
- They are difficult to measure at societal and individual levels
  - Multi-level analysis is necessary (Phillips 2011)[5]

Operationalization

Once we have better defined social determinants and their features, we can look at the core domains in which they operate. These are sometimes thought of as social drivers themselves, but they are really the broad areas in which social life is organized and whose manifestations are the actual drivers of health and well-being outcomes.

Core domains of social/structural determinants with relevance to child well-being are:

- Economy (including socioeconomic status – SES)
- Gender (and sexuality)
- Governance (law, politics, armed forces)
- Human rights

These domains are manifest and observed as processes and institutions (e.g., religion, school, family, law, military, etc.) that operate as structural determinants of health and well-being through various pathways involving human actions and environmental changes. Program and policy interventions aimed at ameliorating or eliminating inequities and optimizing positive outcomes in health and well-being can be targeted at specific actions along the causal pathway and can be focused on institutions, communities, families, and/or individuals.

Questions

While there is robust research on many pathways and outcomes of structural determinants of child well-being, there remain some questions about the core nature of the determinants that are worthy of further discussion as we aim to develop a systematic analytic framework for actionable research. These include:

1. Do some of the features of social determinants – e.g. their historical and cultural context and evolution – effectively constitute "pre-determinants", as they themselves influence social and structural conditions that we operationalize as "determinants"? An example would be religious-cultural norms that influence gender arrangements in any society that ultimately affect child well-being.

- How can we best address these features or pre-determinants with an eye toward actionable research?

2. What is the appropriate balance between approaches that are ameliorative (i.e., target mediating or proximate factors) and those that are fundamental (i.e., target fundamental or distal causes) in relation to child well-being?

- Do we believe we can have a real impact on disparities in child health and well-being without tackling their fundamental causes, such as inequitable power and resource allocation (among adults, in particular)?

3. How can power dynamics that underlie the economic, gender, governance, and human rights-related determinants – and the equity/inequity framework of the social determinants of health (SDH) – be operationalized for intervention purposes?

- How far can structural interventions aimed at improving child health and well-being go in truly changing power relations?

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[1] Link, B.G. and Phelan, J. (1995). Social Conditions as Fundamental Causes of Disease, *Journal of Health and Social Behavior* 35 (Extra Issue): 80-94.

[2] WHO Commission on the Social Determinants of Health (2008). Closing the Gap in a Generation: Health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization.

[3] Braveman, P. and Gruskin, S. (2003). Poverty, Equity, Human Rights and Health. *Bulletin of the WHO* 81(7): 539-545.

[4] Solar, O. and Irwin, A. (2010). A Conceptual Framework for Action on the Social Determinants of Health. *Social Determinants of Health Discussion Paper* 2 (Policy and Practice). World Health Organization.

[5] Phillips, S.P. (2011). Including Gender in Public Health Research. *Public Health Reports* 126 (Suppl 3): 16-21.

A LIFE COURSE PERSPECTIVE TO CHILD WELL-BEING

Toward a Child-centred View of Adolescence

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Governments, civil society and the global business community are all concerned about the well-being of the world's adolescents, the largest population of adolescents in human history. This adolescent population is creating opportunities and challenges for policy-makers in education, health, housing, labour, marketing, communications, and virtually every industry. However, until relatively recently very little was known about the dynamics of this period of childhood and there was virtually no consensus on whether adolescence was a socially-constructed concept or a universally experienced stage of life.

Within the last decade, the emergence of new imaging technology has produced research from the field of cognitive neuroscience and evolutionary biology that has provided some welcome evidence about the dynamics of adolescent development. Far from being vulnerable, erratic children in need of social controls and effective juvenile justice systems, children between the ages of 10 and 19 appear to be undergoing accelerated expansion of their cognitive and emotional capacities in response to their physical and social environment. There is also evidence from the new field of epigenetics that both inherited traits and experience affect the way children prepare for adulthood. The nature vs nurture debate has finally come to an end with the broad consensus that both inherited characteristics and the physical and social environment contribute to child development.

In addition to pubertal and skeletal growth, the brain is undergoing a massive reorganization and expansion of its capacities for managing information, decision-making, social interaction and abstract thinking. Adolescents are learning to anticipate outcomes, assess risk and opportunity and manage a great range of emotional responses to their physical and psychological environment and experiences. Programme interventions and policy frameworks will be significantly influenced by this new knowledge.

- ***Foundation of future health (Lancet 2012)***

A significant number of middle and upper middle income countries have large adolescent and youth populations. Their readiness for productive adulthood is becoming a priority public policy concern. The Lancet series (April 2012) on adolescent health portrays this population as the foundation of adult health and the future of public health generally. We know that most adult physical and mental illness has its genesis in early childhood and adolescence.

As mental health and non-communicable diseases move toward the centre of global health concerns, and economic growth becomes more dependent on higher order – educated and healthy – labour, public policy will address the fullness of childhood right through the adolescent period.

From Neurons to Nations*

Advances in imaging technology have made it possible for neuroscientists to study the developing child's brain. Longitudinal studies show that during adolescence a remarkable expansion of neural networks occurs, sparking massive reorganization of connections between regions of the brain and rapid growth in the amount of gray matter. Importantly the prefrontal cortex (PFC) in the front of the brain begins to perform the executive functions of planning, making judgments, and assessing risk and exercising emotional

* This is the title of a course of study at Harvard University's Center for the Developing Child based on landmark research on brain development in the young child, From Neurons to Neighborhoods, 2000.

control. The limbic system responsible for emotions, desires and memory also experiences rapid growth. These changes are associated with adolescents' interests in exploring their physical environment and pursuing physically and emotionally stimulating activities. Because the executive functions may not be fully operational in early adolescence, it is critical that parents, teachers, community leaders and other duty-bearers have the capacity to support girls and boys during this period by providing them with safe opportunities to challenge themselves.

Epigenetics is a field of study that is yielding critical evidence for child-centred interventions for adolescents by providing an understanding of how experience shapes and influences brain functioning and capacities for healthy development. For instance, the experience of toxic stress and adversity have inheritable impacts on the immune system, metabolic system, and may contribute to psychological disorders, diabetes, obesity, and emotional management problems. Gender differences are also pronounced and gender-based violence and experiences of exclusion can have lasting effects.

For adolescents living in poverty and insecurity, this period of growth may not be accompanied by the social relationships that are required for successful transitioning to adulthood – caring and talented teachers, engaged and encouraging parents, trusted and reliable coaches, religious leaders, neighbours and friends. In order for child-centred programming to break the inter-generational transmission of poverty, policies and services need to take into account the quality of relationships with adults and peers that adolescents need in order to adapt to the realities and responsibilities of adult life in their communities.

The capacity and organization of social services that most closely affect adolescents need to be designed and managed with an understanding of their capabilities and stages of identify formation and social connectedness; young adolescents 10-14, middle adolescents 14-16 and late adolescents 16-19 all have different needs for support and guidance. Key structural determinants of adolescent well-being are the capacities of duty-bearers and the social organization of their communities.

Re-thinking Adolescence and Youth Programming

Because adolescents are generally a healthy child population, having survived the neo-natal and early childhood threats, the health sector has not been particularly concerned with this age group, until now.[1] The *global health and education* sectors are drawing profound conclusions about the implications of these findings for world health. The recent edition of the Lancet devoted to adolescent health claims that the future of the world's health is dependent on health outcomes in adolescence, which in turn are influenced by what happens in the early years. The health community, utilizing an ecological model of child development, is proposing a set of outcomes for early adolescent health aimed at achieving improved health outcomes in adulthood, specifically:

- academic engagement
- emotional and physical safety
- positive sense of self/self-efficacy
- life and decision-making skills
- physical and mental health.[2]

The *global economic and political development* discourse recognizes the period of transition from childhood to adulthood to be the linchpin for future growth and prosperity as well as for social stability, peace and security.[3]

The *child rights and social justice* advocates urge governments and adult leaders in civil society and the business community to create a space for positive interaction of adolescents and young people as a means of fostering their positive civic engagement. A number of governments have created some form of Child Rights Committees at

provincial and municipal levels and Child Friendly Cities provide opportunities for adolescents to create connections with their communities, laying the foundations for a sustainable tradition of democratic governance.

Final Thoughts - Takeaway Messages

Adaptive adolescents

Recent publications, including UN agency reports, have described the adolescent brain as a work in progress, a stage on the way to the end point that is adulthood. However, evolutionary biology looking at the same phenomena provide a different, less linear, view, one that is more closely aligned with a children's rights approach. As *National Geographic* writer David Dobbs explains:

"The resulting account of the adolescent brain – call it the adaptive-adolescent story – casts the teen less as a rough draft than as an exquisitely sensitive, highly adaptable creature wired almost perfectly for the job of moving from the safety of home into the complicated world outside…and to master challenging new environments."

Current discussion of adolescence programming is focused on adults' concerns with vulnerability and opportunity. Programmes are being designed to enhance protective factors and mitigate risk factors. This response is in keeping with standard public policy and social services practice. However, we should also be open to the fact that this is a period of heightened adaptation, requiring a highly interactive system of supportive programmes with engaging adults in the communities where the adolescents live.

Ecological and participatory models of programming

To date, adolescent programming has generally aligned with structures of government and been managed in silos with discrete objectives and goals, conceptual and policy frameworks. Moving forward, there is a need for more integrated approaches across a broad range of policy areas of concern to adolescence, including housing and land use, climate change and agriculture, social justice, immigration, health and education. Similarly, child development work needs innovation in programme structures and processes. In the absence of a Ministry of Human Development, public policy work will require establishing inter-ministerial and parliamentary reference groups to guide national policy, in consultation with adolescents, their families and communities. Particular attention is needed to work with communities and families on processes of social transformation and social norms work.

Public policy implications and the research agenda

National planning processes, policy-makers in the social sectors of health education, social protection, justice, and managers of sectors such as transportation, housing, energy, labour, all have a role to play in creating an enabling policy environment for healthy adolescent development.

The focus has been on identifying the protective factors associated with risks of interest to the general public and creating effective systems for broadcasting those factors broadly, for example, setting age limits on criminal liability, driving, voting, drinking alcohol, possession of firearms, consensual sex.

However, less attention has been given to creating opportunities for adolescents to express themselves, explore their new abilities for acquiring skills and talents, for forming social connections outside the family and for learning to make healthy, caring choices about how to spend their time and energy. This may be related to the fact that as a segment of the population of young people, very little data is available about adolescents,

about their experience of life, their relationships with family and community, their views about their own situation and their aspirations for their future.[4]

The Convention on the Rights of the Child (CRC) Committee and other human rights committees are calling for the UN and other partners to build the capacity of the States Parties – governments, academia, civil society – to systematically and routinely collect and analyze data on adolescents, giving particular attention to young adolescents and ensuring their full participation in research and policy dialogues.

The CRC presents the international community with a mandate to support healthy child development across the life course and includes commitments to the physical, mental, spiritual, moral and social well-being of the child.[5]

Discussions about the post-2015 development agenda provide a powerful platform for promoting a life course approach to children's rights and to highlight the window of opportunity that is adolescence.

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1 Adolescent Health, *The Lancet*, April 2012.
2 A Conceptual Framework for Early Adolescence: A platform for research and action, Blum, et. al (2012). Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, draft for WHO; see also UN Habitat State of the Urban Youth 2010/2011: Leveling the Playing Field: Inequality of youth opportunity; and State of the World's Children Report 2012: Adolescence: An Age of Opportunity, 2011, p. 6.
3 World Development Report, 2007, The World Bank.
4 UNICEF (2012) Progress for Children.
5 Convention on the Rights of the Child, Articles 17, 27 and 32, 1989.

SUBJECTIVE CHILD WELL-BEING

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Introduction

In rich countries increasing attention has been paid to subjective well-being. This is because of the observation that, after a certain level, GDP growth does not make people happier.

In all countries children are generally happy. The latest data from HBSC[1] shows that most children's life satisfaction is above the mean (scores of 6 or more out of 11). The proportion with life satisfaction above this point varies from 94 per cent in the Netherlands to 66 per cent in Turkey.

This is reassuring but it raises the question – can we explain variation in subjective well-being? Could nations do something to make children happier?

The OECD, despite their admirable work on subjective well-being, decided in their *Doing Better for Children*[2] analysis to leave subjective well-being out of the comparisons on the grounds that it was ***not policy salient***. In the Office of Research Report Card 11 we shall be taking a different perspective and include indicators of subjective well-being. Indeed the conclusion may well be that subjective well-being is the result of all the other domains of well-being.

But there is an issue here that needs to be addressed. What evidence is there that social structure has an influence on subjective well-being?

This note presents evidence of two types – first comparative analysis and second micro analysis in the UK based on a series of studies by the Children's Society.

Comparative Analysis

Here we are very reliant on the HBSC and Cantril's ladder which they use to measure life satisfaction (though there are also questions on what children feel about their relationships, subjective health and education and a battery of questions which could represent mental illness). Our work[3] suggests that life satisfaction is associated with children's relationships, their material situation, their risk and safety, their housing and their overall well-being but not their health (see Table 1).

Table 1: Correlation between % children who report high life satisfaction and other domains of well-being. 29 EU countries

	Health	Children's relationships	Material situation	Risk and Safety	Education	Housing	Overall well-being	Overall well-being excluding subjective
Pearson Correlation	0.25	0.42	0.60	0.56	0.47	0.72	0.77	0.70
Sig. (2-tailed)	0.202	0.030	0.001	0.002	0.014	0.000	0.000	0.000

Our work suggests that variation in life satisfaction at the international level is also associated with GDP per capita, inequality, deprivation, and relative child poverty. It is not associated with the prevalence of "broken families" nor state effort on behalf of families with children. There may be a trade-off here – countries with strong welfare states do well and countries with strong families do well. Countries with neither do badly (see Table 2).

Table 2: Correlation between % children who report high life satisfaction and other structural characteristics. 29 EU countries

	GDP per capita	Gini coefficient	Deprivation rate	Child poverty rate	% broken families	Public spending on family as % GDP 2007
Pearson Correlation	0.518	-0.427	-0.628	-0.408	-0.198	0.336
Sig. (2-tailed)	0.008	0.037	0.001	0.043	0.322	0.093

Based as they are on bivariate correlation, these conclusions are not entirely satisfactory. We cannot model the determinants of life satisfaction at country level (though if we had access to HBSC micro data some multivariate analysis would be possible). Meanwhile we have to turn to micro data at a national level.

National Analysis

Thanks to the Children's Society[4] we have a series of large sample surveys of children in England which focus on child subjective well-being. This work has tested various concepts and measures of subjective well-being and explored what factors contribute to it. With the support of the UNICEF Office of Research, the International Society for Child Indicators are piloting similar surveys in 10 countries so far.[5]

The main findings of the British studies are:

- Subjective well-being is generally positive – only 10% of children fall below the mean.
- The elements of subjective well-being that correlate most strongly with overall subjective well-being are: Choice .61, Family .56, Future .52, Time use .52, Money and possessions .52, Home .51, Appearance .51, Health .47, School .45, Friends .41.
- The association between overall subjective well-being and the socio-demographic characteristics of the child and the family are much smaller than might be expected. Subjective well-being declines with age and is slightly lower for girls than boys but a range of factors in combination (including age, gender, disability, ethnicity, family structure and poverty indicators) were only able to explain around 7 per cent of the total variation in children's well-being, with children's age being much the most important of these factors.
- However there were stronger associations with some other experiences of life.
  - Children being looked after tended to have lower subjective well-being.
  - The quality of relationships mattered a lot, certainly family conflict matters more than family structure.
  - Although indicators of family poverty are only weakly related to subjective well-being a child-centred index of deprivation explains much more variation.
  - Life events such as a change in family structure and experiences of bullying had a discernible association with well-being. In fact a child's recent experiences of bullying explained roughly as much of the variation in overall well-being as all the individual and family characteristics combined.

This latter finding is important because it indicates that subjective well-being is dynamic. Indeed there is evidence from time series analysis[6] that child overall subjective well-being improved (especially for girls) in the UK over the last 15 years, though we can only speculate as to why. This also tends to challenge the view that subjective well-being is purely a function of personality or even genetic homeostatic adaptation.[7] We should also acknowledge the views that subjective well-being is 'lost in translation' and/or that there are national/cultural moods (French teenagers), and/or that individualistic societies are unkind to children in comparison with more solidaristic ones.

Conclusion

It is clear that it is impossible to draw easy lessons from this analysis. Structural elements do seem to be associated (which is not to say they determine them) with variations in child subjective well-being at an international comparative level. At a national level there is also a weak association between some indicators of structure and subjective well-being. There is certainly reason to disagree with the OECD that subjective well-being is not policy salient.

Children are happier if they live in decent houses, in safe neighbourhoods, are not bullied, enjoy and achieve in schools and are not materially deprived. These can all be influenced by policy. Family and other relationships may matter more than these things and they may not be directly amenable to policy. But indirectly they can be – by, for example, reducing the burdens of poverty and inequality on parents, treating parental depression, providing family friendly services. Research in this field is pretty much in its infancy and inevitably more research must be done. We especially need comparable sample surveys of children's subjective well-being in a wider range of countries.

[1] Currie C et al. (2012) eds. Social Determinants of Health and Well-being Among Young People. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey. Copenhagen, WHO Regional Office for Europe. (*Health Policy for Children and Adolescents*, No. 6).

[2] OECD (2010). Doing Better for Children, Paris: OECD.

[3] Bradshaw, J. and Richardson, D. (2009). An Index of Child Well-being in Europe, *Child Indicators Research*, 2, 3: 319.

[4] For a recent summary of this work see: The Children's Society (2012) The Good Childhood Report 2012: A review of our children's well-being, http://www.childrenssociety.org.uk/sites/default/files/tcs/good_childhood_report_2012_final.pdf

[5] http://childrensworlds.org/about-the-study.php?mysid=lttmmv97nl1ja866lcmkqhleg8k8dra1

[6] Bradshaw, J. and Keung, A. (2011). Trends in Child Subjective Well-being in the UK, *Journal of Children's Services*, 6, 1, 4-17.

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CONTEXT, POLITICS AND EXTREME POVERTY

Round Table 2
Poverty, political economy and the environment

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Sources of Persistent Poverty

Some people move in and out of poverty. But the worst form of poverty is persistent poverty – decade after decade in poverty for the same people and families, even generation after generation.

Evidence suggests there is quite a lot of 'churning' (i.e. moving in and out of poverty), 30 per cent or so of poor in some studies are poor some of the time only. But some families stay poor. Why?

Because of reinforcing inequalities:

- Low incomes lead to low levels of education and health, which in turn lead to low incomes.
- And low incomes lead to low rates of accumulation.
- Low levels of human capital make it difficult to access and use financial capital efficiently. And being poor means weak social capital (i.e. networks).

These reinforcing cycles of deprivation are particularly strong where there are cultural differences (along ethnic, religious, racial, or regional lines) that coincide with deprivation: i.e. horizontal inequalities. Where this is so, it is particularly difficult to escape from poverty because:

a. There is strong asymmetry in social capital – networks being aligned along group lines; and

b. Economic and political discrimination frequently occurs, i.e. deliberate exclusion. This can be direct or indirect – direct discrimination occurs when a person is barred from employment because of her religion or ethnicity; indirect occurs when conditions of employment (e.g. language requirements) are such that they discriminate against particular group members.

Politics

1. Horizontal inequalities in the socio-economic dimension are often accompanied by horizontal inequalities in the political diemnsion and lack of, or low, political representation. Such political exclusion is a major cause of violent conflict (e.g. Sri Lanka, Southern Sudan, Cote d'Ivoire). A first essential is to ensure inclusive government – this may be necessary but is not sufficient to ensure that socio-economic inequalities are corrected. But it is an important first step.
2. As far as vertical inequality is concerned, there is a paradox in democracies: why does the majority (who earn less than average incomes) not insist on redistribution? Democracies do make more progress in this direction than non-democracies, but not enough. Why?
   a. because of influence of money on media, party financing, lobbying, corruption etc.
   b. because people are divided by ethnicity or race or religion and thus do not unit on a class basis.

The poor need to organise collectively to achieve power – shown by many examples from micro-level (collective organisations of scavengers improve their terms) to macro-level where Trade Unions and progressive political parties essential for redistributionary policies. Pro-poor policies have to be fought for.

Policies

Polices to correct horizontal inequalities include both direct policies (such as affirmative action through quotas); and indirect policies which advance the poor as a whole, including the poor in poor group.

Policies to correct vertical inequalities can also be direct (targeted subsidies/transfers etc.) and indirect (e.g. general policies to promote employment; promote social services etc.).

Policies directed at horizontal inequalities also contribute to reducing vertical inequalities, but some may go to the rich-in-poor group.

Policies directed at vertical inequalities also contribute towards reducing horizontal inequalities but not as much as policies designed for this, since some benefits go to the poor in non-poor groups.

Both types of policy are desirable to tackle persistent poverty. Where there is strong discrimination it is not enough to have general anti-poverty policies, but policies to tackle discrimination are needed.

The Development Planning Framework for Social Protection

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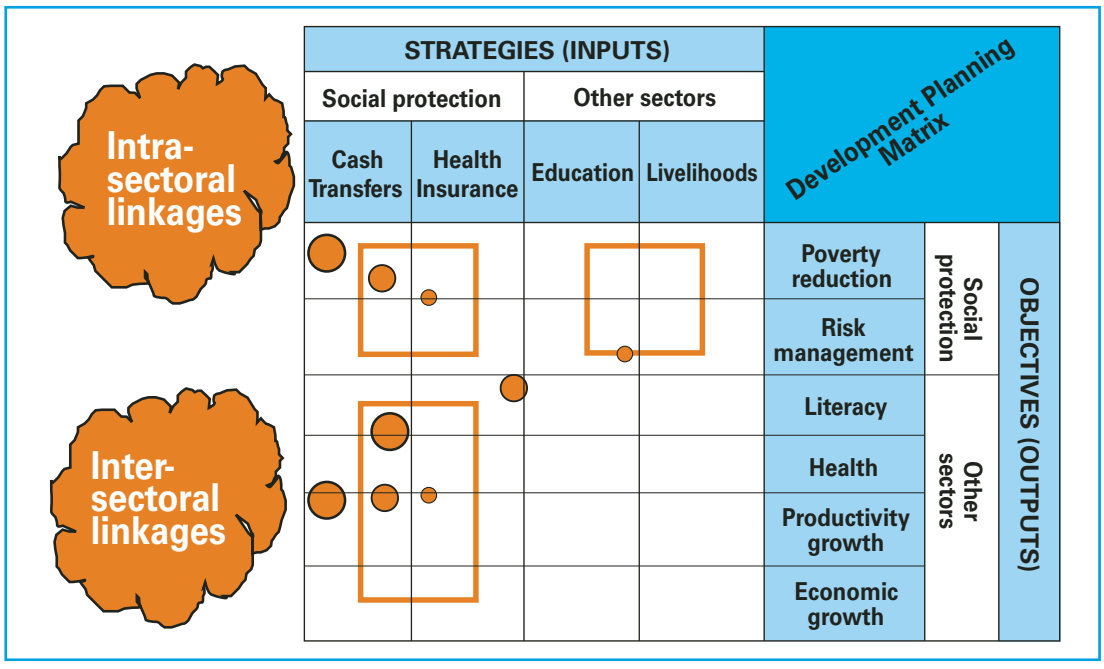
Over the past two decades, many developing countries have consolidated social protection as a vital policy sector delivering people's rights to income security and access to social services, effectively tackling poverty and vulnerability while promoting developmental outcomes. In particular, benefits for children have emerged as an important instrument for reducing child poverty and helping to break the inter-generational transmission of disadvantage. Some scholars have described these programmes as a "magic bullet" for development.[1]

More recently, policy-makers in many developing countries have begun to integrate social protection into an inter-sectoral "development planning" approach that integrates the set of appropriate instruments within a broader policy framework strengthening social and economic impacts. In part, this new planning model is a response to the global financial crisis, which has cast doubt on the effectiveness of markets to deliver key outcomes and emboldened government in its pursuit of longer term developmental objectives. Another important influence on this trend is the success certain countries have achieved in complementing social protection programmes with broader developmental initiatives, including linkages to social services and livelihoods interventions.

The development planning approach provides a number of important advantages in fostering child well-being. First, comprehensive and integrated approaches are more effective and efficient, increasing the likelihood of achieving pro-poor and inclusively developmental outcomes while minimising the associated costs. Second, the development planning framework highlights the benefits to all involved stakeholders, and in particular the contribution of social protection to pro-poor and inclusive economic growth. This strengthens broad-based political will for what are otherwise often perceived by key policy-makers as risky and expensive social programmes, and reduces the likelihood of political backlash. Third, the articulation of a concrete strategy reinforces overall policy credibility and coherence, strengthening stakeholder participation and helping to prevent countervailing and counter-productive reactions.

The diagram below illustrates the logic of the development planning approach. The strategies and objectives depicted are only indicative (in order to represent the model in a simple figure) – Uganda's matrix includes hundreds of instruments and dozens of objectives.

The Development Planning Approach to Social Protection

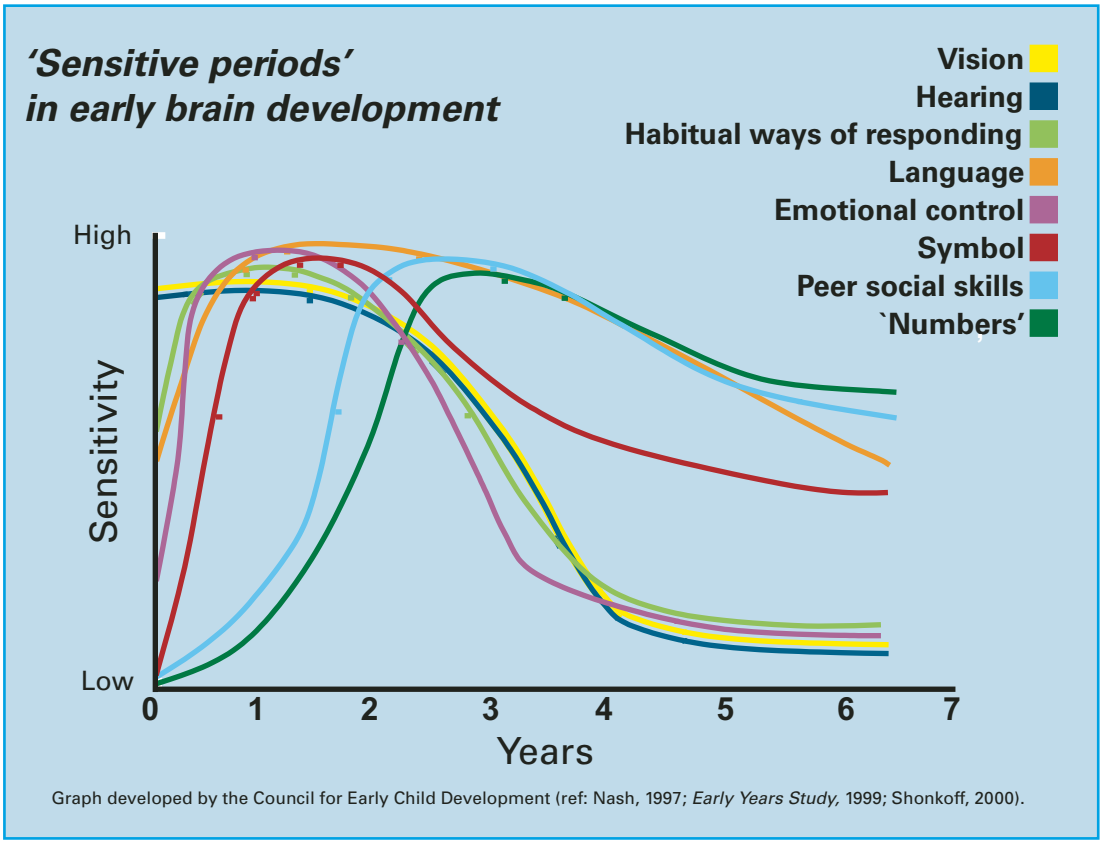


For example, in the diagram above, both cash transfers and social health insurance (social protection instruments) reinforce each other's objectives in terms of reducing poverty and helping households manage the risks they face (social protection objectives). Cash both directly reduces income poverty and helps enable households to pay the premiums for social insurance programmes, which in turn helps protect households against the catastrophic health shocks that overwhelm the limited capacity of cash transfers to fight poverty. These intra-sectoral linkages make social protection interventions more effective and efficient. The development planning framework also highlights inter-sectoral linkages. Cash transfers reduce the economic vulnerability of women, reducing risks of HIV infection. Education likewise demonstrates effective impact in helping to prevent HIV infection, along with a range of other developmental impacts including contributing to pro-poor and inclusive economic growth and development.

The Development Impact of Child-sensitive Social Protection

The foundation for the developmental impact of this planning framework includes many bedrocks. An important one is the role social protection plays in strengthening cognitive development in the first few years of a child's life. The diagram below illustrates the sensitivity of critical dimensions of cognitive development to the care and resources a child received over the first seven years of her life. It highlights the important role of child benefit programmes (and other social protection interventions that deliver resources to children) in providing care and resources during this pivotal developmental stage.

Clinical Underpinnings of Development Impact



Graph developed by the Council for Early Child Development (ref: Nash, 1997; *Early Years Study,* 1999; Shonkoff, 2000).

The resulting downstream impacts include improvements in long-term health and nutrition outcomes, greater success in school and improved engagement in labour markets and other livelihoods. In a world where the wealth of nations is increasingly determined by the quality of human resources, the coincidence between protecting child rights (particularly in early childhood) and strengthening pro-poor and inclusive economic growth is more important than ever.

Youth Opportunity

Another important bedrock is the role of the development planning approach in strengthening youth opportunity. In poorer parts of South Africa, for example, youth unemployment rates hover around 90 per cent and threaten a relatively fragile democratic process. In spite of nearly two decades as the government's top priority, unemployment remains the country's number one economic problem – intricately tied to poverty as the country's number one social problem. Social protection shares the benefits of economic growth with the country's excluded youth, but on its own holds limited potential to provide young people with want they want most: decent work. Embedded within the development planning framework, social protection has greater capacity to reinforce and be reinforced by other interventions that collectively may help to address the underlying constraints and bottlenecks. This is not assured. Policy-makers and researchers do not adequately understand the problem. Recent policy interventions have largely failed to significantly accelerate the realisation of improved economic opportunities for youth. Other interventions, framed within the development planning framework, may prove more successful. Currently, the Department of Social Development is implementing a pilot linking social protection, financial inclusion, education, youth development and economic opportunities. Such a complex intervention could not be coherently conceptualised nor effectively implemented without the development planning framework. But the success (or failure) of the pilot is years away.

In other countries – such as Nepal and Rwanda – the development planning framework aims to strengthen youth opportunities, and political priorities may skew resources towards these objectives at the expense of interventions protecting even more vulnerable and excluded groups. Ultimately, the challenge of addressing the problems facing youth requires a more mature development process. A comprehensive framework that starts with early childhood development and addresses basic education and health priorities will ultimately more effectively deliver on legitimate youth demands, providing economic opportunities for decent work and livelihoods.

Why Do Some Countries Not Adopt These Approaches?

The take-up of social protection policies has varied significantly, even among countries with very similar socio-economic circumstances and in close geographical proximity. The main determinant of take-up is the political will to innovate pro-poor policies drawing on lessons of global experience. Two major factors influence the political decision: (1) the relative priority of tackling poverty in the overall policy agenda (which drives the perception of political benefits), and (2) the perception of a trade-off between social and economic objectives (which drives the perception of political costs). The first factor largely drives Kenya's initiatives, rooted in rights-based approaches, while the second factor heavily influences Ethiopia's and Rwanda's programmes, which policy-makers have designed to emphasise economic benefits.

Social protection depends on policy champions of two types: (1) political champions, usually at the Ministerial level or higher, who can create the political space, and (2) bureaucratic champions – often at the highest civil service levels, but sometimes in relatively low positions in the bureaucratic hierarchy. Social protection is new, relatively expensive and not fully aligned with a single government structure. Taking the risk to innovate and mobilising the required resources requires political champions who can be clearly identified in countries like Brazil, Ghana, Indonesia, Kenya, Lesotho, Nepal, Rwanda, South Africa, Uganda and others. Similarly, mobilising the necessary capacity and designing and implementing effective programmes require bureaucratic champions who can navigate government labyrinths and overcome manifold hurdles, and these can also be identified in the same countries.

Countries are most likely to adopt and implement social protection programmes when both types of champions are working together. A political champion without a bureaucratic counterpart offers pleasant rhetoric but often fails to deliver. A bureaucratic champion without a political counterpart struggles fruitlessly, at best implementing small-scale pilots and programmes that cannot achieve national scale.

The development planning approach increases the likelihood of social protection programmes in a number of ways. First, by linking economic benefits to positive social outcomes, it reduces the perceived costs of a trade-off between social and economic objectives. Second, by structuring the social and economic relationships within a policy framework, champions are better able to mobilise the necessary political and bureaucratic support. The developmental character of social protection is more rigorously established, and the related interests of the non-championing stakeholders are more credibly assured.

Including Vulnerable, Marginalized and Socially Excluded Groups in the Policy Process

Ultimately, the development planning approach is a tool of public policy, and like most policy processes, it reflects the interests of those with political voice. A critical challenge remains in terms of ensuring that the rights of the most vulnerable and excluded – who are often politically unheard – are protected and realised by these policy processes. Civil society plays an essential role in amplifying the voices of the poor and socially excluded.

In South Africa, responding to key international pressures, policy-makers from economic ministries tried to impose "conditionalities" on South Africa's Child Support Grant (CSG). Civil society mobilised in response to calls for public comment from the social ministries, and created a broad-based coalition (lead by Black Sash, a historically anti-apartheid non-governmental organization that now focuses on rights-based social justice initiatives) that responded effectively to ensure that children's rights were not compromised. While the CSG today is nominally "conditional" on school enrolment, no child can be denied her grant. If a school-aged child is not enrolled, the government is responsible for taking the steps necessary to ensure her access to education.

The nature of political processes, however, tends towards exclusion of the powerless. The development planning model tends to strengthen the role of political processes in delivering social and economic programmes. A key challenge is to ensure that the most vulnerable and socially excluded are not ignored by this policy-making process.

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SOCIAL AND ENVIRONMENTAL DETERMINANTS OF CHILD HEALTH INEQUITY IN CHINA

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China has progressed smoothly in reducing the mortality of children under 5 years of age. The infant mortality rate has reduced from 50.2 per 1000 live births in 1991 to 12.1‰ in 2011, and the mortality rate of children under 5 has dropped from 61 per 1000 live births in 1991 to 15.6 in 2008, suggesting that China has achieved the MDG target of reducing the mortality rate of children aged under 5 by two thirds ahead of time.

Unbalanced social and economic development does exist. Firstly this is manifested in disparities of economic development between different regions as well as between urban and rural areas, thus resulting in severe imbalance of medical and health resource allocation between regions and between urban and rural areas. Medical resources are concentrated in the eastern areas as well as in large and medium-sized cities; access to health service is limited in western regions and for rural residents, thus resulting in health inequity between regions and between urban and rural areas. In coastal advanced areas in the east, health indicators such as the infant and child mortality rates have approached the level of developed countries while in most western provinces the same indicators are 3-5 times higher than that in coastal advanced areas; the rural infant mortality rate and the under-five child mortality rate are 2.4 times as high as that in urban areas. In 2004, large cities and small/medium cities accounted only for 1 and 3% of all under-five deaths respectively, while the four rural areas together accounted for 96% of these deaths.

Neonatal conditions, pneumonia, diarrhoea and injuries are the leading causes of under-five mortality. In urban areas the major causes of under-five deaths are due to neonatal conditions, while in rural areas, pneumonia, injuries and diarrhoea are still important causes of death in addition to neonatal conditions. Leading causes of neonatal mortality are neonatal asphyxia and trauma, preterm delivery/low birth weight and hypothermia, severe infection, and congenital malformation with mortality rates at 5.4%, 5.1%, 2.9%, and 2.1% respectively. Together, these conditions account for almost 90% of all neonatal deaths.

Beyond the health sector, when analyzing the data there is considerable need to dig out the reasons why this happens from aspects of income, environment, water and sanitation, education, women and gender issues, urban setting and access to health service etc. In fact, most health problems relate to social determinants which are the causes of the causes. When it comes to social determinants, answers to the following questions should be sought: how do the causes of cases relate to the cause of incidence? Why is there a relationship between social position and health status, affecting people from all levels of social class? Have the factors determining health been improved? Are these factors the same for everyone? Where and for who have they become worse?

Urbanization and Migration

At present, China has entered the stage of a quickened process of urbanization, which leads to 180 million people living in the urban areas, based on recent estimate. Although there is no systematic data, some studies suggest migrant children have higher mortality rates in urban areas.

Nutrition

There are five main challenges related to child nutrition in China and there are urban-rural and regional disparities in child nutritional status, fragility of child nutrition improvement in rural areas, anemia among children under two, poor nutrition status among migrant or left-behind children and an increased rate in overweight and obesity. According to an investigation conducted by the Ministry of Health in 2006, the underweight and stunting prevalences among children in central and western China were twice to three times higher than in eastern China. In 2009, the stunting and underweight prevalences among left-behind children in rural areas were 1.5 times higher than children who were not left behind by mothers.

Mother's Education

Mothers' education directly links to their children's health. Mothers with higher education are more likely to adopt appropriate health-promoting behaviours, such as having young children immunized, leading to higher immunization coverage among children whose mothers have secondary or higher education, than others.

Water Sanitation

The picture above is the result of three national health surveys carried out in China over the past ten years, showing that a significant percentage of people are using unsafe water in rural areas. In urban areas, the percentage of people using unsafe water is 1%, whereas it is 20% in rural areas, indicating that rural residents have been challenged with great sanitation risks in unsafe water.

Health Services Delivery

With regards to health service utilization, large gaps of vertical inequalities could be identified among different income groups in each area, and obviously the higher income group had better utilization of child healthcare.

HIV AND STRUCTURAL APPROACHES

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Background

It is over 30 years since AIDS was first identified. Science and epidemiology have made huge strides. The virus, modes of transmission and spread are well understood. However, in 2012, the global response is faltering.

A review of the history of the epidemic helps understand the challenges we face in 2012 and beyond. Activities during the first decade centred on understanding the disease and its aetiology; the main interventions were around HIV prevention, both medical and behavioural. Some, where science and public health combined, were rolled out rapidly and were extremely successful. An example was provision of safe blood.

The second decade saw drug development, in particular triple therapy. The result was a medicalization of the disease, particularly in the developed world. The third decade saw massive scale up of interest in and funding for HIV and AIDS.[1] The amount of money rose from $3 million in 1996, the year UNAIDS was established, to $15.6 billion in 2008. There was a slight increase in 2009, but the level of funding fell in 2010 and this trend has continued. The Global Fund to Fight AIDS, TB, and Malaria (GFATM) and US Presidential Emergency Plan for AIDS Relief (PEPFAR) were established in 2002 and 2003 respectively.

The challenges of the fourth decade are new and considerable. They centre on reframing the response in the light of new science, declining resources and changing priorities. Science has delivered a number of innovative and effective biomedical interventions: medical male circumcision; providing early treatment; and, potentially, microbicides might reduce transmission. These are seen as achievable, scientifically driven responses to bring an end to HIV transmission.

If there is one thing we have learnt since 1981 it is HIV and AIDS is a messy and complicated disease driven by behaviours and marginalization. Science is part of the answer, but cannot, on its own, end the spread of this virus. Although the amount of money available may be static, the gap between what is available and what is needed is widening and, with provision of treatment, is set to grow even further. The prioritization of AIDS, compared to other 'global' issues, is changing. In 2000 the UN Security Council passed Resolution 1308 which stated "the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security'. HIV has been 'checked' and does not pose the same *global* threat. There are local catastrophes where HIV must be seen as the primary political, economic and social priority but the international community is moving on to new issues, such as environmental change, food security and, in the area of health, non-communicable diseases.

Prevention – and it seems children – appears to have fallen off the HIV agenda.

The Global Economic Picture

This meeting is held at a challenging time. In 2009 real global GDP growth fell by 3.8 per cent: in the USA the fall was 3.5 per cent, in the Euro area 4.4 per cent, and in Japan 5.5 per cent. The economic climate is particularly bleak in countries that traditionally provide much of the international support to the AIDS response. The top five donors in 2010 were the USA with 54.2 per cent of funding; the UK, 13 per cent; France, 5.8 per cent; Netherlands, 5.1 per cent; and Germany, 4.5 per cent. All but France saw slower growth in 2011 and, with the exception of the USA, expect a further slowdown in 2012 with only a slight recovery forecast for 2013. The persistent weakness and underlying economic, fiscal, and financial imbalances in the Euro area are of particular disquiet to the AIDS response.

There had been some recovery post 2009, but GDP growth is expected to be slow in OECD as is shown on Table 1.[2] There has been strong growth in China and India. In most emerging economies activity remains reasonably buoyant. In the highly HIV affected countries of

Eastern and Southern Africa the economic picture is more complex. While growth should be maintained, it is from a lower level and the picture is patchy. South Africa, Namibia and Botswana expect reasonable growth; in Swaziland and Lesotho this is not the case; Zimbabwe is still battling towards economic recovery after years of decline; while Malawi is facing political and economic stagnation. Mozambique and Zambia are growing, but from a low base. The exception is oil-rich Angola, which has low HIV prevalence.

Growth in OECD and Selected Countries (average real GDP growth, per cent)

Country	2011	2012	2013
USA	1.7	2.4	2.6
Euro Area	1.5	-0.1	0.9
Total OECD	1.8	1.6	2.2
China	9.2	8.2	8.3
India	7.3	7.1	7.7
South Africa	3.1	3.3	4.2

The structural issues of economic growth and distribution need to be addressed.

Dependency

The bulk of the global HIV and AIDS disease burden is in sub-Saharan Africa. Although the region is home to only 10 per cent of the world's population, it is where two thirds of those infected live. South Africa has between 5,470,000 and 5,575,000 people living with the virus.[3] The HIV prevalence is higher in Swaziland (26 per cent of adults aged 15-49), Botswana (25 per cent), and Lesotho (24 per cent). The magnitude of the problem, whether in numbers or percentages, is daunting.

This has created a dependency both financial and psychological. Currently more than 25 African countries receive over half their funding for care and treatment from international donors. This is clearly an untenable position. Perhaps as worrying is the question of the psychological dependence that this creates. What does it feel like to know, as a leader, that the lives of significant numbers of your population are dependent on the largesse of outsiders?

These big issues have also fallen off agendas and are – in my view – structural.

Why HIV and AIDS is Exceptional

Where the epidemic is an Issue

The question of AIDS exceptionality (the argument was HIV and AIDS were getting too much attention and funding) was extensively explored in work for the AIDS2031 project and subsequent peer reviewed publications.[4] This research and writing stemmed from the 2008 push by some ill-informed academics to 'end AIDS exceptionalism'.[5] The conclusion of our study was that HIV and AIDS must be treated as exceptional. In a globalised world an argument could be if AIDS is exceptional anywhere, it is exceptional everywhere. However there are three specific settings where this is particularly the case.

- The hyper-endemic countries of southern Africa, where prevalence rates are obscenely high and the epidemic is having a substantial and lasting demographic, social, economic and political impact.
- Resource-poor settings, mostly in Africa, where the combination of the high number of HIV infections and the cost of treatment create issues of donor dependency and sustainable responses.
- Parts of Eastern Europe where the epidemic is augmenting troubling demographic changes, declines in fertility rates and changing population pyramids.

The 2012 UNAIDS report shows there has been steady success in reducing incidence and prevalence. There are locations where the epidemic never took off. The extent to which this was due to a lack of underlying drivers and behaviours, or due to the importance of messages and programmes is something we will probably never know.[6] AIDS is a global issue. Unlike diseases dependent on climate (malaria) or life style (stroke or heart disease), sex is universal therefore so is the possibility of HIV transmission.

Beyond eastern and southern Africa, HIV and AIDS is an issue in groups on the margins of society.

The unique features of HIV and AIDS

The distinctive features of this epidemic are:

- It is a long-wave event both for individuals and globally. Once an infection occurs an adult can expect to live for a prolonged period (estimated to average 8 years) before experiencing episodes of illness that grow in frequency, severity and duration. Prior to the advent of treatment the disease ended in death after two or three years. In 1996 this changed, first in rich countries and subsequently, with the roll out of treatment, for infected people in low and middle income countries. We know people can live at least 16 years on treatment (1996 to 2012 is 16 years) and, as time passes, this will be much longer. At the global level the disease has been around for 30 years and will be with us for at least as long again. The concept of a long term epidemic brings complex challenges to HIV prevention and treatment responses.[7]
- The nature of transmission primarily through sex and injecting drug use and, in some settings, in populations that are on the margins means that discussion is often constrained. It is critical that a frank conversation be had. This is beginning to occur. In a paper looking at HIV prevalence in South Africa's various racial/ethnic groups[8] Kenyon et al[9] note the difference is "more than an order of magnitude … Why then do socio-economic explanations trump cultural ones in the South African HIV aetiological literature?" There needs to be a more open discussion and better understanding of sex and sexuality as has recently been explored by Hakkim in "Honey Money: The Power of Erotic Capital".[10]
- The cost of the AIDS is considerable. WHO's global price reporting mechanism for 2011 shows first line regimens for adults range from $ 62-$ 242 per patient per year, while second line regimens cost from $ 509-$ 772. By comparison some TB treatment costs as little as $ 11,[11] one source noted $ 16-$ 35 will buy a full six-month course of treatment that can cure the patient.[12] The best treatment, particularly for *falciparum* malaria, is artemisinin-based combination therapy which costs less than $10 per patient.[13] AIDS treatment is absolutely and comparatively expensive and is for life. The alternative, starkly, is illness and death.
- Implicit, but worth reiterating, is that the majority of new infections take place among young adults. These are people who have gained their human capital (been cared for into adulthood, had much of the education they can expect to get), but are only at the beginning of making their contribution to society. In Swaziland the Demographic and Health Survey of 2006 found peak prevalence of 49 per cent in women aged 25-29 and 45 per cent among men aged 35-39.[14]
- The first response to HIV was driven by the gay activist community. As the disease became a global issue the role of the international donors and global community developed. There is a real concern African governments have not taken ownership.
- A final exceptional feature of the epidemic is that it is slipping off the agenda both globally and in a number of African countries. The amount of money from international donors peaked in 2010. There is a sense that new issues are taking precedence such as non-communicable diseases. The global citizens are (correctly in most settings) more concerned about the environment, economy, employment and food prices. The excellent

work of the Afrobarometer is instructive.[15] In a recent paper they noted that based on surveys conducted by in 18 African countries: "It is striking that in no country does AIDS top the list of the most salient problems. Indeed, across all 18 countries, less than eight per cent of Africans mention AIDS as one of the most important political problems. Given the social and economic impact of AIDS, this is a seemingly very low number, comparable to the percentage of people mentioning transportation (6.2 per cent) and electricity (8.1 per cent) as important problems".[16] This varies across countries. In Botswana thirty per cent of respondents consider AIDS an important problem, in Namibia and South Africa the figure is 20 per cent. Surprisingly in Lesotho, Zimbabwe, Zambia, Malawi, and Mozambique AIDS is seen as less of an issue.

HIV and Structural Approaches: Core questions

- Children infected due to failure of PMTCT or abuse
  - Challenges – cost, treatment regimens, long term nature of the disease.
  - Note this should not happen, HIV in children is entirely preventable.
- Children affected
  - Orphaning
  - Social and economic environment e.g. schooling
- Policy and actions
  - Environment
  - Support
- Big issues and opportunities (where is UNICEF)
  - IAC Washington
  - MDGs.

We need to be specific and realistic.

1 Smith, J. and Whiteside, A. (2010). The History of AIDS Exceptionalism, *Journal of the International AIDS Society*, 13:47.
2 OECD (2012). *OECD Economic Outlook*, Vol. 2012/1, OECD Publishing, available at: http://www.oecd-ilibrary.org/economics/oecd-economic-outlook-volume-2012-issue-1_eco_outlook-v2012-1-en
3 http://www.doh.gov.za/docs/reports/2011/hiv_aids_survey.pdf there are two figures given. One is from UNAIDS modeling the second is from the home grown insurance industry based ASSA modeling. The figures are very similar.
4 England, R. (2007). The Dangers of Disease Specific Aid Programmes. *British Medical Journal* 2007, 335:565.
5 Smith, J., Ahmed, K., Whiteside, A. (2011). Why AIDS Should be Treated as Exceptional: Arguments from Africa and Eastern Europe. *African Journal of AIDS Research*, 10 (supp) 345-356. See also: Smith. J. and Whiteside, A. (2010) The History of AIDS Exceptionalism, *Journal of the International AIDS Society*, 13 (47).
6 An important and interesting discussion of this is in Timberg, C. and Halperin D. (2012). *Tinderbox: How the West Sparked the AIDS Epidemic and the How the World Can Finally Overcome It*, Penguin Press, 421.
7 Nixon, S.A., Hanass-Hancock, J., Whiteside, A. and Barnett, T. (2011). The Increasing Chronicity of HIV in sub-Saharan Africa: Re-thinking HIV as a long-wave event in the era of widespread access to ART. *Globalization and Health*, 7:41.
8 The 2010 Antenatal Clinic survey in South Africa reports prevalence among Africans at 32.5 per cent, 7.1 per cent among the Asians, 2 per cent in the coloured (mixed race) population and 3 per cent in the white race group. All these are high by developing world standards.
9 Kenyon, C., Zondo, S., Colebunders, R., Dlamini, S., Why Have Socio-economic Explanations Been Favoured Over Cultural Ones in Explaining the Extensive Spread of HIV in South Africa? *The Southern African Journal of HIV Medicine*, March 2012, pp14 -16.
10 Hakim, C. (2011). *Honey Money: The Power of Erotic Capital*, Allen Lane, 2011.
11 http://www.stoptb.org/events/meetings/amsterdam_conference/robertfroidspeech.asp
12 http://www.one.org/c/us/issuebrief/761
13 http://www.who.int/mediacentre/factsheets/fs094/en/index.html
14 Swaziland DHS 2006
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DETERMINANTS OF CHILD HEALTH

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The health of children is determined by the characteristics and actions of their parents or caretakers, their environment and community and the available health services. It is clear that the so-called social determinants have important influences. The wealth, income, education and social status of their parents play important roles in their health and well-being.[1] Preventive and therapeutic health services also contribute to their health and the availability and use of the services depends in part on the endowments of the parents.[2, 3] It has long been observed that children of poorer or less educated parents have higher rates of illness and death than their better off counterparts, even in low-income countries. This relationship also holds for the use of preventive and therapeutic services and there has been much attention on the inequities in coverage of health interventions primarily comparing families of differing wealth status, but also in relation to maternal education, gender of the child and ethnic status.

A number of frameworks have been proposed to better describe and analyze these determinants. Building on earlier work on the determinants of fertility, in 1984 Mosley and Chen proposed a framework that included two levels, i.e. background or distal (now more often called social) determinants that work through an exhaustive set of proximate determinants to affect child health.[4] The proximate determinants in this framework include maternal/reproductive factors, environmental factors, nutritional factors, injury and personal illness control, which encompasses preventive behaviors and treatment for illness. For young children the illness control factors are largely dependent on the child's caretakers, but for adolescents can be more personally managed. Building on that framework, we can envision the social determinants to include the economic and educational characteristics of the parents, as well as their health, social status, power relationships and legal rights in their society (see Figure page 40). In such a framework all of the social determinants act through the proximate determinants, rather than having a direct effect on the child's health. Other aspects of the child's well-being, e.g. human capacity could share the same social determinants as child health, but could have a different set of proximate determinants.

Such a framework has been important in bringing together the work of social and biological scientists. Social scientists have for many years described the importance of education, especially of women, for child survival and have debated how much of the apparent effect is due to education vs. income.[5] A recent publication claimed that 51 per cent of the decline in child mortality from 1970 to 2009 was due to increases in maternal education, and that the effect of economic growth was only 7 per cent.[6] Unfortunately, other than a few sentences in the discussion acknowledging that maternal education had previously been associated with reduced fertility and use of health services for children, the study did not examine the proximate determinants that could also be said to explain the mortality decline. In contrast, there has been extensive work on inequities in health services coverage for children. This work demonstrates that nearly all countries have coverage inequities that are a major reason for high child mortality and ill health.

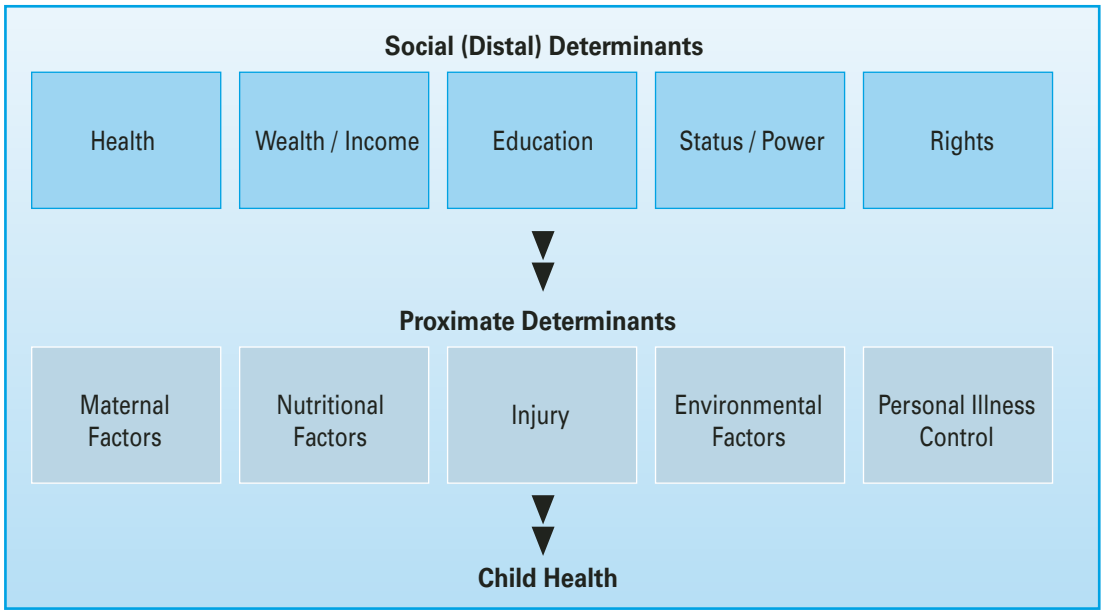
The implication of the determinants framework for interventions to improve child health is that one can work at either the distal or proximate levels or perhaps ideally both. Efforts at the distal level may have immediate pay-off for child health, such as might come from increasing household income, but some factors such as maternal education must start prior to a woman's reproductive years reflecting the necessary life-course perspective for these relationships. Working at the proximate level could also have both short- and long-term benefits. Use of preventive and therapeutic health services will have immediate effects and education of the child will have benefits for the next generation.

Progress is being made at both levels. There have been substantial increases in educational attainment and major efforts are now focused on early child development and education, especially of girls. Child rights have been given attention and have implications for availability of health services, as well as other dimensions of well-being. In regard to health

services for children the approach to date has been to try to achieve equity in health care through universal coverage of the interventions. There has been moderately good success in coverage of childhood immunizations and some preventive services that can be delivered by scheduled outreach, but large inequities remain for other services, especially treatment of serious illnesses. Recently UNICEF has proposed that more extensive targeting of the poor for delivery of health services will result in greater mortality reduction and be more cost-effective.[7] Health programs supported by UNICEF in some countries are now being implemented in this manner.

The use of a framework that describes the social and proximate determinants of health has been important for the analysis of the relationships among the determinants and the conceptualization of simultaneous interventions at different levels and with varying time frames for effects. This kind of organization of determinants could serve as an example for other dimensions of child well-being where there are similar relationships and need for a life-course perspective.

Determinants of Child Health



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CONCEPTUALIZING AND MEASURING WOMEN'S EMPOWERMENT AS A VARIABLE IN INTERNATIONAL DEVELOPMENT

This paper was first presented at the Workshop on "Measuring Empowerment: Cross-Disciplinary Perspectives" held at the World Bank in Washington, DC while the author was with the International Center for Research on Women (ICRW).

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Introduction

The empowerment of women has been widely acknowledged as an important goal in international development, but the meanings and terminologies associated with this concept vary, and methods for systematically measuring and tracking changes in levels of empowerment are not well established. A diverse body of literature has emerged regarding the conceptualization and measurement of women's empowerment and relationships with other variables of interest in international development. Drawing from a review of theoretical, methodological and empirical literature on empowerment from the fields of demography, sociology, anthropology, and economics, this paper describes and attempts to clarify basic definitional and conceptual issues that emerge from the literature and identifies common threads in the various definitions that have been used. It then discusses some of the key issues that need to be addressed in measuring women's empowerment empirically, emphasizing points on which important progress has been made as well as identifying challenges that remain to be addressed.

Unique Elements of Women's Empowerment

While clearly, the broad reference to empowerment as the expansion of freedom of choice and action, (as articulated in the World Bank's Sourcebook on Empowerment and Poverty Reduction), applies to women as well as other disadvantaged or socially excluded groups, it is important to acknowledge that *women's* empowerment encompasses some unique additional elements. First, women are not just one group amongst several disempowered subsets of society (the poor, ethnic minorities, etc.); they are a crosscutting category of individuals that overlaps with all these other groups. Second, the household and interfamilial relations are a central locus of women's disempowerment in a way that is not true for other disadvantaged groups. This means that efforts at empowering women must be especially cognizant of the implications of broader policy action at the household level. Third, it can be argued that while empowerment in general requires institutional transformation, women's empowerment requires systemic transformation in all institutions, but most fundamentally in those supporting patriarchal structures.

Conceptualization

In the literature there is considerable diversity in the emphases, agendas, and terminology used to discuss women's empowerment. For example, it is not always clear whether authors who are using terms such as "women's empowerment," "gender equality," "female autonomy," or "women's status" are referring to similar or different concepts. Despite the similar concepts underlying many of these terms, the concept of women's empowerment can be distinguished from others by two essential elements. The first is that of *process* (Kabeer, 2001; Oxaal and Baden, 1997; Rowlands, 1995). None of the other concepts explicitly encompasses a progression from one state (gender inequality) to another (gender equality). The second element is *agency* – in other words, women themselves must be significant actors in the process of change that is being described or measured. Thus, hypothetically there could be an improvement in gender equality by various measures, but unless the intervening processes involved women as agents of that change rather than

merely as its recipients we would not consider it empowerment. However desirable, it would merely be an improvement in outcomes from one point in time to another. A definition proposed by Kabeer serves as good reference point for conceptualizing and measuring women's empowerment. It contains both the process and agency elements, and also implicitly distinguishes 'empowerment' from the general concept of 'power,' as exercised by dominant individuals or groups. Kabeer (2001) defines empowerment as *'The expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them.'* This definition fits well within the referral to empowerment as"the expansion of freedom of choice and action to shape one's life" in the World Bank's Empowerment Sourcebook. Resources and agency (in various forms and by various names, e.g., control, awareness, voice, power) are the two most common components of empowerment emphasized in the literature we reviewed. In some cases, however, resources are treated not as empowerment per se, but as catalysts for empowerment, as 'enabling factors' that can foster an empowerment process, rather than as part of empowerment itself. This distinction may be appropriate in the context of policy and evaluation; in particular, many of the variables that have traditionally been used as 'proxies' for empowerment, such as education and employment, might be better described as 'enabling factors', resources, or 'sources' of empowerment' (Kishor, 2000a). The second component, agency, as noted above, is at the heart of many conceptualizations of empowerment. Among the various concepts and terms we encountered in the literature on empowerment, 'agency' probably comes closest to capturing what the majority of writers are referring to. It encompasses the ability to formulate strategic choices, and to control resources and decisions that affect important life outcomes.

The importance of agency in the discourse on empowerment emerges from the rejection of 'top down' approaches toward development. At the institutional and aggregate levels, it emphasizes popular participation and 'social inclusion.' At the micro level, it is embodied in the idea of self-efficacy and the significance given to individual women's own realization that they can be the agents of change in their own lives. In many ways, the concept of agency in the literature on women's empowerment is comparable to the emphasis in the overall empowerment literature on generating demand for information and accountability, and facilitating inclusion, participation, and mobilization of those who are in disadvantaged positions. Agency as the essence of women's empowerment does not imply that all improvements in women's position must be brought about through the actions of women themselves or that empowering themselves is the responsibility of individual women. There is ample justification for governments and multilaterals to promote policies that strengthen gender equality through various means, including legal and political reform, and interventions to give women (and other socially excluded groups) greater access to resources. The question is whether it is useful to describe all actions taken towards that end as 'empowerment', and I would suggest that it is not. There are many examples in the literature showing that women's access to resources does not lead to their greater control over resources; that changes in legal statutes have little influence on practice; and that female political leaders do not necessarily work to promote women's interests. Thus while resources – economic, social and political – are often critical in ensuring that women are empowered, they are not always sufficient.

Without women's individual or collective ability to recognize and utilize resources in their own interests, resources cannot bring about empowerment.

Empirical Research

Empirically, a number of studies from a range of disciplines – anthropology, sociology, demography, economics – have attempted to measure various aspects of women's empowerment, either as the outcome of interest, or as the intermediary factor affecting other development outcomes. Efforts at data collection and analysis, especially at the

Commonly-used Dimensions of Empowerment in Household, Community and Broader Arenas

Dimension	Household	Community	Broader Arenas
Economic	Women's control over income, relative contribution to family support, access to and control of family resources	Women's access to employment; ownership of assets and land; access to credit; involvement / or representation in local trade associations; access to markets	Women's representation in high paying jobs; women CEO's; representation of women's economic interests in macro-economic policies, state and federal budgets
Socio-Cultural	Women's freedom of movement; lack of discrimination against daughters, commitment to educating daughters	Women's visibility in and access to social spaces; access to modern transportation; participation in extra-familial groups and social networks; shift in patriarchal norms (such as son preference); representation of the female in myth and ritual	Women's literacy and access to a broad range of educational options; positive media images of women, their roles and contributions
Familial/ Interpersonal	Participation in domestic decision-making; control over sexual relations; ability to make childbearing decisions, use contraception, obtain abortion, control over spouse selection and marriage timing; freedom from violence	Shifts in marriage and kinship systems indicating greater value and autonomy for women (e.g. later marriages, self selection of spouses, reduction in the practice of dowry; acceptability of divorce); local campaigns against domestic violence	Regional/national trends in timing of marriage, options for divorce; political, legal, religious support for (or lack of active opposition to) such shifts; systems providing easy access to contraception, safe abortion, reproductive health services
Legal	Knowledge of legal rights: domestic support for exercising rights	Community mobiization for rights; campaigns for rights awareness; effective local enforcement of legal rights	Laws supporting women's rights, access to resources and options; advocacy for rights and legislation; use of judicial system to redress rights violations
Political	Knowledge of political system and means of access to it; domestic support for political engagement; exercising right to vote	Women's involvement or mobilization in the local political system/campaigns; support for specific candidates or legislation; representation in local government	Women's representation in regional and national government; strength as a voting bloc; representation of women's interests in effective lobbies and interest groups
Psychological	Self-esteen; self-efficacy; psychological well-being	Collective awareness of injustice, potential of mobilization	Women's sense of inclusion and entitlement; systemic acceptance of women's entitlement and inclusion

household and individual level, have become more common and sophisticated in recent years, and although they continue to have limitations, they provide important guidance for future efforts at measuring women's empowerment. At the same time, important challenges remain. It is apparent that most of the empirical studies we reviewed utilize indicators and analyses of empowerment that do not effectively operationalize the consensus-based definition and conceptualization of empowerment outlined earlier. The vast majority of empirical studies are not measuring the process element of empowerment. Additionally, macro-level studies are especially weak on measuring agency and often do not employ a relevant conceptual framework. Household level studies have made significant progress in conceptualizing broader, context-specific frameworks and in specifying indicators that can be said to capture aspects of agency, but considerably more work is required in this area. The lack of empirical research at "meso" levels presents an important gap, as does the relative lack of rigorous research on policy and programmatic efforts. Data limitations have also presented an important constraint in efforts to measure women's empowerment. Macro-level studies are especially limited in the extent to which they can operationalize innovative approaches to this task by the lack of gender-disaggregated data from developing countries on a vast majority of relevant indicators. Our review of the empirical literature suggests that in many cases researchers recognize the data constraints, but have had to adapt their studies to the limitations. Others have collected primary data, but often in isolation from each other, and never through longitudinal or panel studies.

Framework on the Dimensions and Indicators of Women's Empowerment

The natural next step for building on the strengths of the existing literature would be to develop a comprehensive framework of domains or dimensions of women's empowerment that can be applied across settings and contexts. In the Table above, I make a first attempt at this by drawing on the frameworks developed by various authors, 'fleshing out' potential indicators within each dimension, and at different levels of aggregation.

SYSTEMS AND STRUCTURES FOR IMPROVED GOVERNANCE

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Most governments are willing to make statements about the importance and well-being of children. The difficulty is translating those good intentions into effective action, and implementing programs that will indeed guarantee the well-being of children. The same arguments about implementation could be made for other vulnerable groups in society, but children may have a special claim for protection and fostering given that, in addition to the obvious moral arguments, they represent the future of their countries.

By this time, through the Convention on the Rights of Children and the pressures from numerous international governmental and non-governmental organizations, laws and organizations attempting to promote the well-being of children exist in most if not all countries. The question, however, is whether they really function as intended, and what could be done to make them more effective, and further what are the structural barriers to effectiveness? This brief paper will attempt to raise some questions about the governance issues that need to be addressed when considering the well-being of children. They can be summarized by thinking of what is the policy capacity of public governance and what are the more strategic modes of intervention?

Specialized Structures and Processes for Children's Well-being?

One fundamental question is whether issues governing the well-being of children should be governed separately from the remainder of the public sector, or mainstreamed with other governance activities. There are good arguments for either approach. On the one hand, the standard government departments of health, education, etc. contain experts whose work is crucial for the well-being of children. On the other hand, however, it may be important to provide some organization or program that focuses just on children and their needs. This may be a ministry, a junior ministry, or some other individual charged with promoting the well-being of children. The best answer therefore appears to have both: maintain the specialized departments of government while also empowering an advocate – organizational or personal – to integrate the available services and press for those that are not available. The fundamental issue here is that the well-being of children requires services that span the spectrum of public sector programs so that coordination and integration is central to effective governance in this area. The issue is also how to develop structures that have sufficient influence to produce that integration, and how to overcome the tendencies of many public organizations not to consider the special needs of children.

Placing Issues on the Agenda

Another fundamental issue in governance is placing issues of well-being for children on the agenda for action. If powerful actors are able to prevent issues of the well-being of children from being considered then there is no opportunity for achieving greater well-being through public action. Children are among the most marginalized members in most societies, so getting their issues on the agenda may be difficult. Further, the manner in which issues are defined as they are being placed on the agenda will determine their likelihood of promoting the well-being of children. Is, for example, education framed as an issue for enhancing productivity or as a more fundamental human right for children? Often it is only when the problems of children are extreme, e.g. horrific child abuse or mass starvation, that issues affecting children are readily brought to the agenda.

Public versus Private Action?

When considering governance we tend to concentrate on the role of the public sector, but there is also a clear place for private sector action. Indeed, when the public sector is weak, corrupt or disinterested then involving private sector actors appears the best strategy for

producing effective action on behalf of children. Even if State actors are effective in governing, involving private sector actors may leverage resources and also help to legitimate actions promoting the welfare of children. Therefore, just as cooperation across policy sectors may be crucial for effective governance, so too may be cooperation between public and private actors. The issue involves creating sufficient community and trust among the actors to enable them to work together effectively.

Improving Administration

As implied above, the implementation of programs for the well-being of children is often a major barrier to effectiveness. There have been numerous efforts to improve the performance of public administration through the New Public Management and other techniques, but in many countries administration remains ineffective and corrupt. While there are any number of barriers to effective administration, many developing systems are characterized by formalism and excessive red-tape as means of protecting administrators rather than protecting clients. Public administration has also become more decentralized, often leading to marked inequalities in the administration of programs. The issue appears to building more effective public organizations, fighting corruption, and ensuring equity without over centralization – a formidable set of tasks. Improving, as difficult as it may be, is central to improving the governance for child well-being.

Accountability and Control

The final, and in some ways most important, consideration in governance for the well-being of children is accountability – holding those actors responsible for improving the lot of children to account for their successes and failures. The accountability process should not only provide some sanctions for those actors who have failed to produce the intended levels of outputs on behalf of children, but should also provide information for citizens on the success and failure of programs – transparency may be a necessary prerequisite for effective accountability.

Hierarchy is the usual way of thinking about enforcing accountability. In this perspective, there is some authoritative actor, generally a legislature, which assesses the legality and performance levels of other organizations. For the well-being of children, it is also important to be able to assess the performance of government actions directed at individuals as well as generally, so that organizations such as a children's ombudsman become crucial accountability actors. The demands for accountability may also be more significant for programs and organizations providing for marginalized individuals in society, as assessment of prior activities can identify the ways in which equality and equity are being undermined.

One of the developments from the New Public Management has been to emphasize the performance of public organizations. As well as affecting management, performance can also be used as a mechanism for accountability. If public programs have clearly defined and measurable objectives then organizations can be held accountable for attaining those goals. Utilizing these objective targets for accountability may make the process more transparent and may make it less political and more substantive. The emphasis on performance may, however, focus on averages across the country rather than questions of equity and services for the least advantaged. Thus, any attempt to assess performance should go beyond simple averages and examine the distributive consequences of programs – if improvements are being made, and which groups in society are enjoying the greatest improvements.

As well as formal processes for accountability, there can be participatory mechanisms that allow citizens to be involved directly in assessing the performance of governance. For children, creating participatory opportunities may be more difficult, given that they are considered unreliable and, as non-voters, not really part of the political process. Although progress has been made in participation for children, enhancing those opportunities appears to be an important mechanism for enhancing accountability.

Remaining Issues

The above has specified some important governance issues, but for the well-being of children we need to consider how to create effective action. The issues for creating the necessary action would include:

a. How to build coalitions to overcome the powers of entrenched interests

b. How to build coalitions within government to integrate services for children

c. How to develop administrative structures, and administrators, who prioritize children and their well-being

d. How to monitor government actions on behalf of children.

GOVERNANCE SYSTEMS AND ACCOUNTABILITY

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It has been recognised across the world that improved or 'good' governance is a precondition for sustained poverty reduction and a peaceful and stable society, which is founded on a rights-based approach.[1] Governments are obligated to fulfilling the rights of children, as well as in playing regulatory and oversight roles to ensure non-state actors' compliance with child rights codes. In general, child rights impose three distinct obligations on governments: the obligations to ***respect***, ***protect*** and ***fulfill*** those rights.[2]

According to Save the Children, 'Governance involves structures and systems. It is concerned with power and resources and opportunities to influence matters that affect individuals and their communities. For children and young people, governance relates to several contexts such as family, school governance and national and international governance.[3]

Good governance related to rights of the child, as with any other category of citizens of a country, is measurable by the level of realisation of rights: existence of relevant laws and policies, number of children enrolled into schools, number of children immunized, number of children placed in institutions or number of children using harmful substances. It is hard to imagine that achieving high level of exercise of child rights is possible within a governance system that is non-transparent, disorganised, corrupt and non-accountable. In other words, child rights can be best realised when the State provides for a high level of participation, equality, the rule of law and efficiency.[4]

This brings us to the need for holding state accountable for its actions and inactions. Accountability is a distinctive, complex and central feature of human rights, and is concerned with the requirement of the State to fully comply with its obligations, national, regional or international. State Accountability refers to the processes, norms and structures that require powerful actors (governors) to answer for their actions to another actor (the governed and/or international community), and suffer some sanction if the performance is judged to be below the relevant standard.[5]

This involves continuous monitoring by government and civil society. Just as rights holders have the right to receive information on whether governments are fulfilling their obligations; government has the obligation to make public all available information on its efforts – programmes, policies, laws as well as budgets. Concrete examples of individuals and groups seeking accountability show that the real challenge is to convert legal commitment into specific measure of implementation.[6]

Human rights principles lay down the role of the state as the primary duty bearer, accountable for the realisation of all rights held by its people – children, women and men. However, for it to be truly sustainable, there is an urgent need to mainstream children's rights into all developmental efforts (just as gender mainstreaming has come to be recognised) – governmental and non-governmental.

This means, unless all government policies and actions, be it the agricultural policy, the drug policy, policy on displacement and rehabilitation, forest laws, mining policy, and the like, are examined through a child rights lense, any attempt to address violation or denial of children's rights will stand defeated, leaving scope for more and more children to fall out of the social security and safety net. A very good example of this is the National Programme of Action for Children in South Africa (NPA), which was envisaged as an instrument for ensuring that poor children are 'put first' in policy, government budgets and service delivery.[7]

The key to measuring good governance is:

- Monitoring its performance and
- Holding it accountable for its actions.

This includes:

- *Financial accountability*, which is about allocation, disbursement and utilisation of funds.[8]
- *Performance accountability*, which is about demonstrating and accounting for performance through implementation of initiatives in the light of agreed indicators – the focus being service, output and outcome or result.[9]
- *Political or democratic accountability,* which involves policy making, political process and elections.[10]
- *Social accountability,* which involves demonstrating that the social impact of policies, laws and interventions with affirmative action for the most vulnerable and marginalised for equality and equity.

While discussing children's rights and state accountability in today's context certain critical issues need to be examined and relevant questions asked:

1. **Measuring performance of the state in its realisation of rights**. The question being addressed is how far has the state achieved its goal of all rights for all children and where are the gaps and shortfalls? State action has to be monitored through well-tested methodology that provides empirical and verifiable results and thereupon held accountable for the commissions and omissions in its actions, in the realisation of civil and political rights as well as economic, cultural and social rights of all children, especially the most vulnerable and marginalised.[11]
2. **Using evidence based research to measure state performance.** Across the world countries have been developing tools that are empirical or evidence based to measure and monitor state performance to enable them to hold their states accountable.
   - For *financial accountability* budget analysis has been undertaken across the world. While human rights budgeting and gender budgeting has found a lot of acceptance both within civil society and government in several countries of the world, budgeting for children has followed slowly. Over the last decade this began in Brazil, South Africa and India and has now spread to several other countries across the globe.
   - Tools and methods for *performance accountability and social accountability* include the ranking of states or, within countries, provinces by using an index (referred to as child rights index, child well-being index, child friendliness index etc.); status reports of children (country wise, region wise or even sector/or issue wise). UNICEF's State of the World's Children, the Human Development Reports of the UN, WHO health reports are examples of such documents generated internationally. The African Child Well Being Index developed by the African Child Policy Forum and the Child Rights Index developed in India by HAQ: Centre for Child Rights are examples of using ranking as a method for monitoring and accountability using empirical data.
   - For *political or democratic accountability* the legislative bodies need to be monitored and this can be done through a close scrutiny of the questions raised, the discussion and the debates in the legislature. How are children's issues discussed, how much space is given to children, who are the persons engaged in the discussions, and some of the questions to be answered. In India for example, HAQ monitors the parliament through an analysis of the parliament questions raised in the sessions in parliament.
3. **The international reporting mechanisms.** Reporting to international treaty bodies and monitoring the implementation of the concluding observations of treaty bodies are ways of holding states accountable. It can also result in heightened visibility of child rights at domestic level, enable public exposure of rights violations and stimulate States into action.[12] More and more civil society groups now take the route

of shadow reporting or alternate reporting or making submissions to UN bodies, and by participating in other events such as the general days of discussion. The Universal Periodic Review has emerged as an event for holding states accountable through peer reviews. Reporting to the UN Committee on the Rights of the Child provides an opportunity for children to be involved in talking about their rights and being listened to.

However, there is a challenge in this. Too often governments see international or non-governmntal monitoring based on international human rights commitments and standards as "external", "foreign", interventions. It is the task of the United Nations and other international organizations to continue to create awareness among parliamentarians, bureaucrats and our leaders that these are obligations of our own States and governments, under our Constitutions that also link to the norms of international law.[13]

4. **Social accountability and monitoring performance based on equality, equity and non-discrimination.** It is by now well recognised that children in any country are not a homogeneous group, and their needs would differ according to age, gender, ethnicity, socio-economic status and physical and mental capacity. Additionally, even while there are specific age-, gender-, ability-appropriate interventions required for children, there is also a critical need to ensure that all children have all rights. Indeed the access to services, opportunities and the outcomes differ among different groups based on their socio-economic or geographical location etc. What is required is not just equality, but equity measures. However, governance measures as well as accountability measures have not always kept this diversity in view. The concept of equality and equity in the context of social accountability needs much greater understanding. Indeed accountability measures cannot be developed in a vacuum as specific groups will need specific attention and interventions. How does the state ensure this? (In India, for example, the concept of "right to equality" includes equality before law, non-discrimination on grounds of religion, race, caste, sex or place of birth; equality in matters of public employment; and abolition of untouchability. The challenge remains of implementation and realization of these rights.
5. **The right of children to be heard, and cognizance within state mechanisms of their views.** The experience of India, Nepal in South Asia, South Africa and countries of Latin America where children have been made part of the decision-making process has shown that accountability measures can be made specific to groups and their needs through creating appropriately empowered community groups. However, the challenge is to ensure that the participation is genuine and not tokenistic.
6. **Judicial recourse and judicial accountability:** All countries have rights for children laid down in their constitution as well as in laws. At the same time there may be gaps in laws and policies (laws being justiciable whereas policies are statements of intent and non-justiciable). Their implementation may however, may leave much to be desired. One of the ways to hold a state accountable has been to take recourse to judicial action. This may lead to judicial orders for executive action or open the avenue for the creation of a new legal mechanism. Action may be through individual petition or through class petitions often called public interest litigation (PIL). In India for example, PILs have become a very important tool for holding the state

Genuine Participation vs. Tokenism

Participation cannot be genuine if children have no opportunity to understand the consequences and the impact of their opinions – such non-genuine 'participation' often merely disguises what is actually the manipulation of children, or tokenism. Again, the key to genuine participation is ensuring respect for children's views. In addition to facilitating and supporting activities to foster child participation, it is becoming increasingly important to consider whether and how to ensure follow-up of children's recommendations and concerns.

Children's referendums and the 'What do you think?' project are but a few examples of a worldwide movement to increase the spaces and opportunities for child participation. In all such activities, strong monitoring and evaluation components must be present and initiatives tested against the principles of the Convention. Is the activity in the best interests of the child? Is any form of discrimination present? Do the most disadvantaged and marginalized children have opportunities to participate and are their voices heard? Are children genuinely participating? Can children make a difference in decision-making processes?

(Source: http://www.unicef.org/crc/files/Right-to-Participation.pdf)

accountable through the orders passed by the judiciary on matters concerning children, which may then lead to executive action by the government (the ongoing PILs on the right to food; juvenile justice; child labour etc. are cases in point).

However the important matter of judicial accountability is also an important issue of discussion. "Who monitors the monitor?" is a matter under discussion in several countries of the world. At HAQ we attempt to do it through the analysis of case law and through direct intervention in court showing how the courts are functioning with respect to children.

7. **Decentralisation and making local governance structures child friendly.** Decentralisation and local governance is one way to bring governance structures closer to the people. It is also a way to ensure participation of children and accountability.

   Child Friendly Local Governance (CFLG)[14] can be defined as a strategic framework that places children at the core of the development agenda of local bodies, government line agencies and civil society, promoting child rights through good governance at the local level. It provides overall guidance to realizing and mainstreaming the rights of children (to survival, development, protection and participation) in local government systems, structures, policies and processes. CFLG also facilitates and coordinates the realization of child rights at the national (macro) and sub-national (meso and micro) levels, and enhances the integrated delivery of local services related to children. This is being experimented in Nepal with some degree of success and needs further examination.[15]

8. **Role of families and communities.** While the principal responsibility of ensuring realization of rights and entitlements rests with the state, families and communities play an important role in both realization as well as violation of these rights. Severe violations such as violence, conscious neglect leading to harm and death are instances where families and communities can be held accountable through recourse to law. However, in the cases of more structural and systemic violations such as discrimination, neglect and denial of access to entitlements, holding families and communities accountable becomes a challenge.

   In another role, families and communities can be trained and empowered to monitor state and to hold it accountable. Such an experiment has been undertaken by HAQ in partnership with a local organization, MV Foundation, where community groups have been trained to understand budget related information so that they can use it to hold local governments accountable.

9. **Role of private actors.** We know that the government or the state is the primary duty bearer. In other words all actions for realizing the rights of children is the responsibility of the state. Across the world states are 'outsourcing' its services to private players or non-governmental agencies in the name of "partnerships". Policies and laws are encouraging withdrawal of the state and the entry of private players for provision of basic services. Under these circumstances, who is responsible and hence accountable?

10. **Transparency and accountability.** Transparency means that relevant and timely information about the activities of government is available to the public so that they can meaningfully participate in decisions that concern them and have access to all necessary information. This has been recognized as a pre-condition for good governance. Without meaningful information available to stakeholders, it is not possible for them to hold state accountable. For example, in countries where budget documents are not freely available, it is not possible to undertake budget analysis or take part in influencing the budget. The same applies to formulation of laws, policies and plans of action, in which many countries do not involve civil society or children themselves. This creates a schism between the state and citizens. The Right to Information policies that many countries have adopted are an important step towards transparency.

[1] According to UNSCAP, "Good governance has 8 major characteristics. It is participatory, consensus oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive and follows the rule of law. It assures that corruption is minimized, the views of minorities are taken into account and that the voices of the most vulnerable in society are heard in decision-making. It is also responsive to the present and future needs of society" In What is Good Governance? http://www.unescap.org/pdd/prs/ProjectActivities/Ongoing/gg/governance.asp accessed 4 December, 2012.

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CHILD RIGHTS AND CHILD WELL-BEING: A THINK PIECE

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Introduction

The issue

Child rights and child well-being are two different concepts that are often used interchangeably in various contexts and by various constituencies. The selection of one term or the other frequently reflects a disciplinary or political approach. Economists and social scientists typically refer to child well-being while lawyers would only believe in rights. Political considerations have also led to the extensive inclusion of child well-being in UN negotiated documents as a way to facilitate consensus.

Yet while significant literature exists around both the measurement of child well-being and the implementation of child rights, the correlation between the two has received limited attention.

Child rights are central to UNICEF's action. As emphasized in UNICEF's mission statement,[1] children's rights are simultaneously a moral and ethical imperative, a guiding principle and an objective for all of UNICEF's work.

As the UNICEF Office of Research articulates its research framework around the social and structural determinants of child well-being, understanding how child rights and child well-being intersect is therefore critical to rightly positioning the concept of well-being within that frame.

The objective of this think piece is to explore key considerations around the linkages between child rights and child well-being in order to advance conceptual clarity and anticipate possible implications for the determinants framework. While such an undertaking could require volumes of analysis, the goal here is to capture core elements of the discussion, as an invitation to further reflection.

Elements of definition

While the definition of child rights focuses on their objective and legal character, definitions of well-being include a significant subjective component.

Child rights can be defined as the rights inherent to any child by the sole virtue of being a child. As such, there is a non-negotiable set of principles. These rights are those listed in the Convention on the Rights of the Child (CRC) and its Optional Protocols, which apply to any human being under 18 years of age, unless the majority is attained earlier in accordance with the laws of the country.[2] Furthermore, child rights also encompass human rights recognized to all human beings as set forth in the international human rights framework.[3]

Children's rights, like all human rights, therefore represent the legal translation of a number of values which human societies recognize as foundational. The fulfillment of child rights is an obligation for State parties to relevant international treaties, including the CRC and its Optional Protocols. Human rights traditionally regulate the relationship between the State and citizens. However, given the importance of the family and community in children's enjoyment of their rights, a specificity here is the fact that duty-bearers extend beyond State parties and include those individuals and structures that care for children, in particular parents (or other caregivers) and care institutions.

Child well-being connotes a child's quality of life in the broadest sense. It refers to the economic conditions, peer relations, political rights, and opportunities for development that a given child experiences.[4] Literature has recognized that well-being includes both (1) material, *objective*, conditions of living, and (2) the *subjective* way children experience their own lives, which includes perceptions, evaluations and aspirations.[5] It is therefore a

useful concept, which is essentially child-centred, and adaptable to various disciplines and contexts – but also prone to diverse understandings.[6] UNICEF's Office of Research concentrates on the social and structural determinants of child well-being, i.e. those that operate at the macro level and are policy susceptible.

Three major sets of linkages between child rights and child well-being can be highlighted. They are all interdependent:

1. ***Causality***: Child well-being as an *outcome* of the realization of child rights.
2. ***Complementarity***: Child rights and child well-being as *informing* each other.
3. ***Process***: A virtuous circle in which child rights operate as *guiding principles* for processes aimed at child well-being and well-being contributes to child rights *accountability*.

This think piece argues that while child rights represent the foundational framework for child well-being, child well-being considerations set the context in which children's rights can be implemented. Consequently, rather than acting as a determinant of child well-being, child rights are the canvas on which well-being determinants operate and become meaningful for both the rights and well-being of children.

Child Well-being as an Outcome of the Realization of Child Rights

Child well-being constitutes an outcome of the realization of children's rights. On the one hand, the substantive realization of rights aims to achieve well-being. On the other hand, by setting legal obligations for duty-bearers, rights based approaches emphasize a duty to act and ensure that processes aimed at achieving well-being respect and build on rights. While these apply to all human rights, for children the relationship between rights and well-being takes a specific dimension, which helps shape the thinking on social and structural determinants.

Child well-being drawn from and informed by child rights

All human rights are interdependent and indivisible. The traditional distinction between economic, social and cultural rights (traditionally called welfare rights) and civil and political rights (often referred to as freedom rights) is useful in understanding their respective contribution to various dimensions of well-being. A distinctive feature of the CRC is that it gathers both under the same umbrella.

Rights and material well-being

An adequate standard of living as a prerequisite for well-being

Well-being has long been associated with material well-being – hence the welfare approach. From this point of view, the realization of economic, social and cultural rights secures people's well-being. One area where this issue is particularly salient is in relation to the right to an adequate standard of living. The Universal Declaration on Human Rights refers to every person's right to a standard of living adequate *for* the health and well-being of themselves and their families and includes, in the case of children, the right to special care and assistance.[7] Interestingly, while well-being is often closely associated with health in literature, the Universal Declaration clearly presents it as a distinct element.

Within the human rights concept, the standard of living is broader than income, but typically refers to having material needs fulfilled.[8] Numerous studies have shown the prevalent effect of income poverty on people's well-being. While child poverty studies have highlighted the multidimensional nature of poverty for children, they have also underlined that income remains a primary determinant.

Featured in the CRC and other fundamental texts, the notion of an adequate standard of living constitutes a right – associated with a legal obligation.

The way the CRC approaches this question provides guidance on how to specifically understand well-being for children.

Child well-being, child development and the life course approach

The corresponding provision in the CRC differs slightly from the Universal Declaration. Instead of referring to health and well-being, Art. 27 provides for every child's right to a standard of living adequate *for* the child's physical, mental, spiritual, moral and social *development*.[9]

This comparison helps understand the particularity of the child rights approach. First of all, the CRC takes a comprehensive approach to child's development, which comprises self-centred aspects (physical and psychological) as well as a social component. An adequate standard of living here is much broader than material needs. Consequently, the understanding of child well-being goes beyond material well-being. This has been reflected in studies on the effects of multiple deprivations on child well-being. It is also the reason why the Convention includes specific provisions such as the right to rest, leisure and play,[10] which recognize the centrality of well-being in a child's development.

Secondly, while child well-being evokes a child's situation at a moment in time, the child development approach implies a dynamic, ongoing, process. The CRC perspective on the child's right to development hence suggests taking a life-course approach to well-being.

Looking at the various dimensions of child's development, the rights framework calls for a holistic approach to determinants of child well-being at various stages of the child's development process.

● *Freedom and well-being*

■ Freedom as a component of well-being

Well-being relates to civil and political rights in two different ways. Firstly, if freedom is accepted as a human need, then material goods do not suffice to provide individual comprehensive well-being. A striking illustration is the so-called "Arab spring", largely driven by peoples' aspiration to freedom. Freedom also enables individuals and groups to choose the way they want to live their lives, according to their well-being preferences.

A number of determinants of well-being are directly related to civil and political rights. For example, good governance is intrinsically linked to the exercise of freedoms and the ability for citizens to hold decision-makers accountable. On another level, the right to found a family and to consent to marriage is also among these freedoms.

Children's freedoms and agency in defining their well-being

The CRC also recognizes civil and political rights for children – although these often receive less attention than "protection" and "provision" rights. More importantly, the CRC sets a vision of children as agents, able to act towards their well-being based on their own will. Specifically, it recognizes children's right to have their views heard in all matters affecting them.[11] The reference to "all matters affecting the child" can be understood as an implicit reference to the child's well-being. This right does not mean that children can directly decide. It is carefully framed by the recognition of the evolving capacities of the child and the role of parents in securing children's well-being. However, it acknowledges children's agency – and freedom – to take part in decisions affecting their well-being.

Social and structural determinants of well-being, including governance and social norms, therefore need to integrate children's civil and political rights, and especially the right to have his/her views heard, in order to positively influence children's quality of life.

This approach further highlights the importance of rights-based processes in determining well-being.

Rights-based approaches to policy processes as conducive to well-being

Fulfillment of rights as a legal obligation calling for specific policy measures

Rights involve corresponding duties from governments to take action to promote, protect and fulfill these rights. While child well-being may represent a chosen outcome building on charity and benevolence, the objective of realizing rights stems from a legal obligation and draws on compassion, solidarity and a desire for justice.[12]

Human rights treaties contain general implementation provisions. In the case of the CRC, Article 4 provides that State parties should take all relevant legislative, administrative and other measures to implement the rights contained in the Convention. The rights framework hence places an obligation on states to carry out policies towards the realization of children's rights, thereby contributing to their well-being.

Rights-based approach guiding policy processes

Human rights-based approaches focus on the equal importance of outcomes and processes. Consequently, the process of realizing rights itself requires respecting and promoting human rights.[13] The ultimate desired outcome of child well-being therefore calls for programming and policy that incorporate human rights in their processes. This approach emphasizes the empowerment and participation of rights holders in decisions that affect them and their role in holding duty-bearers accountable for both outcomes and processes. There is a striking correlation between human rights-based approaches and good governance. As highlighted in the UN Secretary General report of July 2011 on the post-MDG strategies, they go hand-in-hand: "A human rights framework enriches policy implementation by enabling effective participation by all stakeholders in decision-making, and improving accountability and governance."[14]

Good governance therefore constitutes both a determinant and an outcome of human rights.

Well-being as Contextualizing the Implementation of Child Rights

While children's rights are inalienable and exist regardless of whether they are respected, child well-being is highly dependent upon circumstances and context. Studies on happiness for example combine measures of overall life satisfaction and of daily emotions.[15] The concept of child well-being therefore enables to prioritize, assess and measure the concrete realization of a particular child or group of children's rights, in light of the prevailing environment as well as subjective considerations.

Child well-being and best interests of the child: prioritization process

The CRC requires that in all actions concerning children, the best interests of the child be a primary consideration.[16] This provision recognizes that children's interests may compete with other interests in society. It thereby also acknowledges children as members of society, with their own interests.

The best interests principle further serves to contextualize the determination of the child's best interests in given circumstances, according to both the child's individual characteristics and his or her environment. Interestingly, the combination of these elements is precisely what also determines child well-being.

It is important to note that the principle applies both to individual children and to children as a group. Child rights impact assessments for example seek to ensure that children's best interests are given adequate consideration in policy decisions.

Consequently, the best interests principle establishes a requirement for setting adequate processes in order to determine and give priority to child well-being in all decisions affecting children.

Giving visibility to the individual child in his or her environment

A review of core international human rights instruments reveals different approaches to well-being in generic, adult-focused human rights standards and in the CRC. Various human rights treaties refer to the concept of well-being as applying to communities and families as a whole rather than to individuals. In contrast, the CRC uses the concept of child well-being in order to give visibility to the individual child within the family and community. Notably, the preamble states that the family is the natural environment "for the growth and well-being of all its members, and particularly children". This implies that in measuring well-being, indicators need to pay specific attention to the situation of the child within the household.

This approach is also highly relevant to child protection considerations, where child well-being is not necessarily correlated with family or community well-being. Studies have demonstrated that children living in well-off families or communities can be victims of abuse, violence and neglect.

The CRC further applies the concept of well-being when the situation of the child is to be determined not directly by the State party, but through the intervention of another entity, whether the family, media or an institution. Instances where the CRC mentions well-being are in relation to the best interests of the child and the need for "such protection and care as is necessary for his or her well-being", separation from parents, right to information and access to material aimed at the child's "social, spiritual and moral well-being" and not injurious to his or her well-being, and, in the context of juvenile justice, measures to ensure that "children are dealt with in a manner appropriate to their well-being".

The CRC indeed recognizes that duty-bearers for respect and fulfillment of child rights are not merely States but also include private actors. It therefore incorporates the fact that child well-being is highly dependent upon the environment in which the child develops. In the CRC parents (or other caregivers as relevant) have primary responsibility for the well-being of the child and the State has a corresponding duty to support them.

Well-being as an assessment tool for rights based accountability

Accountability and measurement

Accountability provides an interesting perspective on the linkage between rights and well-being. Rights, as legal obligations, mean that duty-bearers are accountable to rights holders for respecting and fulfilling them. The rights framework provides a number of accountability mechanisms. These comprise *inter alia* international mechanisms such as the reporting process to treaty bodies such as the CRC Committee, the Universal Periodic Review of the Human Rights Council, international courts and complaint procedures, as well as regional mechanisms. They also include national mechanisms such as independent human rights institutions, parliamentary committees, courts and other remedies. Accountability processes are part of the rights based approach mentioned above.

However, measuring the fulfillment of children's rights involves measuring the outcome, i.e. well-being. For example, measuring the realization of the right to life implies resorting to well-being indicators such as mortality rate, suicide rate etc. Similarly, assessing the realization of the right to an adequate standard of living requires measuring poverty levels.

Consequently, while states are not accountable for child well-being per se, measures of child well-being appear to be a critical component in what makes accountability for child rights possible.

Justiciability

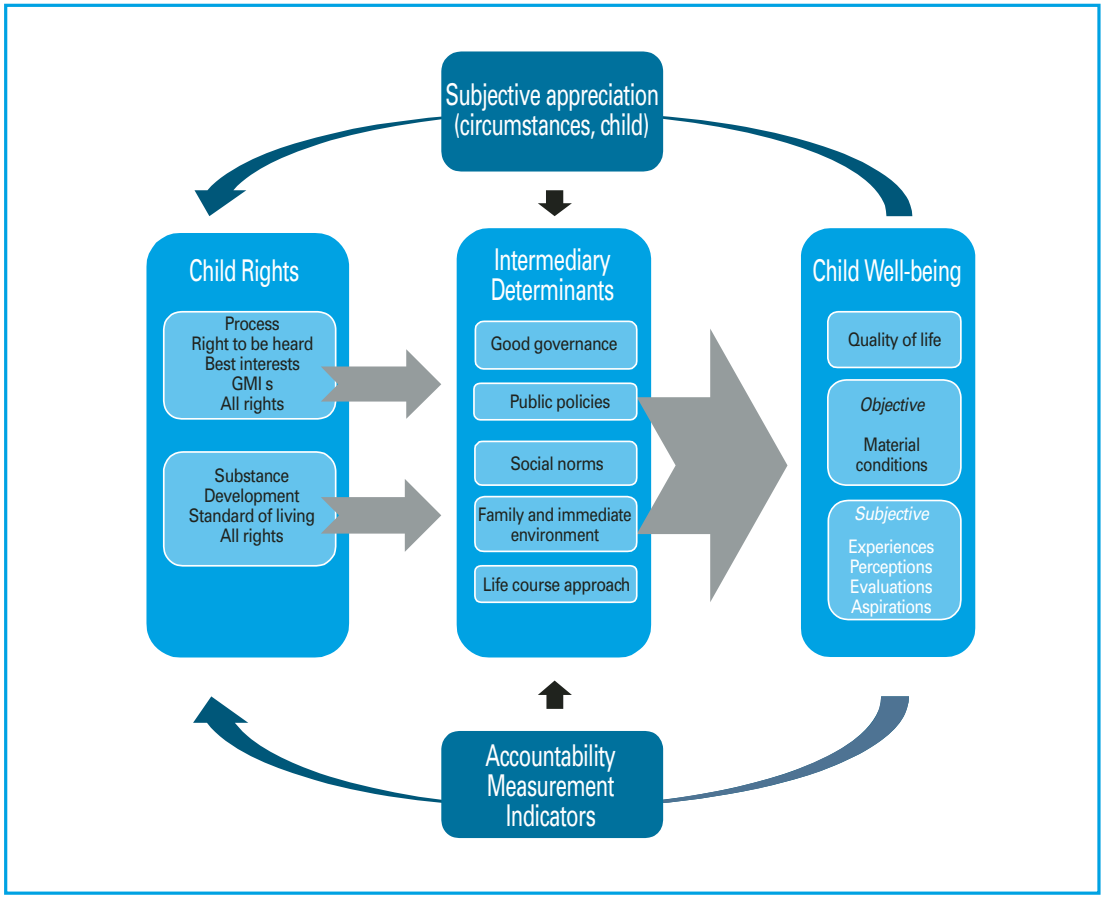
As a legal obligation, rights are justiciable. In other words, citizens, including children, can claim them before courts and other remedies and obtain redress. Although well-being

cannot be claimed as such, negative well-being outcomes often signal rights violations. Furthermore, consideration of child well-being can guide a court or another body on how to implement a specific right, in the context of the best interests determination for instance. The determinant here again is the capacity of the system to ensure justiciability and develop relevant procedures to secure the best possible child well-being outcome.

Conclusion: Key Questions Around Child Rights, Child Well-being and Equity

It would be beyond the scope of this think piece to provide a comprehensive conceptual overview of equity and how it relates to child rights and child well-being. The objective here is to conclude by raising a few questions that come with the intersection of these concepts.

Determinants of Child Rights and Child Well-being



Equity is understood within UNICEF as meaning that all children have an opportunity to survive, develop, and reach their full potential, without discrimination, bias, or favouritism.[17]

- Does survival and development to full potential constitute a rights or a well-being approach to equity?
- Does equity in well-being imply equality in rights?
- How does the right to non-discrimination relate to the concept of equality?

- What are equitable conditions for well-being?
- How does the concept of opportunity intersect with the concept of determinants of child well-being?
- How does the concept of opportunity intersect with the concept of rights?
- What is the difference between equity for adults and equity for children? Should children have an equal opportunity to survive and develop?

- What is the difference between equality in rights and equality in outcome (defined as well-being)?
- What is the role of subjectivity in the definition of equity? How does that influence action on determinants of child well-being?

- Which circumstances of a child's life are policy susceptible? What are the drivers of well-being that are not policy susceptible?
- Can changes in well-being affect approaches to and understanding of equity in a particular context?

[1] "UNICEF is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children." UNICEF mission statement.
[2] CRC, Art. 1.
[3] Universal Declaration of Human Rights; International Convention for the Elimination of all forms of Racial Discrimination; International Covenant on Civil and Political Rights; International Covenant on Economic, Social and Cultural Rights; International Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment; Convention for the Elimination of all forms of Discrimination Against Women; Convention on the Rights of the Child; International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families.
[4] UNICEF Office of Research Concept Note on "Closing the Equity Gap: Addressing the Social and Structural Determinants of Child Well-being".
[5] See WHO Commission on Social Determinants of Health, A Conceptual Framework for Action on the Social Determinants of Health, 2010, p.13; Ferran Casas, Quality of Life and the Life Experience of Children, in Verhellen, E. (ed.), Understanding Children's Rights, Collected papers presented at the Interdisciplinary Course on Children's Rights, University of Ghent, Belgium, 1999.
[6] Some actually find it a 'muddy' concept. See Morrow, V., Mayall, B. (2009). 'What is Wrong with Children's Well-being in the UK? Questions of Meaning and Measurement', *Journal of Social Welfare and Family Law* 31 (3): 213-25, p. 221.
[7] UDHR, Art. 25 (emphasis added).
[8] The ICESCR refers to food, clothing and housing. See Art. 11 (1): "The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions (...)".
[9] CRC, Art. 27 (emphasis added).
[10] CRC, Art. 31.
[11] CRC, Art. 12.
[12] See Jonsson, U., *Human Rights Approach to Development Programming*, UNICEF ESARO, 2003, pp. 20-21.
[13] Ibid.
[14] Accelerating Progress towards the Millennium Development Goals: Options for sustained and inclusive growth and issues for advancing the United Nations development agenda beyond 2015, UN Secretary-General Report, 11 July 2011, A/66/126.
[15] See Sachs, J. et al (eds.), World Happiness Report, Columbia University Earth Institute, April 2012.
[16] CRC, Art. 3.
[17] UNICEF Intranet Q&A on equity.

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