World Vision®

The Post-2015 Agenda:
DISCUSSIONPAPER

Positioning Violence Against Children on the Global Agenda

FOREWORD

Children everywhere are subjected to violence. But it doesn't have to be this way. Discussions on the post-2015 development agenda have identified the elimination of violence against children as a potential target for concerted global attention. To make this something more than a slogan, we need to understand the dynamics that drive change at global, regional, national and local levels.

As a global development, relief and advocacy organisation, World Vision works with communities and decision-makers to prevent violence, and with the survivors who are rebuilding their lives. Drawing on our experience in the area of child survival, where there has been remarkable progress in the last ten years, World Vision believes that it is critical to elevate violence against children as a global political priority if we want to see a step change in the political and financial resources allocated to solving the problem.

Along with other child protection agencies and practitioners, World Vision is working to identify the evidence base to support strategies that work in preventing or responding to violence against children. Our expectation is that the ability to point to known, affordable and scaleable solutions is a critical ingredient in building a political constituency around its elimination. With this in mind, we have commissioned this paper by Child Frontiers to assess the current state of the public discourse, and to provide recommendations on the type of evidence required to position child protection as a global priority.

This report offers valuable lessons from the other global development initiatives, particularly insofar as they have used evidence building strategies and multi-stakeholder partnerships to garner political support. Both of these strategies appear to be critical in creating and sustaining global momentum to address violence against children. There are, however, cautionary notes. A straightforward replication of strategies from other sectors is unlikely to generate the same outcomes given the nature of the problem, availability of evidence and current positioning of the major players. The paper provides a useful stocktake of the state of the child protection sector, key debates, opportunities and obstacles that we hope will provide the basis for a discussion about how these challenges may be addressed.

World Vision is publishing this paper with the explicit aim of generating debate. What actions do we need to take collectively or as individual agencies to take advantage of the opportunity to place the issue of violence against children on the global development agenda? What do we need to do to translate what is currently a potential target into an action plan to deliver change at the local level? Where are the champions for this issue and how should they be deployed for greater impact?

We look forward to the conversation.

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ABBREVIATIONS

ASEAN	Association of Southeast Asian Nations
AEC	ASEAN Economic Community
CFI	Child-Friendliness Index
CP-MERG	Child Protection Monitoring and Evaluation Reference Group
DHS	demographic and health survey
ECPAT	End Child Prostitution Child Pornography and Trafficking of Children for Sexual Purposes
MDGs	Millennium Development Goals
MICS	multiple indicator cluster survey
NGO	non-governmental organisation
SAIEVAC	South Asia Initiative to End Violence against Children
UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

This paper seeks to inform efforts to raise the profile of violence against children as an issue of concern at the global level. It explores what is required to generate greater commitment to addressing violence against children among global development actors. The primary focus is the role of evidence in drawing attention to this issue and in motivating action to strengthen the protection of children.

Experience from the global movements focusing on child survival and on addressing the HIV and AIDS pandemic provides useful lessons on how evidence and advocacy have been used to attract global level attention and action. Similar examination of the issue of violence against children allows us to assess the type and quality of evidence available and how this has been used – historically as well as in ongoing campaigns and initiatives – to position the issue as a global development priority and spur policy change. Through this process the following conclusions emerged:

- Establishing an appropriate balance between targeting specific diseases/ issues and strengthening the overall health system has been a challenge for child-survival stakeholders and offers lessons for efforts to address violence against children.

- While important, evidence may have been only partially responsible for bringing the issues of child survival and children affected by HIV and AIDS to the forefront of the global agenda. Statistics were used strategically to inform different advocacy strategies that were tailored for different audiences.

- The lack of evidence on the prevalence of violence against children may not be the only or the most serious obstacle to raising global awareness or effectively addressing this problem. Information on effective strategies to strengthen the ability of parents, families and communities to protect children from violence is insufficient, particularly in middle- and low-income country contexts.

- A clear, unified advocacy platform and conceptual framework among stakeholders, including perspectives from developing country contexts, proved critical for both the child survival and the HIV and AIDS sectors and would be beneficial for efforts to raise the profile of violence against children on the global agenda.

- The framing, definition and boundaries of child protection and whether these are limited to preventing and responding to violence, abuse, neglect and exploitation, or encompass child well-being more broadly, merit exploration.

- Advocacy messages highlighting the strengths of parents, families and communities and their critical role in ensuring the protection of children from harm, rather than targeting their deficiencies and failures to do so, have been shown to have greater resonance with policymakers.

- The generalisation required to establish global targets, indicators and responses for violence against children, a complex and multidimensional issue intrinsically linked to the sociocultural context, may be counterproductive to addressing the issue.

- Efforts to identify and implement regional- and country-level goals, monitoring frameworks and contextually appropriate strategies to ensure the well-being of children should be pursued in parallel to efforts to raise the profile of violence against children at the global level.

I. INTRODUCTION

Despite efforts to elevate the profile of violence against children on the global development agenda, the issue lacks visibility as an international priority. With discussions to shape the post-2015 agenda continuing, World Vision commissioned Child Frontiers to analyse what is required to generate stronger global commitment to combating violence against children, with a specific focus on the role of evidence in motivating global action. An overview of the research questions and data collection tools is provided in Annex I.[1]

To understand the role of evidence in generating political action, strategies used to raise the profile of child survival and children affected by HIV and AIDS were examined. These sectors were selected based on their success in achieving visibility and action on the global agenda. Interviews with senior practitioners (see Annex II) on the successes, opportunities and challenges encountered in both sectors produced valuable insights. Practitioners emphasised the critical importance of examining past efforts to influence global policy in order to identify more effective future strategies and ensure positive outcomes for children.

Evidence on violence against children and other factors affecting visibility of the issue were then analysed. For the purpose of this paper, *evidence* is defined as information used as grounds for belief or proof and includes factual or statistical data, proven strategies or other types of acquired knowledge. Finally, strategies for elevating the profile of the issue of violence against children within the global discourse and areas for further reflection were considered.

II. EXPERIENCES WITH CHILD SURVIVAL AND CHILDREN AFFECTED BY HIV AND AIDS

LESSONS FROM CHILD SURVIVAL AND PRIMARY HEALTH CARE

- Choosing to focus on targeted and measureable approaches for reducing child mortality was a strategic decision influenced by the perceived need for convincing, quantifiable and easily communicated messages and solutions.
- The child survival sector encountered tension between efforts to target specific diseases or issues and efforts to strengthen the overall health system in countries.
- Selective primary health care was attractive to donor agencies because it was viewed as cost-effective and produced measurable results.
- Numerical indicator and target-based approaches to development are particularly problematic when dealing with complex issues that have multiple causal factors, are difficult to quantify and are contextually specific.

Advocacy and efforts to reduce global child mortality in recent decades reveal important lessons for child protection advocates. Parallels can be drawn between the challenges encountered and approaches used to counter those challenges. The tension encountered between responding to specific diseases and strengthening the overall health system in countries, for example, resembles dilemmas faced by advocates for child protection. While there is overlap between targeted and system-based approaches, advocacy, interventions and outcomes developed on the basis of a targeted response to specific issues will likely look different from efforts designed to strengthen the system as a whole.

Recognition of the need for messages and interventions that are convincing, quantifiable and easy to communicate to policymakers and donors had a significant impact on the eventual strategies to reduce child mortality. At the World Health Organization's 1978 Alma-Ata conference, a global commitment was made to primary health care, based on 'practical, scientifically sound and socially acceptable methods and technology made universally accessible through people's full participation and at a cost that the community and country can afford'.[2]

Maternal and child health care were included among the minimum requirements for primary health care, setting the stage for future child-

UNICEF's Child Survival Revolution

The global impact and strategies adopted by UNICEF's Child Survival Revolution, led by Executive Director James Grant, merit analysis. Key elements included:

- the use of compelling statistics: 40,000 children dying daily despite the availability of low-cost interventions
- a focus on succinct messages
- the World Summit for Children (1990)
- a film, *341* – signifying the number of children who would die unnecessarily in the first 12 minutes of the film's screening
- an effort to create political will by direct outreach to high-level political figures
- a move away from traditional UN conferences (seen as 'talk shops')
- a major worldwide media campaign
- regular progress reports and data requested from UNICEF country representatives
- the involvement of diverse actors: teachers, religious leaders, media, business community, women's movement members, community groups and others
- effective use of social-marketing strategies.

UNICEF (2014). The 1980s: Campaign for Child Survival

survival initiatives. This approach defined health broadly as the 'physical, mental and social well-being of the individual' and emphasised community-based intervention and local control of health programmes. However, primary health care proved difficult to justify based on the empirical research and was criticised as overly broad and idealistic. Political will evaporated, and primary health care fell from the global agenda soon after the Alma-Ata conference.[3]

SELECTIVE PRIMARY HEALTH CARE AND THE CHILD SURVIVAL AND DEVELOPMENT REVOLUTION

By the early 1980s a new global approach had emerged. The concept of 'selective primary health care' explored in a 1979 *New England Journal of Medicine* article advocated for priority to be allocated to diseases (1) with the highest prevalence, (2) with the highest morbidity or risk of mortality and (3) that were possible to control in terms of effectiveness in method and cost of intervention.[4]

Guided by these parameters, UNICEF presented the Child Survival Revolution in 1982 as a practical and cost-effective strategy targeting children under five. The original Alma-Ata goal of 'health for all' was deemed unrealistic.[5]

The Child Survival Revolution focused instead on four succinct messages for global policymakers, donors and government leaders: (1) financial and human resources for primary health care in poor countries are scarce; (2) simple, low-cost, widely accessible technologies for saving children's lives exist; (3) a method for implementing these technologies at low cost also exists; and (4) this strategy should be implemented as an immediate priority.[6]

UNICEF rolled out an extensive global advocacy and social mobilisation campaign to galvanise support for the Child Survival and Development Revolution, which the movement was renamed in the wake of the 1990 World Summit for Children. Donors, including the United States Agency for International Development (USAID) and the World Bank, pledged major financial support, motivated in part by the rise of performance-based measurement – which emphasised defined targets and measurable indicators over short timeframes. Due to global recession and climbing foreign debt in the 1980s, selective primary health care was particularly appealing because it was perceived as cost effective and able to produce measurable results. Selective primary health care represented a major policy shift away from health system development to interventions targeting specific communicable diseases and based on four vertical programmes: growth monitoring, oral rehydration therapy, breastfeeding and immunisation.[7]

During the 1990s, however, the Child Survival and Development Revolution lost momentum and combating child mortality was no longer a leading priority on the global development agenda.[8] Gains made in the previous decade slowed, and funding for child-survival initiatives decreased in real terms.[9]

Two major developments changed the child-survival landscape after the turn of the century. First, following an intensive consensus-building process involving a series of global conferences, UN member states committed themselves to the Millennium Development Goals (MDGs) in 2000, including a commitment to reduce the mortality rate among children under five by two-thirds between 1990 and 2015 (MDG 4). Second, a group of policymakers and scientists came together in Bellagio, Italy, in 2003 to deliberate different aspects of child survival, resulting in a series of influential articles that argued for increased funding for child-survival actions.[10] Those articles appeared in *The Lancet*'s Child Survival Series, which is widely credited for bringing child survival back onto the global agenda.

Extrapolating from available data, the Bellagio Group highlighted the fact that malaria and HIV infections were responsible for a large number of deaths in Africa and Asia and that in specific countries children from

the poorest families were most likely to die. The Bellagio Group agreed that if a service-delivery mechanism could be found, effective low-cost interventions could potentially prevent two-thirds of those deaths.[11] The group then discussed a plan to translate its findings and recommendations into action that was later presented to global development agencies and donors and gained significant attention.

Five factors contributed to the impact of *The Lancet* series:[12]

- **Data:** Existing data from various sources were compiled, analysed and used to assess the global situation on child survival without additional costly primary research.

- **Champion:** *The Lancet*, under the leadership of Richard Horton, editor-in-chief, provided a respected media outlet to publish the findings, which was critical to credibility and raising the profile of the issue on the global agenda.

- **Diversity:** The Bellagio Group represented a diverse coalition of stakeholders from different sectors – UN agencies and non-governmental organisations (NGOs) as well as academics, experts and health professionals from developing countries.[13]

- **Clarity and effective communication:** The series presented clear and simple messages backed by credible statistics and information.

- **Monitoring mechanism:**[14] Countdown to 2015, a global movement of academic institutions, government agencies, international agencies, health care professional associations, donors and NGOs, was established in 2005 to track progress and build on the momentum generated by *The Lancet* series. Countdown to 2015 uses country-specific data already collected from multiple indicator cluster surveys (MICS), demographic and health surveys (DHS) and other data sources to produce two-page country profiles for 75 of the highest burden countries.

The approach advocated by the Bellagio Group and Countdown to 2015 attempted to blend quantifiable targets and indicators to fight disease based on cost-effective medical interventions within an overall system-building approach. However, there are varying views among senior practitioners as to whether this blended approach genuinely contributed to wider health system development. They also expressed the concern that while many lives have no doubt been saved, the root causes of child mortality may not have been addressed with these types of targeted strategies.[15]

Over the past decade international agencies have increasingly returned their focus to primary health care and strengthening national health systems.[16] Supported by globally respected opinion leaders, this shift has been linked to challenges faced in achieving health-related MDGs, concerns regarding the adverse effects of targeted initiatives on national health systems and an acknowledgement that a functioning health system is essential for sustainable long-term public health improvements.[17]

INDICATORS AND MEASURING PROGRESS

While progress in child survival is evident in certain areas, concerns have been raised about the lack of attention to equitable outcomes and whether the pursuit of MDG targets can be assumed to improve the overall welfare of the population of a country. Studies have shown that inequalities between poor and better-off children in developing countries are responsible for at least half of the gap in the mortality rate among children under five.[18] This indicates a need to look beyond quantitative indicators to ensure that achieving targets means interventions are genuinely reaching those in need. This is particularly problematic when dealing with complex issues with multiple causal factors, many of which are difficult, if not impossible, to quantify accurately, as is the case with violence against children. Contextual dynamics further complicate the picture, prompting questions of whether global targets and indicators are in fact viable, realistic or even desirable.

As World Vision notes: 'Current goals are strong on common international targets but weak on country or subnational-level interpretation of those targets. This dynamic must be reversed, with continued ambition for the global goals but stronger mandates and accountability for governments to use the best local information to set national/regional-level targets that will more effectively reach the most vulnerable members of their populations. In the push for a universal set of goals, such a context-driven approach will make meaningful progress possible for all countries.'[19]

Today, more than three decades after the Alma-Ata conference, fundamental questions regarding approaches to child mortality have yet to be resolved. There is no global consensus on the appropriate balance between a system-based response and targeted, measurable interventions[20.] There is a recognised need, however, to combine the strengths of both approaches and move away from the polarising debate between selective (vertical) and comprehensive (horizontal) systems towards a mutually agreed focus on building integrated health systems.[21] Nonetheless, practical application of this combined strategy remains a challenge.

In both child survival and child protection, tension remains between identifying and promoting specific interventions focused on measurable impact that are popular with donors but are perceived to divert resources and attention away from efforts to build systems and contribute to sustained improvements in overall child well-being.[22] While there appears to be general acceptance of the value of a health system approach in theory, the evidence base remains weak and strategies for system building and strengthening have yet to be fully accepted at the global policy level.[23]

A key difference between the two fields is that baselines have been developed to measure and demonstrate progress in child survival. These are useful for assessing impact, sustaining momentum and attracting funding. In addition, a series of targeted, proven, cost-effective interventions that are globally accepted and applicable have been developed to address child-survival issues. Given the complex causality of violence against children, its

context-specific nature and the sensitivity that surrounds the issue, defining baseline indicators has not advanced to the same degree, not to mention the practical difficulties in monitoring progress. Further, no one-size-fits-all solution or universally applicable intervention can be identified to ensure the protection of all children from violence.

As with the primary health care experience, the child protection sector to date has had difficulty in effectively articulating the system approach to donors and policymakers or in offering a comprehensive, credible body of evidence and proven strategies for investing in system strengthening. Credible data proving the efficacy or impact of system strengthening are difficult to acquire, as the process is difficult to measure on the basis of single indicators.

LESSONS FROM CHILDREN AFFECTED BY HIV AND AIDS

- Unprecedented international political commitment, resource mobilisation and civil society engagement led to massive HIV and AIDS programmes that used evidence-based technology and approaches.

- The process of evidence gathering, developing a framework for the care of children affected by HIV and AIDS and monitoring progress contributed to the forging of a broad consensus and significant funding.

- Evidence proved only partially responsible for bringing HIV and AIDS to the forefront of the global agenda; the nature of the issue and the accountability frameworks that were established, including monitoring architecture, may have been as important.

- Key advocacy strategies include: the use of different processes in different countries; enlisting activists; addressing chronic care and prevention; use of evidence and data; building partnerships and collaboration; political leadership; and funding.

- The existence of a global, adult-focused HIV and AIDS movement provided a platform for highlighting issues specifically related to children.

Over the past three decades unprecedented international political commitment, resource mobilisation and civil society engagement resulted in massive HIV and AIDS programmes and services that used tested and proven technology and approaches. Reflecting on how the issue of children and HIV and AIDS attracted such global attention, practitioners highlighted a combination of factors relevant to the issue of violence against children. They especially emphasised the importance of the process that led to the recognition of the AIDS crisis on the global agenda and the gathering of data and information to support it.

As the global HIV movement gained momentum, attention was not initially paid to children, and they were marginalised in the debate. Additionally, the unique needs of children living with or affected by HIV and AIDS were largely overlooked. Children were generally assumed to have the same needs and to require the same interventions as adults.

Evidence was instrumental in raising the profile of children in the global movement as the impact on children affected by HIV and AIDS became increasingly apparent, particularly because the illness or death of parents/caregivers was leaving a disproportionately large number of children vulnerable. Concerned actors first gathered data on the impact of HIV and AIDS on children at the national level and then collated this information as multi-country data. As a result, increased attention was focused on the situation of children affected by HIV and AIDS, leading to significant investment in programmes for orphans and vulnerable children.

Following the UN General Assembly Special Session on AIDS Declaration of Commitment on HIV and AIDS of 2001 and the UN Special Session on Children in 2002, national plans of action for orphans and other children made vulnerable by HIV and AIDS flourished.[24] UN indicators established through these processes required government commitments for children, and lobbying resulted in earmarked funding from the UK Government and the US President's Emergency Plan for AIDS Relief.

Data were made accessible in *Africa's Orphaned Generations*, a document published by UNICEF in 2003; the title conveyed an alarming prospect that attracted attention. While data continued to be collected, a process to develop a framework for the care of children affected by HIV and AIDS, drawing on the experience of a broad range of actors, was initiated in 2000 and developed and refined through regional and global consultations. *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS*, published by UNICEF and UNAIDS in 2004, was endorsed by 20 organisations and represented a consensus around best practices in a simple framework.[25]

Many practitioners extol the significance of this widely accepted framework, particularly for its targeting of donors (including USAID), identifying of champions and giving 'voice' to those who care for children affected by HIV and AIDS. A diverse group of stakeholders was involved in the framework's preparation, including donors and caregivers. The practitioners stressed the importance of involving faith-based organisations, which were providing most of the caring services at that time but until then had had little say in the debate. The easily accessible framework was also used for global advocacy and the development of national plans of action.

In 2013, a UNAIDS and Lancet Commission Working Group (Working Group 2) was 'charged with extracting key learning from the successes and failures in the global responses to AIDS and transforming these into lessons that can be used to support more effective responses to global

health and development'.[26] Several of the group's findings regarding data could be applicable to the issue of violence against children:

- Data were used to understand the epidemic and to target then expand interventions. Communities learned to gather, interpret and use data to improve local services and accountability.

- Innovative approaches to data gathering, including by communities and beyond epidemiology and science, also led to new responses.

- Data were used to make the case for political and financial investments; advocacy and the effective use of information to drive arguments influenced politicians and others.

- Appealing to different issues proved useful, including economic growth, security threats, population impact and national pride.

- Data were used 'to tell the story'. Media messaging and branding was smart and professional. Ideas were disseminated to generate emotional and intellectual responses through literature, the arts, films, books and advertising campaigns, such as the Red Ribbon and the Quilt.

Practitioners agree that the role of evidence in bringing HIV and AIDS to the forefront of the global agenda accounted for only part of the success. Although statistics and data were collected over the years,[27] donor funding does not appear to have been allocated solely on the basis of the evidence on children and HIV and AIDS. The issue itself, the story of children affected by HIV and AIDS and the accountability framework[28] including the monitoring architecture, also proved important. Additionally, the Global Partners Forum on Children Affected by HIV and AIDS, the Inter-Agency Task Team on Children and HIV and AIDS and the *Every Woman Every Child* framework also contributed.[29] The process of developing the UNICEF and UNAIDS 2004 *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS* resulted in the agreement of key stakeholders on what the essential components of the international response to the care and support of children affected by HIV and AIDS. Although these initiatives and framework were based on evidence, lengthy research papers were not required for them to be effective. An accountability framework, the involvement of a range of stakeholders, establishing agreement on essential components of international response, and storytelling are strategies that could be useful in promoting prevention of violence against children.

Although detailed statistical data and factual information might not have been critical to the success of the global advocacy efforts on HIV and AIDS, several practitioners acknowledged that specific types of evidence have been useful in drawing attention to the issue. The 2013 Double Dividend campaign, for example, highlighted the limitations of paediatric HIV and AIDS treatment for children, based on a single compelling statistic:[30] of the 3.3 million children younger than 15 years who were living with HIV worldwide in 2012, 1.8 million children were eligible for antiretroviral

treatment but only 34 per cent of those eligible had access to treatment compared with 64 per cent of adults.[31] As one practitioner explained: 'The sheer baldness of the difference in coverage – 64 per cent of adults and only 34 per cent of children – was enough. People didn't need further convincing.'[32]

As mentioned previously, rather than identifying pivotal moments (that led to recognition of the issue of children and HIV and AIDS on the global agenda), the importance of the process and use of multiple strategies may be of greater relevance to promoting the issue of violence against children. With the AIDS issue, the multiple strategies included shaming donors into action; use of different processes in different countries (rather than a single global strategy); and engaging partnerships with UNICEF, other UN bodies and regional structures.[33]

Regional frameworks for HIV and AIDS in some situations were apparently more appropriate than global frameworks. For promoting the issue of violence against children, regional initiatives also may be more appropriate or successful in certain respects than global-level efforts and can offer a stronger basis and incentives for collaboration. The conditional accession and neighbourhood processes of the European Union, for example, had a significant effect on childcare reform and protection systems in Eastern Europe and Central Asia.[34] Initiatives in other regions, such as ASEAN/AEC and SAIEVAC, also offer a stronger basis for regional level commitment.[35]

When the UNAIDS and Lancet Commission Working Group 2 collated lessons learned, they also looked beyond evidence.[36] Factors they found that may have relevance for positioning the issue of violence against children on the global agenda include the following:

- The critical role of activists, including (adult) carriers of the virus, in advocacy to secure legitimacy, share power and give voice to their lived concerns. The activists demanded action and contributed to finding solutions. This lesson may be less easily transferred to the issue of violence, although adults who were abused as children are increasingly speaking out, following the recent high-profile scandals that involved clergy, staff in childcare institutions or celebrities.[37]

- The involvement of non-medical and non-professional actors, including communities, in care and prevention.

- The use of a multi-sector approach.

- Establishing partnerships, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

- The importance of key moments to drive political leadership. High-level political leadership drove decision-making, partnership and resource allocation in countries with the most successful responses.

The members of Working Group 2 also discussed whether a targeted approach or a system-strengthening approach was more beneficial. On one hand, they argued that the response might not have moved so quickly if a health-system-strengthening approach had been adopted. Working Group 3, however, challenged the false dichotomy of HIV-targeted interventions versus health system strengthening, stressing that while HIV-specific programmes have revealed disparities and inadequacies in the broader health system, they have also contributed to strengthening the health system.[38] In some cases HIV-specific programmes renewed the discussion on the value of the health system and highlighted the need for engaging non-health sectors. In other contexts, however, the overwhelming focus on HIV and AIDS distorted and damaged the national health system.

The rapid prominence of the AIDS movement also resulted in fragmentation and duplication. To avoid this, the AIDS movement highlighted the importance of coordination, such as 'The 3 Ones' concept that stressed the importance of aligning national efforts behind One Strategy, One Coordinating Body and One Monitoring and Evaluation System. National strategic plans were developed at the country level to provide clarity of national leadership, drive political attention and secure greater credibility through stronger monitoring systems.[39]

In analysing what worked less well in positioning children affected by HIV and AIDS on the global agenda, some practitioners noted that while the value of involving all relevant stakeholders in developing national plans of action on violence against children to ensure unity around a broad common agenda cannot be over-emphasised, some stakeholders became lost in the process of planning. Additionally, UNICEF did not become the global champion it could have been, and no other agency stepped forward to take the lead. Practitioners also pointed out that children's prominence on the global agenda ultimately did not ensure an adequate response for children. Needs beyond psychosocial support and care remain to this day. The differential between the provision of antiretroviral treatment to children (34 per cent) and adults (64 per cent) is one example.[40] As well, further investment in community development and financing mechanisms were not sufficiently prioritised.

Finally, while the prominence of children on the HIV and AIDS global agenda varied at different periods in time, the existence of a global (predominantly adult) movement provided a platform for highlighting issues specifically related to children. With regard to the issue of violence, the profile and specific needs of children should be recognised in existing global campaigns addressing violence more broadly, such as the World Health Organization's Global Campaign for Violence Prevention[41] or campaigns focused on domestic or sexual violence. Complementary child-focused campaigns, such as UNICEF's End Violence campaign, could bring greater global attention to, and understanding of, the specific needs of children.[42]

III. EVIDENCE ON VIOLENCE AGAINST CHILDREN

- Collecting accurate information on violence against children and defining the issue present challenges for establishing a compelling body of evidence.

- Although information related to violence against children exists, this does not appear to be accessible or adequately used by child protection advocates.

- Efforts to determine the scale of child protection violations have led agencies to propose indicators. However, there is no agreement on a single set of appropriate global indicators and this may not be possible or desirable.

- In the effort to monitor and evaluate impact, there is a risk that the pendulum could swing away from system-based approaches back to vertical, issue-based interventions.

- Information on evidence-based strategies to protect children from violence and strengthen parents, families and communities, remains a serious gap, particularly in middle- and low-income country contexts.

The following section provides an overview of the available evidence on violence against children to build global commitment to address this issue. Analysis of efforts to collect evidence on violence against children reveals the following challenges: (1) collecting accurate information on the prevalence and extent of the problem due to the sensitivity of the issue and the nature of the data required, and (2) the lack of credible information on effective solutions and responses to violence, particularly in middle- and low-income settings.

EVIDENCE ON CHILD PROTECTION PROBLEMS

Generating evidence related to child protection is challenging and costly. Significant investment is required to obtain credible data, particularly on the prevalence of violence against children. This is due to a variety of reasons that may vary between cultures and contexts. What happens within families often is considered a private matter. People, including children, who have witnessed or experienced violence may not report this due to fear, shame, possible negative repercussions, or concern that they will not be believed. Additionally, perceptions of what constitutes violence or an offence may differ considerably by context. Children's relative position in society also influences whether and how they seek help.

An overview of efforts to collect information on violence against children at the global level for different purposes is presented in Annex III. A number of initiatives and operational tools have been developed to collect information, mainly on specific manifestations of violence, both for agency programming purposes and to establish an evidence base. In addition, studies and baseline surveys have been conducted over the years at the district, national and even global levels. Although the available information is not comprehensive, the limited data that is available does not appear to currently be effectively used by child protection agencies, advocates and stakeholders. This is to an extent due to the failure to communicate data with audiences that would encourage their translation into action.[43]

There are few examples where national baseline studies on the prevalence of violence against children have been used to increase the political commitment of national governments. For example, in Tanzania, Swaziland and Kenya such efforts resulted in greater government commitment to address violence against children manifested in legislation changes and improvement of prevention and protection responses.[44] However, baseline studies tend to be quite expensive and their replication at the global level may not be the most feasible way to address the global data gaps. In addition, some practitioners note that the way in which studies were implemented, with substantial government participation, may have been just as important as the data that was collected.

While governments, UN agencies and NGOs collect different types of data related to violence against children, the type of information collected may vary significantly depending factors such as infrastructure, human resource capacity and funding availability for monitoring efforts. How violence against children is socially constructed in a particular context or culture can also have significant implications for what kind of information is considered relevant and how this data is collected and documented.

The lack of monitoring systems to collect evidence on the long-term basis that can provide indication on changes in prevalence also presents a challenge. The development of indicators suggests a functioning data-collecting system, which does not exist in many developing contexts. Data cannot be generated effectively from services or systems that are weak or non-existent. Collecting data in such contexts is often expensive, may only provide a snapshot, and is unlikely to be sustainable. One outcome of this reality is that the data and evidence generated in more developed settings, where systems are in place and functioning, tend to become the basis for developing responses and policies that are then assumed to be globally applicable.

Efforts have been ongoing to develop child protection indicators to determine the scale of child protection violations, particularly following the 2006 UN study on violence against children.[45] A number of child-focused agencies have drafted indicators to measure the prevalence of violence and

progress in addressing the issue, including indicators on child labour, early marriage and birth registration. The challenge of selecting child protection indicators is that this has a tendency to reduce the multifaceted issue of violence against children into specific areas that can be measured or quantified. Examples of different indicators that have been developed are presented in Annex IV.

UNICEF's *Manual for the Measurement of Indicators of Violence against Children* identifies violation indicators including self-reported violence against children; child homicide rates; emergency room visit and hospital discharge rates due to assaults on children; and numbers of children absent from school due to violence.[46] These focus areas highlight the challenge of developing comprehensive indicators to measure violence against children. This is compounded by the reality that many of the indicators that have been identified cannot be measured accurately in some lower and middle-income country contexts, as the required structures and services are not in place to do so.[47]

Several practitioners expressed concern that in establishing processes to monitor and evaluate impact, there is a risk that the pendulum could swing away from systemic, child-focused approaches back towards vertical, issue-based interventions. Echoing observations from the work done in child survival, a child protection practitioner stated: 'It is probably not possible to identify a single issue or set of indicators as the silver bullet for child protection – this may not exist.'[48]

EVIDENCE ON CHILD PROTECTION INTERVENTIONS

Many of the efforts to collect evidence on violence against children have been focused on measuring prevalence, with less attention paid to documenting and synthesising the evidence on what works in preventing and addressing violence against children. While there were many successful interventions targeting certain groups of children, they were not sufficiently evaluated from the systemic perspective, including their potential for vertical and horizontal scale-up.

Furthermore, existing evidence on child protection interventions, including positive family strengthening interventions, is limited to information that is available in predominantly Western or European contexts. While successful interventions have been implemented in some locations, there has been little documentation or evaluation of these initiatives or effort to assess their impact, scalability or effectiveness in other contexts. In a review of the impact of economic strengthening programmes on children, the Child Protection in Crisis Network Task Force on Livelihoods and Economic Strengthening found that the available information on family strengthening approaches is anecdotal and has not been rigorously evaluated, with many lessons being context specific and difficult to generalise.[49]

Norms of violence and expectations of services and support often differ by location. Limited information exists on cultural, social and religious beliefs and practices that can both protect children and those that may contribute to violence and harm. Contextually specific data and evidence on the nature, scope and causes of violence against children are required to develop and implement culturally-sensitive and appropriate child protection strategies.

Evidence from low- and middle-income countries is also critical for understanding the implications of the absence of a cadre of trained professionals to facilitate service provision, as well as the implications of socioeconomic dynamics. In some countries national child protection system mappings have attempted to identify community-based and family-based practices and strategies for ensuring the protection of children in the absence of formal system structures and services. The challenge will be to identify practical strategies and, critically, provide credible evidence on the impact of positive interventions to mitigate child maltreatment in different contexts.

IV. POSITIONING VIOLENCE AGAINST CHILDREN ON THE GLOBAL AGENDA

In terms of the types of evidence that would be most optimal in moving this issue more prominently onto the global agenda, it is useful to revisit the primary objectives of the global movement to end violence against children. If the goal is to ensure the well-being of children and protect them from maltreatment, what is the most effective strategy and type of information needed to achieve this at the global, national and local levels? The following section addresses some of the key factors influencing the positioning of the issue, including the use of evidence; the need for a common platform; potential advocacy strategies; the issue of conceptual clarity; and the merits of establishing a global goal on violence against children.

USE OF EVIDENCE ON VIOLENCE AGAINST CHILDREN

- Although statistics and data on the prevalence of violence against children are important, evidence alone is not necessarily sufficient for raising the public profile of the issue. Effective presentation of information is critical for messages to resonate with target audiences.

- Solution-focused messages appear to have greater traction with policymakers, given the complexity of the issue of violence against children.

- Evidence should be used strategically to establish and sustain the argument that addressing violence against children is a development imperative.

Recent studies have shown that despite the absence of statistics and quantifiable data, global opinion leaders and policymakers are generally in agreement that violence against children is a widespread problem.[50] As an issue, violence against children appears to have reached a stage along the advocacy continuum where there is general public acceptance that this is a serious problem.[51] Whether there is general public agreement that this issue requires urgent attention and that the lack of action to date is due to this or other factors described below remains unclear.

Although it may be beneficial to have additional information on the cost of violence against children to society, similar to data available for child survival and HIV and AIDS, overemphasis on statistics may detract from the compelling nature of the issue. This type of quantitative data is difficult to obtain and may be distracting, raising questions about the credibility of the evidence rather than providing a compelling rationale for why action should

be taken. Establishing and sustaining the argument that addressing violence against children is a development priority should be the primary objective, and statistics should be used strategically to reinforce this message.

Studies have found that policymakers and the general public prefer not to dwell on the negative or 'depressing' realities of violence against children[52]. As one practitioner highlighted, scare tactics can work, but they tend only do so for a limited period and are overused.[53] Detailing the numerous manifestations of violence against children and publicising extreme cases of abuse may prevent policymakers from taking action because the problem appears overly complex and daunting.[54] Appealing to public moral outrage can initially be effective for generating publicity but may not translate into effective policy action.

While stressing the complexity of child protection, success stories and commonalities can be highlighted to demonstrate that, despite the inability to control all risks, action can be taken to reduce violence against children. Solution-based approaches highlighting realistic and manageable prevention and response strategies, coupled with the beneficial results of effective public policy and programmes, have been shown to have greater potential to generate a positive response.[55] Rather than highlighting the deficiencies of families and their failure to protect children, advocacy messages highlighting the strengths of parents, families and communities and the critical role they have in ensuring the protection of children from harm have been shown to have greater resonance with policymakers.[56]

COMMON PLATFORM

- The lack of a clear global framework and coordination among child protection actors represents a significant challenge.

- Global coalitions and strategic discussions should involve diverse perspectives and representatives from developing country contexts, related sectors and academics.

- Proposed solutions should be developed in consultation with families and communities in order to resonate and be successfully adopted.

The fragmentation of approaches and lack of coordination among agencies working on violence against children represent significant challenges highlighted by experts. Recent efforts to elevate the profile of the issue of violence against children on the global agenda have encouraged child protection actors to agree upon a coordinated approach. Establishing a common advocacy platform and partnerships were critical to achievements in the child survival movement and the children affected by HIV and AIDS movement.

Many child protection agencies have identified the need to establish a global coalition and framework to facilitate communication, both among agencies and with other stakeholders. While there are some examples of successful partnerships, they are still not at the level of joint movement or platform. This would benefit and harmonise advocacy, fundraising, evidence generation and monitoring efforts.

Despite challenges, some progress has been made in collaborative efforts to advance the issue of violence against children at the global agenda. Recognition of the issue and the proposal of a target to eliminate all forms of violence against children in the 2013 High Level Panel on the Post-2015 Development Agenda's *New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development* as well as in the Outcome Document of the Open Working Group on Sustainable Development Goals represent important steps.[57] Other promising developments include UNICEF's End Violence Against Children global initiative, the World Health Organization's Global Campaign for Violence Prevention, the United States Government's Action Plan on Children in Adversity, the Interagency Child Protection Group initiated by Family for Every Child and the series of post-2015 updates and initiatives undertaken by the child-focused agencies based in New York.[58]

Guaranteeing more inclusive representation in global coalitions and strategic discussions to ensure greater diversity of perspectives (including academics, practitioners and community representatives) and, critically, experience from non-Western contexts will be essential for the credibility of efforts to develop a meaningful and legitimate advocacy platform. Input from a variety of perspectives will offer alternative strategies for addressing child maltreatment issues in different contexts.

Engagement with social protection actors also would be beneficial to place the vulnerability of children to violence at the heart of efforts to address the multidimensionality of child-specific economic and social vulnerabilities. But considering weak social protection measures in many low-income countries, this will require integrated strategy development and innovative low-cost approaches to using existing social protection mechanisms.[59]

There are limited examples of international processes that offer opportunities for communities and diverse stakeholders to shape global decision making, but discussions currently tend to be 'technocratic and removed from country-level realities'.[60] Given the nature of child protection issues, however, it is essential that proposed solutions genuinely resonate and be developed in consultation with families and communities in order to be adopted and successful.

MULTIPLE AND FLEXIBLE STRATEGIES

- Advocacy strategies and approaches should be flexible, not overly technical and tailored for targeted audiences; multiple strategies may be required to convey core messages.

- Examples of different types of advocacy messaging that have been effective in other sectors include moral arguments, the use of champions, and building an economic case for cost effectiveness.

Several practitioners interviewed suggested that more effective public-advocacy strategies and packaging of the issue are critically needed. A variety of agencies have significant expertise on the issue of violence against children and skilled advocacy departments. However, improvements could be made in crafting messages in ways that have greater resonance with targeted audiences, are not overly technical, avoid sector-specific jargon, and can effectively spur action.

In particular, a range of strategies that can be tailored to different audiences and contexts is required. At the global level, straightforward messages may be most effective. At the regional and national levels, however, policy solutions, costing options and other more detailed information may be beneficial. The rationale for child protection efforts in Western countries has traditionally derived from moral, economic, medical and, more recently, rights-based arguments. In other contexts, however, these types of messages may be less effective. Examples of different types of arguments identified in the FrameWorks Institute study on violence against children are presented in Table 1.[61]

Table 1. Strategic arguments for prevention of violence against children

Type of Argument	Sample statement
Moral argument	No child should grow up in violence.
Cycle of violence argument	Growing up in a violent home is the single best way to predict whether a child will grow up to be an adult perpetrator – or victim – of domestic violence.
Health argument	Children whose mothers report chronic abuse by a partner are 80 per cent more likely to be obese at age 5.
Loss of educational attainment	Children who are abused or see their mothers abused have lower IQ scores.
Economic argument	Studies estimate returns of $4-$9 for every dollar invested in early childhood programmes.
Brain development argument	Experiencing violence affects childrens' brains in the same way that combat affects soldiers' brains.

Flexibility and adapting messages to take advantage of emerging opportunities, both within and beyond the child protection sector, will be critical. Upcoming issues or opportunities to attract public attention and demonstrate solutions should be identified and used to encourage coordinated efforts to address root causes of violence and support family and community-based action.

Practitioners highlighted examples of advocacy strategies that have proven successful in other sectors, many of which have been attempted in relation to violence against children, with varying degrees of success. One explanation for why these strategies have not been as effective may be the fact that they were deployed by multiple agencies using different tactics, resulting in a cacophony of voices conveying different messages. Another explanation is that the core messages may not have been appropriately adapted for the target audience.

As noted previously, the child survival movement and the children affected by HIV and AIDS movement have utilised champions, including academics, practitioners, celebrities and, in some cases, national governments or donors to support global advocacy efforts. While champions can serve a variety of purposes and in some cases have proven useful in other sectors, their actual impact would benefit from further scrutiny. This can be overestimated and is unlikely sufficient as a primary strategy for raising awareness and facilitating meaningful action on an issue.

National leaders involved in efforts to prevent violence against children should be involved in advocacy and programme development processes from the early stages to provide substantive input rather than serving as mere figureheads. Examples of countries making notable efforts to address violence against children, such as Tanzania, should be highlighted as evidence of what can be achieved.[62]

Another strategy that proved effective in promoting policy changes for child survival and HIV and AIDS was building an economic case for the cost effectiveness of national investment in preventing child death, malnutrition, stunting and mother-to-child transmission of HIV. Utilising existing scientific data on the impact of exposure to violence and toxic stress in childhood on long-term development, psychological well-being and ability to contribute to society in adulthood may represent a strategy for persuading governments and international donors to take action. For example, in 2005 the World Health Organization conducted a study that examined the economic impact of violence in 10 countries. The study results provided compelling arguments for the cost benefit of investment in the prevention of violence.[63] The Global Alliance for Children has developed data on the benefits of investment in early childhood and pre-schools in terms of outcomes for adults, such as frequency of arrests, salary rates and IQ levels.[64]

A review of media articles on violence against children indicated that many are based on different variations of the basic theme that children who experience violence face a range of negative effects as adults, thus highlighting the cost-effectiveness of prevention.[65] In order to build an economic case for the cost-effectiveness of national investment in preventing violence against children, scientific data on the impact of exposure to violence and toxic stress in childhood is needed. In some locations this information may already exist but requires further analysis and packaging. Combining cost-benefit and human capital analysis and evidence, where available and appropriate, with the compelling moral case for taking action to end violence against children may represent an effective dual-track strategy. However, as noted above, this can backfire with audiences who are less receptive to these types of arguments.

CONCEPTUAL CLARITY

- Lack of conceptual clarity and the related difficulty in developing concise and persuasive messages explaining the issue of violence against children represent a significant challenge

- Child vulnerabilities are multidimensional and involve a range of responses; oversimplification of definitions and solutions can result in generic, ineffective and inappropriate responses.

- Whether child protection is limited to prevention of violence, abuse, neglect and exploitation, or whether child well-being is considered more broadly, remains an important area for discussion.

The failure to explain clearly and succinctly the problem of violence against children has been identified as a major challenge. As one practitioner pointed out, 'We do not have a 30 second elevator speech and are often unable to explicitly explain what we mean when we talk about protecting children from violence'. This results in conceptual confusion. Donors, international agencies and governments require a clear picture of the problem and what exactly can be done to address it. Advocates need to be prepared to say credibly what can be done and why.

This lack of conceptual clarity is exacerbated by the complexity of the issue, which does not fall neatly under a single programmatic sector. Children's vulnerabilities are multidimensional and involve a range of responses. The scope of child protection is also subject to a variety of interpretations. Oversimplification of definitions and solutions can result in generic, ineffective or inappropriate responses. It is necessary to strike a balance between presenting a clear and straightforward explanation of the issue and reducing statements to the point that they become devoid of meaning.

Parallels exist in the challenges to defining violence against children and health. For example, the World Health Organization defines health as

Table 2. Sample agency child protection definitions

Agency	Definition of child protection
UNICEF	Preventing and responding to violence, exploitation and abuse against children, including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation and early marriage.[69]
World Vision	Taking all measures to prevent and respond to exploitation, neglect, abuse and all other forms of violence affecting children.[70]
Save the Children	Measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting girls and boys younger than 18.[71]

the 'physical, mental and social well-being of the individual'. Advocates of selective primary health care, on the other hand, view health more narrowly as the 'absence of disease'. Definitions and terminology have implications for action ultimately taken, with the latter definition focused on targeting and eradicating specific diseases and the former on promoting overall well-being. Based on the former definition, the primary health care approach does not view health as the responsibility of the medical profession alone, but rather as involving the wider community, the environment and the social context.

The conceptual framework around violence against children and child protection is similarly challenging. Child protection is typically defined by international agencies as the protection of children from violence, abuse, neglect and exploitation. While international agencies' definitions of child protection are relatively consistent (Table 2), they are primarily problem-focused. This fails to capture the important aspect of child well-being as well as child protection initiatives to ensure and strengthen child and family welfare in a wider sense.

Child protection agencies also define and understand child protection systems in multiple ways, resulting in further confusion. Defining the boundaries of the system and what is included in child protection represents another conceptual challenge. Redefining system strengthening to focus on well-being may create opportunities to identify solutions more appropriate for different social and cultural contexts.

REDEFINING THE SCOPE OF CHILD PROTECTION

While beyond the scope of this paper, the wider debate on the framing, definition and boundaries of child protection and whether these are limited to the prevention of violence, abuse, neglect and exploitation, or instead encompass child well-being more broadly, merits further exploration. There is concern that an expanded child-welfare-based approach may confuse targeted efforts to strengthen the protective environment with overall child-focused development and assumptions inherent in the welfare-

based approach.[72] Despite the challenges posed by an expanded definition of child well-being, this approach offers an opportunity to promote efforts to ensure the protection of all children from maltreatment. This approach may be more effective than targeting specific issues and categories of victims who may simultaneously be vulnerable to a range of other forms of harm.

Using a framework focused on well-being to address violence against children could also encourage a shift away from the perception of families and communities as a potential source of danger and thus can have significant policy implications.[73] For example, instead of being the result of poor parenting, violence against children could be viewed as the result of insufficient formal and informal social and economic support for parents. Advocacy efforts could highlight protective services and support that can be offered by neighbours, friends, community leaders, the healthcare system, schools and other groups, rather than a narrow set of interventions provided by the police or child protective services.[74]

A first step in this direction is to look at what families and, in some contexts, communities are doing to promote the well-being of children in order to identify ways to reinforce and strengthen existing protective practices. As highlighted earlier, collection of information and evidence on effective family-strengthening approaches in developing country contexts represents a critical area for future research.

ESTABLISHING A GLOBAL GOAL ON VIOLENCE AGAINST CHILDREN

- Greater global recognition of violence against children would be beneficial but the primary challenge to combat violence against children should not be assumed to be simply due to lack of global visibility or financial resources.

- A one-size-fits-all global response based on generic targets and indicators for violence against children, an issue intrinsically rooted in specific sociocultural contexts and dynamics, should be resisted.

- The risk that tracking progress against global indicators could reduce child protection to a technical compliance exercise should be addressed and alternative monitoring processes explored.

- Although a global goal may be adopted, specific targets, strategies and indicators can and should vary significantly and ultimately be determined by specific national circumstances and local actors.

A leading argument in support of establishing a global goal on violence against children is the significant impact this would have on the visibility of the issue, particularly with donors and governments. As discussed above, greater global recognition of the issues of child survival and HIV and AIDS made a positive difference. How greater global recognition of violence against children can address local challenges to prevent and respond to the issue and build on the positive achievements would merit further consideration; so would what can be learned from positive experiences.

While increasing global visibility of the issue may be beneficial to a certain degree, establishing a global goal will not necessarily result in increased donor funding to prevent violence against children. Furthermore, in many contexts the lack of financial resources is not the primary obstacle to ensuring the protection of children. Any assumptions that the difficulties in combating violence against children are due to the lack of global visibility or funding should be explored and tested.

Child protection agencies and stakeholders should examine whether raising the global profile of the issue will necessarily result in meaningful action to prevent violence against children at the country or community levels. If it is assumed that increased global visibility is critical, the actual process by which this is expected to occur should be examined carefully in order to strengthen and ensure the desired outcomes. The potential flattening and generalisation of the issue required to establish common global targets and indicators should not be overlooked. Focusing on forms of maltreatment that can be easily measured risks losing the opportunity to identify and address wider societal root causes of violence against children. Further, the standardisation of 'solutions' or efforts to identify a universal model for an issue that is intrinsically rooted in specific sociocultural contexts and dynamics may be ineffective and potentially harmful.

Violence against children and the Post-2015 framework

- The MDGs have undoubtedly helped to propel key development issues onto the global agenda, particularly in terms of influencing the flow of donor funding in low-resource countries, thereby motivating action at the national and local levels. Given the diffusion of the post-2015 agenda and the diversity of advocacy groups campaigning for recognition of their priority issues, this development framework may not have the same global impact.

- A challenge for advocacy specifically targeting the post-2015 agenda is that strategies adopted are shaped by the requirements and constraints of the process, compelling agencies to present the issue of violence against children in a way that can be quantified and integrated into the set framework.

Overemphasis on standard indicators and compliance can result in responses becoming process-oriented rather than implementation and problem focused. As noted by a co-author of the original MDGs: 'There is no one-size-fits-all strategy for dealing with cross-cutting issues in a global agenda for development. While some aspects will merit being highlighted in the form of specific targets, others will be better handled by mainstreaming them. Still others will be best kept off the agenda altogether.'[75]

Targeting funding and programming towards aspects of violence against children that can be translated into indicators may result in the 'siloing' of child protection interventions into strategies that can be assessed against specific quantifiable targets. As a result, critical yet potentially less specific interventions directed at root causes may be neglected.[76] The authors of the original MDGs stress the importance of contextualisation and note the hazard of using global targets as a universal yardstick for measuring progress at the country and regional levels.[77]

If a global goal on child protection is adopted, specific targets, strategies and indicators for achieving the goal should be defined by national circumstances and local actors. This critical need for context specificity poses challenges for global monitoring and cross-country comparison; however, progress within countries could be tracked and efforts across countries assessed based on relative percentage changes rather than absolute values. Efforts to establish targets and indicators that are universal but country and context appropriate are under way at the global level, and this is an objective of the post-2015 process. However, as described in Section III above, this can be difficult to achieve in reality, and the importance and rationale for this approach merits ongoing emphasis.

V. CONCLUSION

Returning to the core question of what is required to generate a high-level narrative – one that will result in greater interest and global commitment to addressing violence against children: the critical ingredients are a coherent, unified advocacy platform, and an agreed-upon conceptual framework that will inform debate and messaging on solutions-based approaches.

Whether international child protection agencies continue to focus narrowly on violence against children or fundamentally shift their approach to encompass dynamic strategies for strengthening and supporting families and communities to care for children will have important implications for global advocacy efforts. In addition to potentially having greater resonance with and appeal to policymakers, redefining the discourse to focus on the wider preventative strategies featuring care and well-being of children is more empowering for families and communities and promotes broad solution-focused strategies for addressing child protection issues.

To facilitate this reorientation, evidence on strategies to protect children and promote their well-being, particularly in low- and middle-income contexts, is critically required. The transition from a *reactive* to a *proactive* paradigm for the prevention of violence against children is in alignment with the global shift in child protection away from issue-based responses to child and family welfare system strengthening.

With regard to the post-2015 framework, the risks and opportunities associated with identifying standardised global targets, indicators and responses to prevent violence against children should be carefully considered, particularly due to the generalisation and flattening of the issue required to achieve generic benchmarks. Context-specific goals should be developed based on credible evidence and data on effective strategies to ensure the well-being of children.

International child protection agencies should reassess current global advocacy strategies to identify and agree upon a collective advocacy framework that has the greatest likelihood of genuinely strengthening the protection of children and ensuring they are able to thrive in a safe family environment.

Annex 1: Research Matrix

Key questions	Additional questions	Methods and tools for data collection
1. What strategies have proven most effective in raising the issues of child survival and HIV and AIDS as priorities onto the global agenda?	a. What types of evidence have been most useful in achieving this? Has data on prevalence and other types of statistics or evidence of good practices and effective solutions proven useful?	Literature review Interviews with senior practitioners Case-study analysis of successful initiatives from other sectors
	b. How was evidence presented, packaged and used as part of the advocacy strategy?	
	c. Was evidence the most critical factor for success, or were there other aspects that had a significant impact on bringing the issue to the forefront?	
	d. What was the pivotal moment that led to recognition of the issue on the global agenda? What factors caused this to occur?	
2. What evidence is currently available globally for raising the profile of the issue of violence against children?	a. What is the quality of the evidence that is available?	Desk review Interviews with senior practitioners specialising in violence against children
	b. Is the evidence more concentrated in specific areas or topics (child trafficking, for example)? Is regional-level or global-level evidence available, or is evidence primarily country specific?	
	c. Is the evidence that is available primarily quantitative or qualitative in nature? What are the relative merits of these different types of evidence from a strategic perspective?	
	d. How comprehensive is the evidence? What gaps are perceived in the evidence currently available? (*Note:* This may be linked to question 3 below in terms of the types of evidence required).	
3. How and to what extent has evidence on violence against children influenced decisions to support specific violence against children issues at the global level?	a. What types of evidence on violence against children appear to have been most effective? Is there a difference in utility of baseline and prevalence studies, system mapping and assessments, and other types of information that have been collected on violence against children for use in global advocacy?	Desk review Interviews with senior practitioners specialising in violence against children Case-study analysis of ongoing violence against children initiatives
	b. How have social, political and economic factors influenced government decisions? How can these be identified, mitigated or capitalised upon?	
	c. Is how the evidence is presented or packaged important? If so, what key features of how the evidence was presented were most effective?	

Annex 1: Research Matrix (continued)

Key questions	Additional questions	Methods and tools for data collection
4) What is needed to bring violence against children more prominently onto the global agenda?	a. Is a specific type or quality of evidence needed?	Interviews with senior practitioners specialising in violence against children
	b. Is evidence the most relevant factor in making the difference for positioning topics in the global agenda? Are other more relevant aspects required to achieve this?	
	c. Is experience from other sectors relevant for violence against children? Can similar strategies be effectively adopted to bring this issue to the forefront of the global agenda?	
	d. Based on the responses to these questions, what strategies could World Vision consider for including violence against children into the post-2015 framework and wider positioning of violence against children as a critical global development issue?	

Annex II: Interviews Conducted

Interviewee	Position	Organisation and affiliation
Dr. William L. Aldis	Professor, School of Global Studies, Thammasat University	Thammasat School of Public Health and World Health Organization
Dr. Stephen Atwood	Associate Professor of Public Health and Director of the Center for Global Health and Development at Thammasat University, Thailand, and Co-Editor of Asian Biomedicine.	Thammasat School of Public Health and UNICEF
Jennifer Bryce	Senior Scientist, Johns Hopkins Bloomberg School of Public Health	Institute for International Programs, Johns Hopkins Bloomberg School of Public Health
Mark Canavera	Associate Director, Child Protection in Crisis Learning Network	Columbia University Mailman School of Public Health
Brigette de Lay	Programme Officer, Policy and Partnerships	Oak Foundation
Kate Eardley	Senior Policy Adviser – Child Health, Advocacy and Justice for Children	World Vision
Amaya Gillespie	Manager, Advocacy Unit	UNICEF
Tamara Tutnjevic Gorman	Senior Policy Adviser – Child Protection	World Vision
Sarah Lilley	Deputy Head of Child Protection	Save the Children
Peter McDermott	Managing Director, Children's Investment Fund Foundation (CIFF)	CIFF
Stuart Kean	Senior Policy Adviser – Vulnerable Children and HIV and AIDS	World Vision
Kate Riordan	Senior Advocacy Advisor	Family for Every Child

Annex III: Initiatives to collect and consolidate evidence on violence against children

Examples of initiatives to collect and consolidate evidence on violence against children	
Source	**Description**
UNICEF data-driven publications covering violence against children[78]	• *Child Protection from Violence, Exploitation and Abuse: A statistical snapshot (2011)* • *Child Disciplinary Practices at Home: Evidence from a range of low- and middle-income countries (2010)* • *Progress for Children: A report card on child protection (2009)* • *Monitoring Child Disability in Developing Countries (2008)* • *Progress for Children: A report card on child protection (2008)* • *Child Labour and School Attendance: Evidence from MICS and DHS surveys (2008)* • *Long-Term Evaluation of the TOSTAN Programme in Senegal: Kolda, Thiès and Fatick regions (2008)* • *Progress for Children: A World Fit for Children statistical review (2007)* • *The 'Rights' Start to Life: A statistical analysis of birth registration (2005)* • *Early Marriage: A traditional harmful practice. A statistical exploration (2005)* • *Female Genital Mutilation/Cutting: A statistical exploration (2005)* • *Child Labour, Education and the Principle of Non-Discrimination (2005)*
UN Study on Violence against Children, Machel Study, and Third World Congress Against Sexual Exploitation of Children and Adolescents	The 2006 UN Study on Violence Against Children meeting was a key moment for the violence against children movement, involving UN agencies, international and national NGOs and donors.[79] Similar initiatives have included the release of the Graça Machel report, *Impact of Armed Conflict on Children*, in 1996 and the 10-Year Strategic Review in 2009[80] and the Third World Congress Against Sexual Exploitation of Children and Adolescents in Rio de Janeiro in 2008.[81]
End Violence Against Children Global Initiative	The End Violence Against Children Global Initiative involved a range of partners,[82] as have other initiatives, including the 2006 UN Study on Violence against Children and the Global Initiative to End All Corporal Punishment of Children launched in April 2001.[83] The promotion of national systems for data collection, analysis and dissemination and a research agenda on violence against children was one of three goals prioritised by the UN Special Representative of the Secretary General on Violence against Children.[84]
Family for Every Child Series[85]	Family for Every Child developed a series of papers in 2012-2013 on the links between child protection and major development goals, which was designed to feed into the thematic debates around the post-2015 development framework. The papers address the links between: • child protection and equity • child protection and health and survival • child protection and good governance • child protection and population dynamics • child protection and disasters, conflict and fragility • child protection and employment and growth

Annex III: Initiatives to collect and consolidate evidence on violence against children (continued)

Examples of initiatives to collect and consolidate evidence on violence against children	
Source	**Description**
Child Protection Monitoring and Evaluation Reference Group (CP-MERG)	CP-MERG was established in 2010 to improve coordination and the quality of monitoring and evaluation initiatives among partners and thematic areas and to provide technical guidance on the development of data collection tools and methodologies. An interagency initiative of Save the Children and UNICEF,[86] the CP-MERG Technical Group on Data Collection on Violence Against Children published a review of ethical principles, dilemmas and risks in collecting data on violence against children.[87] The group is still working to define itself and its role. If a consensus emerged on a global goal on violence against children, CP-MERG is well placed to be tasked with monitoring and evaluating progress.
US Government Evidence Summit on Protecting Children Outside of Family Care[88]	This 2011 meeting brought together a high-level and diverse group of leading researchers and technical experts to assess existing evidence. It aimed to inform policies, strategies and programmes relevant to protecting children outside of family care in low- and middle-income countries and to identify evidence gaps to shape the future research agenda. One senior practitioner consulted thought that there was an advantage to USAID convening the summit, as it has done in other sectors,[89] given its role outside the UN system and thus avoiding potential competition or conflict among UN agencies.
United States Government Action Plan on Children in Adversity	Established to "promote coordinated, comprehensive, and effective assistance to prevent and respond to the needs of children facing severe deprivation, exploitation, and danger over the next five years in selected countries".[90] A specific objective is to promote evidence-based policies and programmes. The Action Plan on Children in Adversity website states: "We seek to integrate internationally recognised, evidence-based good practices into all of our international assistance initiatives for the best interests of the child." [91]
Child Protection Working Group[92]	The Child Protection Working Group provides links to a series of tools and resources on the Minimum Standards for Child Protection in Humanitarian Action on its website, including efforts to document and evaluate the response to child-friendly spaces and other topics. This may provide evidence that can be used to shape interventions and policies to prevent violence against children in different settings. The Child Protection Rapid Assessment Toolkit aims to provide a basis for defining child protection needs and existing support mechanisms in the immediate aftermath of a rapid-onset emergency. In some situations, the rapid assessment may also be useful to build an evidence base for advocacy with stakeholders and identify information gaps.

Multiple indicator cluster surveys (MICS) and Demographic and health surveys (DHS)	UNICEF has continued to provide support to the MICS, DHS and other household-based surveys to expand the evidence base on violence against children and child protection more broadly. The MICS and DHS, key sources of information for monitoring the MDGs, include questions related to violence against children. However, these surveys only reflect the situation of children in households. Children living in institutions, detention centres or in the street and children on the move are not included.
	MICS indicators related to child protection:
	• birth registration (2005–2011)
	• child labour
	• child discipline (2005–2011)
	• child marriage
	• attitudes towards domestic violence
	• female genital mutilation
	• other relevant cross-cutting issues:
	  • living arrangements
	  • child disability
	  • children in child-headed households

Annex III: Initiatives to collect and consolidate evidence on violence against children (continued)

Examples of initiatives to collect and consolidate evidence on violence against children	
Source	**Description**
Child Protection Information Management System	The Child Protection Information Management System, a collaboration among Save the Children, the International Rescue Committee and UNICEF, seeks enhanced case management in emergency and development settings. The aim is to improve data collection and information management systems of child protection agencies at the national level. This information is case-focused, confidential and specific to emergency situations, although general statistics may be shared for knowledge purposes.
National child protection system mapping reports	Mappings of national child protection systems have been conducted in approximately 45 countries over the past seven to eight years by UNICEF and other agencies in collaboration with national governments. These reports provide significant evidence and data on child protection issues and services in place, along with an assessment of initiatives to address violence against children at the national and community levels. Mappings were conducted by a number of agencies and organisations using various methodologies and are not easily comparable across countries; however, these reports contain useful contextual and country-specific information.
ECPAT International **Agenda for Action Country Reports**[92]	ECPAT International has developed an ongoing series of country monitoring reports that aim to provide a baseline of information on actions taken and remaining gaps for addressing the commercial sexual exploitation of children. The series is based on the framework of the Agenda for Action to enable more systematic assessment of progress on implementation of this commitment. An objective of these reports is to stimulate the exchange of experience and knowledge among countries and different actors to create a dialogue that can further work against the commercial sexual exploitation of children.
World Health Organization **International Society for the Prevention of Child Abuse and Neglect**	*"Preventing child maltreatment: A guide to taking action and generating evidence"* [93] The World Health Organization and ISPCAN first published factsheets in preparation for the 2006 UN Study on Violence Against Children. They recently updated the factsheet on child maltreatment have reportedly dedicated increasing attention to research on child protection and have added a focus area related to violence against women and girls as well as child mental health.
Global Alliance for Children	The Global Alliance for Children (consisting of the GHR Foundation, Wellspring Advisers, USAID, the US Department of Labor, the World Bank, the EIM Group, the World Childhood Foundation and Save the Children) has collected evidence and research to indicate the relationship among early childhood development, appropriate family care and the protection of children from violence, exploitation and abuse. The Global Alliance website evidence page provides information on the results of investment in early childhood, nutrition, preventing institutionalisation and other statistics.[94]
African Child Policy Forum	The Child-Friendliness Index (CFI) measures the performance of African governments in relation to upholding children's rights and ensuring their well-being. An accountability monitoring framework that serves as an advocacy tool to promote child-friendly laws and policies in Africa and beyond, the CFI is a central component of The African Report on Child Wellbeing series.[95]

Annex IV: Sample targets and indicators for violence against children

Source	Targets and indicators
Report of the High Level Panel of Eminent Persons on the Post-2015 Development Agenda[96]	• Prevent and eliminate all forms of violence against girls and women • End child marriage • Provide free and universal legal identity, such as birth registration • Reduce violent deaths per 100,000 population by *x* and eliminate all forms of violence against children
Save the Children	• End child deaths from armed conflict and halve the number of non-conflict violent deaths of children • Halve the number of children who are subject to sexual violence and abuse of any form • Halve the number of children subjected to violent discipline at home • Halve the number of children unnecessarily living outside family care
UNICEF Manual for the Measurement of Indicators of Violence against Children	*Violence indicators* • Self-reported violence against children • Child homicide rate • ER visit rate due to assaults on children • Hospital discharge rate due to assaults on children • Children who skipped school due to violence *Protective environment indicators* • Children's life skills • Adults' attitudes towards violence against children • Official reports of violence against children • Substantiated cases of violence against children • Child victims referred to services • Use of services by child victims • School violence policy
Family for Every Child and its Interagency Child Protection Group	• Halve the number of children who are subject to sexual violence and abuse of any form • Halve the number of children subjected to violent discipline at home, in other care settings and in school • Halve the number of children unnecessarily living outside family care and end the placement of all children in institutional care • End the worst forms of child labour • End early marriage
ChildFund Alliance	• Halve the number of children who are subject to sexual violence and abuse of any form • Halve the number of children subjected to violent discipline at home, in other care settings and in school • Halve the number of children unnecessarily living outside family care and end the placement of all children in harmful institutional care • End the hazardous forms of child labour • End early marriage • Ensure birth registration for all children, without discriminations

Annex V: Definitions

Child – Consistent with Article 1 of the United Nations Convention on the Rights of the Child (1989), *child* refers to persons younger than 18 years.

Child protection – For World Vision, child protection means taking all measures to prevent and respond to exploitation, neglect, abuse and all other forms of violence affecting children.[97] For examples of other agency definitions of child protection, see Table 2 (p. 24 in main document).

Child protection system – A set of laws, policies, regulations, services, capacities, monitoring and oversight needed across all social sectors – especially social welfare, education, health, security and justice – to prevent and respond to protection-related risks.[98]

HIV and AIDS – The human immunodeficiency virus (HIV) can lead to the acquired immunodeficiency syndrome (AIDS).[99]

Primary health care – Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.[100]

Selective primary health care – Services targeted to the few most important diseases as the most effective means of improving the health of the greatest number of people.[101]

Violence against children – The definition of violence against children used in this paper is that of Article 19 of the Convention on the Rights of the Child (1989): 'all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse'. It also draws on the definition in the World Health Organization's 2002 *World Report on Violence and Health*:[102] 'the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity'.

Endnotes

[1] The research methodology utilised a combination of methods and tools, including: desk review of literature on global level child survival and HIV / AIDS initiatives, as well as of literature and evidence specific to violence against children (see References); direct semi-structured interviews with key experts and informed persons involved in child survival, HIV / AIDS and violence against children efforts at the global level (see Annex II); and review of primary information on ongoing initiatives to identify success factors and challenges. Information collected through the literature review and interviews was triangulated and analysed. Interviews proved an especially valuable source of information; senior practitioners generously shared frank assessments of successes, challenges and pitfalls encountered.

[2] World Health Organization, Declaration of Alma-Ata, Alma-Ata, USSR, adopted at the International Conference on Primary Health Care (1978).

[3] Cynthia Haq, T. Hall, D. Thompson, and J. Bryant, 'Primary Health Care: Past, Present and Future' (Milwaukee: Global Health Education Consortium, 2009).

[4] Julia Walsh and K. Warren, 'Selective Primary Health Care: An Interim Strategy for Disease Control in Developing Countries', *New England Journal of Medicine* 301 (1979): 967–74.

[5] The Child Survival Revolution was launched by UNICEF Executive Director James Grant in the 1982 annual State of the World's Children report.

[6] Ben Wisner, *Gobi Versus PHC? Some Dangers of Selective Primary Health Care* (Amherst, MA: Hampshire College, 1988).

[7] Richard A. Cash, Gerald Keusch, and Joel Lamstein, *Child Health and Survival: The UNICEF GOBI-FFF Program* (London: Croom Helm,1987).

[8] This included structural adjustments affecting the ability of national governments to expand immunisation coverage.

[9] The decline in the overall reduction of the rate of mortality observed during this period could be attributed to the fact that the most easily preventable deaths had been addressed, leaving residual deaths due to more intractable problems such as malnutrition, poverty, neglect, and so on that could not be easily addressed through selective targeted interventions. In addition, see The Bellagio Study Group on Child Survival, 'Knowledge into Action for Child Survival', Paper 5, *The Lancet 362* (2003): 323–27.

[10] One group was evaluating large-scale programmes using the integrated management of childhood illness strategy, a second group was looking at equity in child survival, and a third group was trying to analyse the causes of child death.

[11] For example, oral rehydration therapy and childhood vaccinations.

[12] Interview by Child Frontiers with Jennifer Bryce, senior scientist, Johns Hopkins Bloomberg School of Public Health, 26 March 2014.

[13] Johns Hopkins University, Aga Khan University, Federal University of Pelotas in Brazil, Harvard University, London School of Hygiene and Tropical Medicine, UNICEF, WHO, UNFPA, Family Care International, Save the Children, and other institutions from around the world.

[14] The secretariat of the Countdown to 2015 initiative (www.countdown2015mnch.org) is based at The Partnership for Maternal, Newborn and Child Health.

[15] Interview by Child Frontiers on 30 March 2014.

[16] Tamara Hafner and Jeremy Shiffman, 'The Emergence of Global Attention to Health Systems Strengthening, *Health Policy and Planning* 28 (2013):41–50, doi:10.1093/heapol/czs023.

[17] Such as Ann Tinker, John Rhode and Robert Black; see also Hafner and Shiffman, *The Emergence of Global Attention to Health Systems Strengthening,* 41–50.

[18] Abdelmajid Tibouti, *Child Survival and Equity: A Global Overview.* UNICEF Consultation on Equity in Access to Quality Health Care For Women and Children, 7–11 April 2008, Halong Bay, Viet Nam.

[19] World Vision, 'The Post-2015 Agenda: Policy Brief #1: Reaching the World's Most Vulnerable Children' (World Vision International, 2012).

[20] Interview respondents, many of whom have been directly involved in global public-health policy since the 1970s, expressed a wide range of opinions with regards to future strategies for reducing child mortality.

[21] It is important to recognise, however, that the distinction between selective and comprehensive primary healthcare may be a false dichotomy, as each approach requires elements of the other to succeed. Free-standing selective interventions are bound to fail if not part of a coherent and sustainable service delivery system. On the other hand, diffuse primary healthcare systems ideology without any defined interventions can be overly theoretical, impractical and impossible to implement.

[22] USAID, for example, is currently debating whether to return to a system strengthening approach or to continue to fund vertical disease initiatives (Richard Murray Trostle and Angela K. Shen, 'Three Decades of USAID Investments in Immunization through the Child Survival Revolution', *Emerging Microbes and Infections* 3 [2014]: e13; doi:10.1038/emi.2014.13, published online 26 February 2014). Many donors remain reluctant to invest in efforts to promote long-term system changes that are not easily measured. This has been exacerbated by global adoption of MDG goals such as the reduction of global under-five mortality rates by two-thirds from their 1990 levels by the year 2015.

[23] Determining the operational fundamentals and costs for a systems approach has proven challenging. When working on system building, it is not possible to make advocacy claims such as 'X dollars saves Y lives'. Another issue is that improving systems is not inexpensive; the most compelling argument for the selective approach is that it appears cheap, and agencies can advocate for very low-cost investments (in oral rehydration solution, for example) to save children's lives.

[24] The political declarations of 2006 and 2011 containing provisions on children and HIV and AIDS also had an impact on national plans, although the 2001 declaration arguably gained the most traction according to an expert interviewed by Child Frontiers for this report on 17 March 2014.

[25] UNICEF and UNAIDS, *Framework for the Protection, Care and Support of Orphans and Vulnerable Childen Living in a World with HIV/AIDS (2004).*

[26] UNAIDS and Lancet Commission Working Group 2, 'How Can the Experience of the AIDS Response Serve as a Transformative Force in Global Health and Development?' discussion paper (2013), 1.

[27] See, for example, UNICEF, 'Taking Evidence to Impact: Making a Difference for Vulnerable Children Living in a World with HIV/AIDS' (2011).

[28] Namely, the 2001 Declaration of Commitment, revised in 2006 and 2011 as the Political Declaration on HIV and AIDS.

[29] Launched by UN Secretary-General Ban Ki-moon during the United Nations Millennium Development Goals Summit in September 2010, Every Woman Every Child aims to save the lives of 16 million women and children by 2015. It describes itself as an unprecedented global movement that mobilises and intensifies international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges

facing women and children around the world. The movement puts into action the Global Strategy for Women's and Children's Health, which presents a roadmap on how to enhance financing, strengthen policy and improve services on the ground for the most vulnerable women and children. See www. everywomaneverychild.org/about.

[30] The 'double dividend' is intended to catalyse accelerated action toward the dual goals of ending paediatric HIV and AIDS and improving child survival. See UNICEF, WHO and Elizabeth Glaser Pediatric AIDS Foundation, *The Double Dividend: Action to Improve Survival of HIV-'Exposed' Children in the Era of eMTCT and Renewed Child Survival Campaigns* (2013).

[31] Ibid., 2. See also 'WHO Antiretroviral Therapy (ART) Coverage among All Age Groups', http://www.who.int/gho/hiv/epidemic_response/ART_text/en/.

[32] Interview by Child Frontiers on 4 April 2014.

[33] Such as the African Union, the South African Development Community (SADC), or the South Asian Association for Regional Cooperation (SAARC).

[34] In this example, the homogeneity of the region was a relevant factor, as was the fact that the European Union sanctions noncompliance with regional standards.

[35] Other relevant examples of influential regional initiatives include the South Asia follow-up regional consultation on the UN Study on Violence against Children in 2012 organised by the South Asia Initiative to End Violence Against Children of the South Asian Association for Regional Cooperation and supported by the South Asia Coordinating Group on Action against Violence against Children in collaboration with the UN SRSG on Violence against Children in Colombo, Sri-Lanka, 28–30 May 2012, (see http://srsg.violenceagainstchildren.org/document/580) that sought to 'strengthen the ownership, accountability and commitment by South Asian Governments to end violence against children' as well as 'monitor progress and share information' (report, 3). Two other examples are the Association of Southeast Nations' (ASEAN) Commission on the Promotion and Protection of the Rights of Women and Children's Work Plan 2012–2016 (specifically targeting violence against women and children) and the ASEAN Declaration on the Elimination of Violence against Women and Elimination of Violence against Children in ASEAN (October 2013). The 2012 common framework for systems strengthening promoted by the Inter-agency Group on Child Protection Systems in sub-Saharan Africa is another example of a regional framework that may have an impact on how countries approach child protection systems strengthening and how donor funding may not just be elicited but also framed or conditioned (Training Research Group, 'Policy and Programming Resource Guide for Child Protection Systems Strengthening in Sub-Saharan Africa' [2011]).

[36] UNAIDS and Lancet Commission Working Group 2. '*How Can the Experience of the AIDS Response Serve as a Transformative Force in Global Health and Development?*' 1.

[37] See, for example, BBC, 'NSPCC Reports "Sharp Rise" in Sexual Abuse Calls', 31 August 2013, http://www.bbc.co.uk/news/uk-23909244.

[38] UNAIDS and Lancet Commission Working Group 3, 'How Should the Global Health and AIDS Architecture Be Modernized for the Post-2015 Development Agenda?' discussion paper (2013).

[39] UNAIDS and Lancet Commission Working Group 2. '*How Can the Experience of the AIDS Response Serve as a Transformative Force in Global Health And Development?* 6.

[40] See 'WHO Antiretroviral therapy (ART) Coverage among All Age Groups'.

[41] See WHO, 'The Global Campaign for Violence Prevention', www.who.int/violence_injury_prevention/violence/global_campaign/en/.

[42] See www.unicef.org/endviolence/.

[43] See UNICEF, 'National Baseline Surveys on Violence against Children: East Asia and Pacific Region', http://www.oakfnd.org/sites/default/files/Paper%205%20Implications%20for%20grant making.pdf.

[44] See ibid.

[45] Paulo Sergio Pinheiro, *Report of the Independent Expert for the United Nations Study on Violence against Children* (New York: United Nations General Assembly, 2006).

[46] UNICEF, *Manual for the Measurement of Indicators of Violence against Children* (2006).

[47] In some cases agencies developed indicators to measure and monitor their programmes rather than to establish global goals.

[48] Interview by Child Frontiers on 4 April 2014.

[49] Josh Chaffin, *The Impacts of Economic Strengthening Programs on Children: A Review of the Evidence, C*PC Livelihoods and Economic Strengthening Task Force (2011), www.cpcnetwork.org/task-forces-details.php?ID=2.

[50] Bernard Van Leer Foundation and Fenton, *Communicating about Violence in the Lives of Young Children: Research Findings, Messaging and Media Recommendations* (Bernard Van Leer Foundation and Fenton, 2013).

[51] FrameWorks Institute, 'Making the Public Case for Child Abuse and Neglect Prevention: A Frameworks Message Memo: Prevent Child Abuse America' (2004).

[52] Bernard Van Leer Foundation and Fenton, *Communicating about Violence in the Lives of Young Children.*

[53] Interview by Child Frontiers on 9 April 2014.

[54] Bernard Van Leer Foundation and Fenton, *Communicating About Violence in the Lives of Young Children.*

[55] Ibid.

[56] Francie Zimmerman and James A. Mercy, 'A Better Start: Child Maltreatment Prevention as a Public Health Priority', Zero to Three (2010): 4–10.

[57] High Level Panel on the Post-2015 Development Agenda, *A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development* (New York: United Nations, 2013), http://www.post2015hlp.org/the-report/.

[58] The group of child-focused agencies comprises Child Fund Alliance, Plan International, Save the Children, SOS Children's Villages International, UNICEF and World Vision Internationa; it has focused primarily of the issue of violence and issues regular updates on progress towards inclusion of child protection in the post-2015 framework. The Inter-agency Advocacy Campaign on Child Protection (including Family for Every Child, the Better Care Network, Child Fund, SOS Children's Villages, Maestral, Muhammadiyah, Plan International, Retrak, Save the Children, Terra dos Homens, Terre des Hommes International, World

Vision) organised a meeting in mid-2013 to take forward the findings of the Family for Every Child 'Protect My Future' series of policy papers (available at www.familyforeverychild.org/our-work/advocacy/inter-agency-campaign); however, limited progress appears to have been made since that time.

[59] See Nicola Jones, *Strengthening linkages between child protection and social protection systems in Nigeria* (ODI: 2011) http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7330.pdf.

[60] Jan Vandemoortele, *Advancing the Global Development Agenda Post-2015: Some Thoughts, Ideas and Practical Suggestions.* Prepared for the UN System Task Team on the Post-2015 UN Development Agenda (2012), available on the un.org website.

[61] FrameWorks Institute, 'Making the Public Case for Child Abuse and Neglect Prevention: A Frameworks Message Memo: Prevent Child Abuse America'.

[62] UNICEF Tanzania, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences, *Violence against Children in Tanzania: Findings from a National Survey, 2009. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experienced in Childhood (*Dar es Salaam: United Republic of Tanzania, 2011.

[63] World Health Organization, Multi-country Study on Women's Health and Domestic Violence against Women (2005).

[64] See Global Alliance for Children, 'A Healthy, Caring, and Safe Childhood, Especially in the First Five to Eight Years Are [sic] Critical to Growth and the Future of National Health' (2014), www.globalallianceforchildren.org/Evidence/.

[65] FrameWorks Institute, 'Making the Public Case for Child Abuse and Neglect Prevention: A Frameworks Message Memo: Prevent Child Abuse America'.

[66] Interview by Child Frontiers on 4 April 2014.

[67] World Health Organization, 'Preamble to the Constitution of the World Health Organization' (New York: International Health Conference, 1948).

[68] Walsh and Warren, 'Selective Primary Health Care'.

[69] UNICEF, *Child Protection Information Sheets* (New York: UNICEF, 2006).

[70] See World Vision International, 'Child Protection' (2014), www.wvi.org/child-protection.

[71] Save the Children, *Child Protection in the Post-2015 Agenda: Thematic Think Piece* (London: Save the Children, 2013).

[72] Experts note that this approach in a sense promotes the foundational assumptions of the French social-welfare approach (based on the foundational premise that families dealing with abuse or crisis are fundamentally demonstrating a lack of support) over the Anglo-American model (based on the foundational premise that families with abuse or crisis are fundamentally demonstrating criminal or irresponsible behaviours). Recent learning appears to indicate that neither perspective is sufficient and that a more blended approach to social welfare and child protection may be effective. This is clearly an important and nuanced debate that requires further critical consideration within the sector.

[73] FrameWorks Institute, 'Making the Public Case for Child Abuse and Neglect Prevention: A Frameworks Message Memo: Prevent Child Abuse America'.

[74] Ibid.

[75] Vandemoortele, *Advancing the Global Development Agenda Post-2015*.

[76] World Vision noted this in *The Post-2015 Agenda: Policy Brief #1: Reaching the World's Most Vulnerable Children (*2012), which highlights the importance of country-level or subnational-level interpretation of targets and indicators.

[77] Vandemoortele, *Advancing the Global Development Agenda Post-2015*

[78] Available at www.childinfo.org.

[79] Pinheiro, Report of the Independent Expert for the United Nations Study on Violence against Children.

[80] Graça Machel, *Report on the Impact of Armed Conflict on Children* (New York: United Nations, 1996).

[81] See World Congress III Against Sexual Exploitation of Children and Adolescents – Overview (25-28 November 2008), http://resources.ecpat.net/worldcongressIII/overview2.php; and World Congress reports, www.ecpat.net/resources#category-world-congress-reports.

[82] See '#ENDviolence against children', www.unicef.org/endviolence/partners.html.

[83] See www.endcorporalpunishment.org/pages/frame.html.

[84] Special Representative of the Secretary-General on Violence against Children (2013).

[85] Family for Every Child, 'Protect My Future: Why Child Protection Matters, www.familyforeverychild.org/knowledge-centre/protect-my-future-why-child-protection-matters#sthash.DLv2SHKy.dpuf.

[86] Co-chairs are World Vision and Save the Children for the period 2013–14.

[87] Child Protection Monitoring and Evaluation Reference Group (2012).

[88] See US Government Evidence Summit on Protecting Children Outside of Family Care (12 December 2011), www.childreninadversity.org/news-information/in-the-press-events/news---full-view/u.s.-government-evidence-summit-on-protecting-children-outside-of-family-care.

[89] See 'Global Health Evidence Summits', www.usaid.gov/what-we-do/global-health/summits.

[90] See 'US Government International Assistance for Children in Adversity', www.childreninadversity.org/objectives-implementation/objective-5-promote-evidence-based-programs/objective.

[91] Ibid.

[92] The Child Protection Working Group is the global-level forum for coordination and collaboration on child protection in humanitarian settings. The group brings together NGOs, UN agencies, academics and other partners under the shared objective of ensuring more predictable, accountable and effective child protection responses in emergencies. See http://cpwg.net/.

[93] World Health Organization and the International Society for Prevention of Child Abuse and Neglect, Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence (2006).

[94] See Global Alliance for Children, 'The Results of Investment in Early Childhood and Preschools over a Period of 40 Years: Individuals and Societies Reap the Benefits', www.globalallianceforchildren.org/evidence/.

[95] African Child Policy Forum, *The African Report on Child Wellbeing 2013: Towards Greater Accountability to Africa's Children* (Addis Ababa: ACPF, 2013), www.africanchildforum.org/africanreport/

[96] High Level Panel on the Post-2015 Development Agenda, *A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development.*

[97] See World Vision, *Child Protection – Quick Guide: Keeping Children Safe from Abuse, Exploitation and Neglect,* http://www.wvi.org/child-protection/publication/child-protection-%E2%80%93-quick-guide (2014).

[98] Ibid.

[99] K. A. Sepkowitz, 'AIDS – The First 20 Years', New England Journal of Medicine 344, no. 23 (2001): 1764–72.

[100] World Health Organization, Declaration of Alma-Ata.

[101] Walsh and Warren, 'Selective Primary Health Care'.

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