Children in all policies: lessons from a global collaboration to promote the health and wellbeing of children and future generations

Sarah L Dalglish, Kwame S Sakyi, Audrey Prost, Saliqa Amin, Aadi Sardesi, Almaaz Mudaly, Gautam Bhan , Delan Devakumar, Saliou Diouf, Tanya Doherty, Asha S George, Fergus Green, Sophie Howe, Beth Jennings, Vrashali Khandelwal, Mary Kinney, Raul Mercer, Divya Ravindranath, Naomi Saville, Bhawak Pokhrel, François Taddei, Mark Tomlinson, Neha M Verghese, Leonie Akofio-Sowah, Roannie Ng Shiu, Anshu Banerjee, Helga Fogstad, Anthony Costello

Currently children's needs, perspectives, and rights are not adequately included in public policies, with negative consequences for the health and wellbeing of children and future generations. The 2020 WHO–UNICEF–*Lancet* Commission reviewed threats to children's health and concluded that children's needs and voices should be centred in all policies for a sustainable future. Since 2021, Children in All Policies 2030, a global collaboration of policy makers, scientists, and advocates, has implemented the Commission's recommendations by fostering new approaches to participatory, intersectoral policy making across diverse countries. Efforts to implement the Commission's recommendations encountered challenges including flawed assumptions in prevailing policy-making models, failure to fulfil children's right to participate, and an ongoing scarcity of intersectoral policy integration. Eight lessons on what works for improving policy making and implementation emerged: use creative means to involve children, patiently assemble coalitions, prepare to seize political opportunities, harmonise global data to bridge UN partnerships, create national political and technical platforms, use media to change cultural perceptions, use strategic framing to overcome sectoral barriers, and embrace joint learning. Harnessing people's consideration and concern for children and future generations and engaging children's voices represents a powerful political opportunity to reach current development goals and ensure a healthier, more sustainable future.

Introduction

As global crises multiply and compound, gains in children's health are being lost, making it likely that many countries will not meet the child-related UN Sustainable Development Goals (SDGs).[1,2] Each year, 5·8 million children and adolescents die, many from easily treatable and preventable causes,[3] 228 million children suffer from forms of malnutrition,[4] and 1 billion children age 2–17 years face violence, abuse, or neglect.[5] Already vast inequalities are likely to be exacerbated by simultaneous and interlinked environmental, political, and economic threats sometimes known as the polycrisis.[6] Although the UN Convention on the Rights of the Child is the world's most widely adopted human rights treaty, children's rights are routinely violated, including the right to participate in decisions that affect them.[7]

This generalised failure to protect children's health and wellbeing, fulfil their rights, and include their views and perspectives was highlighted by the 2020 report of the WHO–UNICEF–*Lancet* Commission[8] (panel 1). In the years since its publication, ensuing events have included the COVID-19 pandemic in which children's needs were overlooked,[9] worsening political instability and polarisation, forced migration, war, and genocide. Meanwhile, the climate crisis, which threatens to make parts of the planet unliveable in the lifespan of a child born today, is increasingly harming children's physical and mental health in many ways.[10,11] The disproportionate impact on children of many of these global crises highlights the urgency of working collaboratively to put children at the centre of efforts to achieve the SDGs and ensure a safe and liveable planet for children and future generations.

The term child, defined in this Health Policy following the UN Convention on the Rights of the Child as a person under age 18 years, describes an incredibly diverse population with vastly different needs by developmental stage. Children's health and wellbeing are further influenced by intersecting power relations that shape the experience of race, ethnicity, disability, sex, gender, and socioeconomic and migratory status in varied, dynamic, and context-specific ways.[12–14] Yet all children live under political systems that systematically neglect their needs. All children inhabit a deeply degraded environment on planet Earth. All children interact with health systems, educational institutions, and legal frameworks infused with childism, a lack of respect for children's rights, and potential and evolving capacities, with the result that adults feel justified in making decisions for them without their participation or consent.[15,16]

In 2021, Children in All Policies 2030 (CAP-2030) was founded to implement the WHO–UNICEF–*Lancet* Commission's call to bring together scientists, policy makers, advocates, and children to create new models of policy making to build a world fit for children.[17] Based on the Commission, a network of CAP-2030 partners moved forward with implementation projects in countries on every continent, coordinated by a secretariat at University College London and governed by an Executive Committee with a Youth Advisory Board of 22

Lancet 2026; 408: 169–82

Children in All Policies 2030, Institute for Global Health, University College London, London, UK (S L Dalglish PhD, Prof A Prost PhD, B Jennings PhD, Prof A Costello FMedSci)**; Center for Learning and Childhood Development–Ghana, Accra, Ghana** (K S Sakyi PhD, L Akofio-Sowah MSc)**; Oakland University, Rochester, MI, USA** (K S Sakyi)**; Children in All Policies 2030 Youth Advisory Board, Institute for Global Health, University College London, London, UK** (S Amin, A Sardesi, A Mudaly)**; Indian Institute for Human Settlements, Bengaluru, Karnataka, India** (G Bhan PhD, V Khandelwal MA, D Ravindranath PhD, N M Verghese BA)**; Institute for Global Health, University College London, London, UK** (Prof D Devakumar PhD, N Saville PhD)**; Université Cheikh Anta Diop, Dakar, Senegal** (Prof S Diouf MD)**; School of Public Health, University of the Western Cape, Bellville, South Africa** (Prof T Doherty PhD, Prof A S George DPhil, M Kinney PhD)**; Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa** (Prof T Doherty)**; Department of Political Science and School of Public Policy, University College London, London, UK** (F Green PhD)**; Future Generations Commission, Cardiff, UK** (S Howe LLB)**; Facultad Latinoamericana de Ciencias Sociales, Buenos Aires, Argentina** (R Mercer MD)**; Kathmandu Living Labs, Kathmandu, Nepal** (B Pokhrel BE)**; Learning Planet Institute, Paris, France** (F Taddei PhD)**; Institute for Life Course Health Research, Department of Global Health, Stellenbosch University, Cape**

***Panel 1*: Key messages of the 2020 WHO–UNICEF–*Lancet* Commission report**

In February, 2020, the WHO–UNICEF–*Lancet* Commission published its report *A future for the world's children?*,[8] which called for placing the health and wellbeing of children and adolescents at the centre of national and global efforts to achieve sustainable development. Early investments in children's health, development, and education create benefits across children's lifetimes, as well as for future generations and society as a whole. As such, the report argued that decision makers need apply a long-term vision and mobilise funding, particularly for the poorest families and children. Social action and the participation of citizens, including children themselves, are crucial to buttressing political efforts to fulfil children's entitlements and mobilise the resources needed to reach the UN Sustainable Development Goals.

Children's rights, enshrined in the UN Convention on the Rights of the Child in addition to many national frameworks, encompass entitlements across all sectors, including health and education but also housing, agriculture, energy, transport, and more. A deliberately intersectoral approach is needed to ensure children survive and thrive. Actions might take different forms in each country but require coordination across ministries, strategic partnerships with diverse collaborators, and strong political leadership. The fragmented provision of resources at global level must be streamlined to support joined-up strategies, budgets, and implementation.

The report called for measuring children's flourishing across domains (including survival, development, mental health and wellbeing, educational achievement, safe and clean environments, and protection from violence) using improved data, starting with better collection of the child-related Sustainable Development Goal indicators, many of which fewer than 50% of countries worldwide report data for. Using a measure of children's current and future wellbeing that encompasses greenhouse gas emissions and the equitable distribution of wealth, not one single country performed well across all dimensions (flourishing, sustainability, and equity). In addition to stronger national systems, citizen accountability mechanisms were recommended to fill data gaps, alongside the development of user-friendly country dashboards to provide a holistic view of children's health and wellbeing.

In addition to ecological threats, the report analysed emerging commercial threats to children's health, notably their enormous exposure to marketing for harmful products including sugar-sweetened beverages, alcohol, tobacco, and gambling products, which are major causes of non-communicable diseases and other threats to health and wellbeing. Commercial actors not only target children with marketing techniques that exploit their developmental vulnerability but also harvest their data, raising major privacy concerns. The Commission called for the development of new international legal instruments to regulate against commercial marketing to children and protect them from other commercial harms.

Finally, children and adolescents' right to participate in decisions that affect them frequently goes unfulfilled. Yet it is a powerful tool in efforts to enact policies to deliver a healthy and sustainable future. The Commission called for children to be placed at the heart of a new global movement to promote their health and future on this planet.

Town, South Africa (Prof M Tomlinson PhD); **School of Nursing and Midwifery, Queens University, Belfast, UK** (Prof M Tomlinson); **University of Auckland, Auckland, New Zealand** (R Ng Shiu PhD); **WHO, Geneva, Switzerland** (A Banerjee MD); **UNICEF, New York, NY, USA** (H Fogstad MHA)

adolescents aged 13–18 years (appendix p 5). In this Health Policy, authors of the Commission and members of the wider CAP-2030 network outline the three main challenges we have faced in implementing the children in all policies agenda; share eight generalisable lessons on how policy makers, academics, and activists can improve policy design and implementation for children and future generations; and identify a clear opportunity to leverage this agenda to achieve major gains for children and future generations.

Challenges to implementing a children in all policies approach

Policy making discounts the rights and needs of children and future generations

The WHO–UNICEF–*Lancet* Commission called for making children's rights the centrepiece of sustainable development policies. However, inherent features of democratic governance create short-term bias in policy making, which disproportionately harms children. So-called presentist bias has roots in the uncertain nature of the future and aspects of human psychology (eg, bounded rationality, moral disengagement, and the tendency to discount future consequences), but also the fact that officials are accountable to electorates in which children and future generations have no vote or voice.[18] Political institutions (ie, electoral rules, bureaucratic capacity, and ways of incorporating interest groups) tend to reinforce presentist bias.[19] Rising political polarisation in many democratic systems exacerbates uncertainty and distrust, further disincentivising long-term visions and investments.[20] Short-termism in government affairs is echoed in the economy, as businesses often prioritise short-run returns at the expense of re-investment and sustainable growth.[21] Economic and political systems also interact to reinforce short-termism. For example, relative to citizens, businesses are quicker to respond to policy processes and better able to influence them, which tends to impede reforms in the long-term public interest.[22–24]

Prevailing policy evaluation methods further bias decision making towards the present. Cost–benefit analyses widely used to support decision making are based on flawed assumptions about intertemporal trade-offs and the value of the natural environment and therefore vastly undervalue the health and wellbeing of children and future generations.[25,26] Specifically, economists conceptualise the costs and benefits of consumption in the near-term as greater than those in the future (what is known as discounting), a time preference supported by evidence from controlled experiments and observational studies.[27] But as early as the 1920s, the economist Frank Ramsey argued that discounting the interests of future people is "ethically indefensible and arises merely from the weakness of the imagination".[28] John Maynard Keynes called Ramsey's paper "one of the most remarkable contributions to mathematical economics ever made",[29] yet the idea failed to be adopted into mainstream economic theory.

Since the early 2000s, alternative discount rates and variations on cost–benefit analyses have been proposed, but these methods require further development and translation into practical tools to support policy making.[25,30–32] The most urgent application arguably concerns fossil fuel production and consumption. The current price of fossil fuels is severely misvalued because there are costs to producing and consuming those fuels today that will be incurred by future generations, a burden not reflected in current pricing and valuation schemes.[33,34] Such faulty assumptions in neoclassical economics and a

failure to contemplate potentially catastrophic outcomes mean that effects of climate change and other interlinked crises affecting children's health and wellbeing are grossly misrepresented.[24,28]

Children's right to participate in policy making is rarely fulfilled

Children's right to participate in decisions that affect them is enshrined in the UN Convention on the Rights of the Child, ratified by all countries (except the USA) and further re-affirmed in the treaty's authoritative interpretations known as General Comments.[35] Engaging children in policy making has direct benefits in that it fulfils their rights and improves their political awareness, autonomy, and agency.[36] Children's participation also improves policies themselves.[36] Yet children are rarely permitted to engage in policy making, even in a superficial consultative manner, despite the availability of relevant conceptual models, such as Hart's ladder of participation, and documented experiences showing they can drive change on issues that are important to them.[7,37–39] Failure to include children in policy spaces has sometimes led them to create their own powerful platforms outside formal political processes, such as the Fridays For Future movement, which mobilised what was likely the largest climate protest in history in September, 2019.[40] Yet this extraordinary example should not occlude the immense obstacles around coordination and resourcing that inhibit children's collective political mobilisation.[41]

Social and cultural factors also contribute to children's political marginalisation, with minoritised and poor children facing the greatest barriers. Systemic and institutional prejudice against children is prevalent and rarely questioned.[15] Often, their immaturity is emphasised, yet children's evolving capacities underlie their right to agency and adults' obligation to develop their abilities through social learning, civic education, and participation in processes that affect them.[42] As one child participant in a CAP-2030 national policy workshop in Ghana put it, "[Adults] think whatever we say does not make sense and children are straight-up stupid or dumb".[43] For other groups historically excluded from decision making, such as women and racial minorities, meaningful engagement in policy making required prolonged political battles and remains an ongoing struggle, which will likely be the case for children too.

Integrated policies are needed for children but are impeded by siloed governance

Recalling that nearly half of reductions in child mortality in low-income and middle-income countries between 1990 and 2012 were attributable to investments outside the health sector, the WHO–UNICEF–*Lancet* Commission synthesised substantial evidence showing that effective action for children's health and wellbeing relies on coordinated activity across sectors.[44] Policy areas, such as early childhood development, require integrated policy making, as research and interventions are distributed across sectors including health, nutrition, education, child protection, and social protection.[45] More broadly, the current global development agenda under the SDGs cannot be achieved without intersectoral action and governance.[46] Children's interests are thus threatened both directly and indirectly by failures to develop and implement integrated policy across sectors.

Governments can steer intersectoral coordination using mechanisms based on hierarchy, markets, or networks.[47] However, in practice these efforts are often constrained by insufficient technical capacity, unclear or overlapping mandates, bureaucratic competition, and a scarcity of political legitimacy.[48] Effective collaboration depends on shared understandings and mutual goals, yet actors' framing of the problems they are meant to solve are conditioned by disciplinary backgrounds, institutional mandates, and frequently incongruent political interests.[49,50] Sector-specific budgets are also a major barrier.[51] With respect to child health, key actors frequently fail to perceive the non-health framings and contributions of other partners, undermining the basis for true collaboration across sectors.[52,53] Despite these many challenges, success is possible, as evidenced by programmes, such as Chile Crece Contigo (now called Chile Crece Más), which over the course of more than two decades has generated measurable declines in developmental delays in children younger than 5 years. Its success shows the importance of inclusive issue framing, as well as taking a systems approach to tracking progress across both process and outcome indicators.[54,55] Given the many potential synergies in the SDG agenda, particularly for child health, it is important to further develop approaches to understanding and assessing interactions and trade-offs between SDGs, particularly as this concerns tensions between human development and environmental protection.[56,57]

Emerging lessons on what works for children and future generations

More than one solution (including policy instruments, legal reforms, and changes to societal and cultural norms) is required to overcome challenges deriving from fragmented policies that discount children's voices, needs, and rights. CAP-2030 has encouraged novel approaches to intersectoral and participatory policy making in countries around the world (figure 1; appendix pp 1–4]). Here we present eight lessons from CAP-2030's' work applicable to coalitions of actors working together, suggest how they might inform other cross-sector policy collaborations, and explain how these are linked to outcomes and impacts, as summarised in the theory of change (figure 2).

Use creative and diverse means to involve children in policy making

To fulfil their right to participate, children should be engaged using methods appropriate to their evolving

Correspondence to:
Dr Sarah L Dalglish, Children in All Policies 2030, Institute for Global Health, University College London, London WC1N 1EH, UK
s.dalglish@ucl.ac.uk

See **Online** for appendix

For the **Chile Crece Más programme** see https://chilecrecemas.cl

capacities and the policy endeavour at hand. Experience within the CAP-2030 network shows involving children is feasible and, further, that using multiple engagement methods allows a larger and more diverse group of children to participate. In Ghana, CAP-2030 engaged school-age children to help update the national early childhood care and development policy via an art contest administered through schools, a video shown to policy makers, the Children's Parliament, and direct participation in a key policy meeting (figure 3). The final policy incorporated a broadened range of interventions thanks to the children's suggestions around improved sanitation in schools and greater provision of educational and cultural amenities; children will continue to be involved as policy implementation is devolved to subnational level.[43] Engagement methods will vary by cultural context. For example, CAP-2030 partners used the Indigenous research method *talanoa* (group encounters creating space to share issues and aspirations) to analyse climate resilience among Indigenous youth in Tuvalu, Samoa, and Aotearoa New Zealand (Ng Shiu R, unpublished).

Digital tools can encourage or extend engagement. In Nepal, CAP-2030 undertook a citizen science intervention to empower secondary school children (age 12–16 years) and educate them on the effects of climate change on their environments.[58] Using bespoke apps on mobile devices, the children enjoyed collecting data on local flora and fauna, climate hazards including crop failures and landslides, and their own nutritional status and diets. The process showed potential to facilitate adolescents' advocacy for climate change action. However, unreliable internet connection in remote areas limited access to some app features, constraining impact. Digital tools can also raise concerns around access, privacy, and safeguarding. Interactions with CAP-2030's Youth Advisory Board (panel 2) showed that many common digital communication platforms do not meet safety and privacy requirements for interacting with minors.[59]

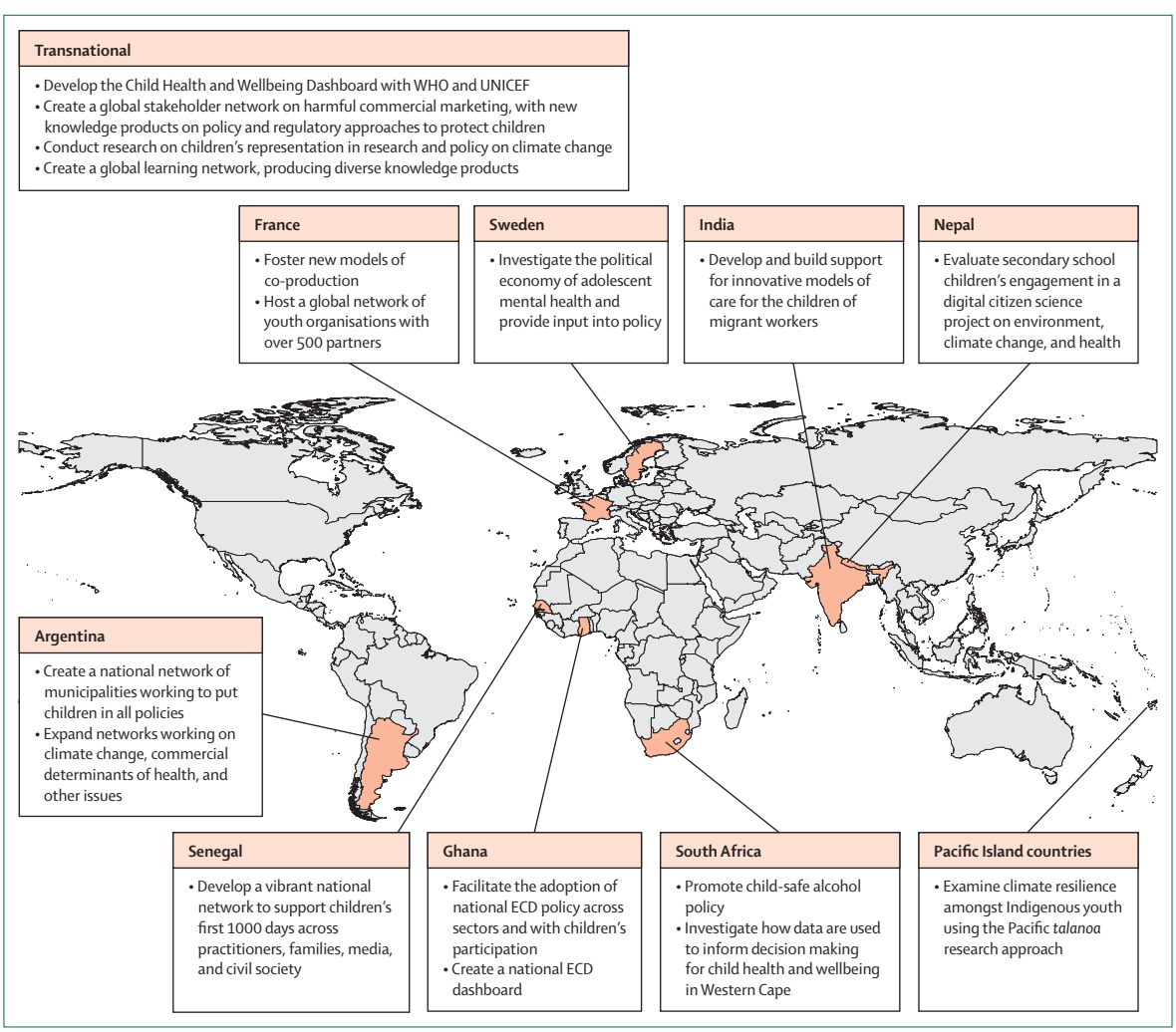

Figure 1: **Research, advocacy, and implementation undertaken by members of the Children in All Policy 2030 consortium**
ECD=early childhood development.

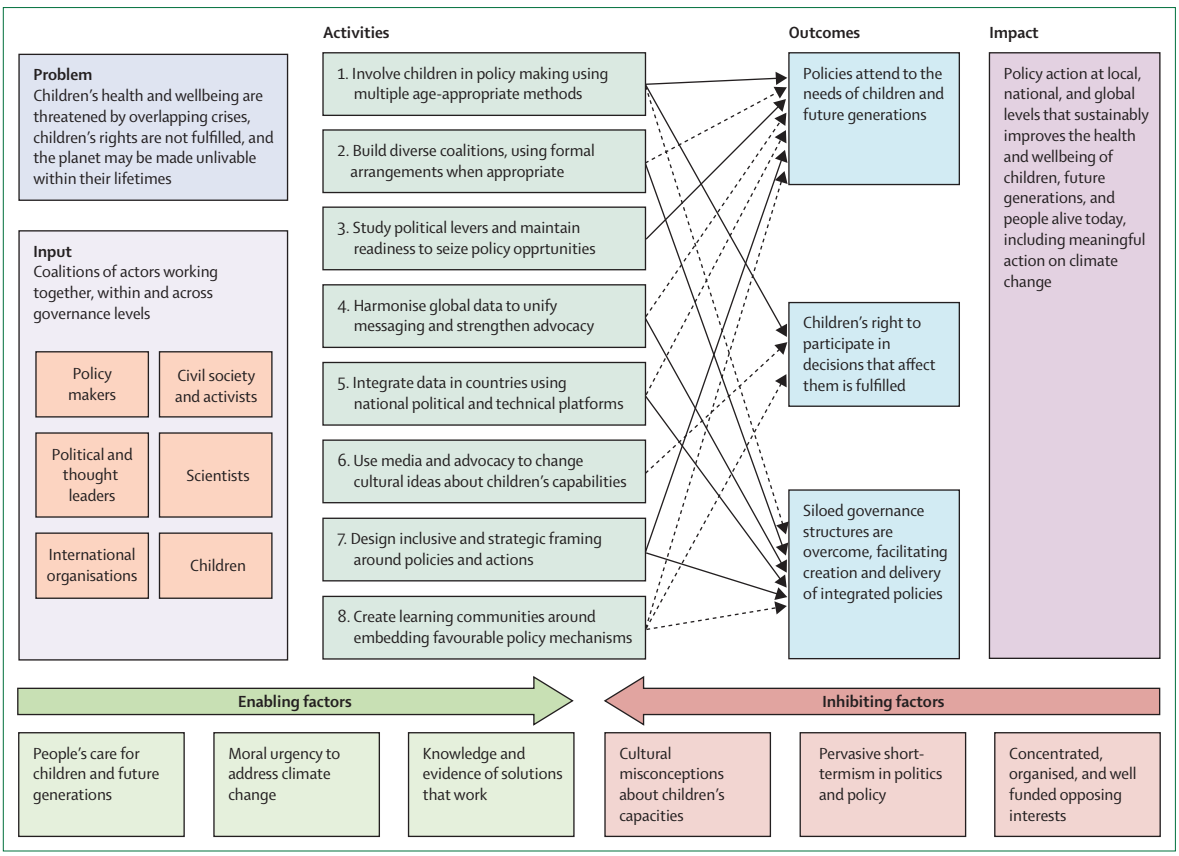

Figure 2: **Theory of change of the Children in All Policy 2030 consortium**
Solid arrows show observed pathways and dashed arrows show hypothesised pathways.

Combining in-person and digital methodologies with synchronous and asynchronous modes of engagement facilitates the participation of a greater number of children and becomes particularly crucial when working transnationally on global policy issues. For example, in CAP-2030's global policy report[61] on regulatory responses to the marketing of harmful products to children and young people up to age 30 years, co-produced with NCD Alliance, input was elicited from adolescents and young people using focus group discussions. This group also reviewed drafts and presented findings as part of dissemination. Thanks to their engagement, the report's scope and emphasis was shifted to better align with the lived experience of being marketed to and its findings reached new audiences.[61,62] Strategies to engage children and adolescents can begin modestly, but efforts to scale up should avoid tokenistic approaches in favour of systematised mechanisms with responsive feedback loops.

Figure 3: **Children and policy makers at the Children in All Policy 2030 national policy workshop (September 2021, Ghana)**
Image provided by the Center for Learning and Childhood Development, Ghana.

Build coalitions patiently and link partners under formal structures when appropriate

Children's health and wellbeing is everyone's concern, but it takes dedicated effort to rally diverse partners to overcome ingrained presentist bias and fragmentation across sectors. In Argentina, the CAP-2030 team brought together a network of municipalities agreeing to place children and adolescents at the centre of development and welfare policies, uniting them under a Memorandum

Panel 2: Children in All Policies 2030 Youth Advisory Board and meaningful youth engagement

In 2023, 22 adolescents age 13–18 years were selected from more than 90 applicants to participate in the Children in All Policies 2030 (CAP-2030) Youth Advisory Board (YAB). The term youth was selected in the name to emphasise participants' maturity rather than their status as legal minors. Members hailed from 18 countries and were selected with a view of ensuring balanced membership in terms of gender, socioeconomic and racial background, and geography. The YAB met online in small groups and in plenary over the course of a year, providing input on CAP-2030's core areas of work, including data for decision making, climate change, harmful commercial marketing, and racism and child health. They participated via surveys and focus group discussions, writing blogs, creating PowerPoint presentations, and interacting with high-level officials at WHO, UNICEF, and other international bodies. Engagement was structured to promote meaningful co-creation, and YAB members received feedback on how their inputs were used and the outcomes of their work.

The YAB substantively shaped CAP-2030's activities, strategy, outputs, and communications: they shaped findings on future research priorities on climate change, revised an interview guide on racism and child health to make it more intersectional, and introduced new focus industries for work on harmful marketing.[59] YAB members have spoken on behalf of CAP-2030 in major public forums and served as named authors on reports and scientific publications, including this Health Policy.

CAP-2030's experience with the YAB further supports the notion that involving children earlier in policy-making processes and affording them greater control over strategic direction is crucial to gaining the full benefits of their participation. Indeed, although taking input from children is preferable to not engaging with them at all, arguably only co-creation and other forms of power-sharing meaningfully fulfil the obligations of the UN Convention on the Rights of the Child.[60]

of Understanding that specified shared commitments. In Ghana, CAP-2030 partners built a strong network of government officials at multiple levels and across sectors (alongside civil society partners) when revising the country's early childhood development policy. As a crucial first step, CAP-2030 partners mapped the constitutional mandates of 22 ministries, departments, and agencies to delineate existing commitments to children, which were then explicitly aligned with the country's new policy.[43] Both the Argentinian and Ghanaian networks reached out to civil society and faith-based organisations, community groups, members of the media, and prominent citizens. Lessons from these two countries will be analysed in an ongoing 5-year research project on intersectoral policy making for early childhood development.

Coalitions can be constructed at different scales and using various platforms and political levers, but the process usually requires time and patience, as often partners have little experience or incentive to collaborate. Given stretched government resources, civil society organisations, when trusted by government and other actors, can be instrumental in convening partners and conducting the necessary background work.[43] In both Argentina and Ghana, CAP-2020 found that formal collaboration structures, although time-consuming to build, can provide a venue for specifying roles, developing accountability measures, and establishing monitoring and evaluation cycles for all relevant parties. In South Africa, informal coalitions have sometimes proved useful to avoid the ossifying tendencies of more formal coalitions. Either way, it is crucial to prioritise inclusivity and ideally build coalitions up from local level to promote long-term sustainability.[63,64] Broad-based organising is key to advancing children's issues across the board, but particularly when opposing interests are concentrated, powerful, and politically connected, such as on the issue of commercial marketing to children (panel 3).

Study political levers and be ready to seize opportunities

Given the many ways policy-making processes discount children's rights and needs, coalitions must be prepared to act quickly when a political window of opportunity arises.[66,67] In our experience, partners can enhance readiness by maintaining awareness of the political situation, cultivating relationships within governments, and continually refining policy arguments. In South Africa, CAP-2030 partners used a research-led approach built on existing collaborations with the provincial government in the Western Cape, a province which prioritises a whole of society approach to governance. The team conducted a case study to describe how data on children across sectors were used to inform policy making and was invited to join a child wellbeing task team bringing together academics, civil society, and senior government managers from across sectors to help develop an implementation plan to address child undernutrition. Previously, given COVID-19 alcohol bans in South Africa, the CAP-2030 team conducted research to understand community and intersectoral action to address the harms of alcohol to children and adolescents. On this basis, when the provincial government requested formal comment on a proposed rule change to increase access to alcohol at convenience stores, the team submitted a detailed brief citing South Africa's high prevalence of fetal alcohol spectrum disorder, among other detrimental effects (George AS, Doherty T, and Tomlinson M, unpublished). The rule change was ultimately blocked.

In India, CAP-2030 partners have spent years cultivating political support around building childcare

infrastructure for underserved communities, leading to an opportunity to show a promising new approach at scale.[68] Based on this experience, CAP-2030 developed a methodology for linking child health indicators to emerging policy initiatives, thereby seizing political opportunities, a technique that is potentially replicable across other areas of public policy.[69] Such strategies can be useful because, commonly, children's interests are not prioritised. Deliberately mapping the relevant political system and identifying leverage points is one technique being tried by CAP-2030 partners at the Karolinska Institutet (Sweden). They conducted a political economy analysis examining why adolescent mental health disorders are not prioritised commensurately with their global burden to help advocates define strategies to raise political priority for this issue, published in the second *Lancet* Commission on adolescent health and wellbeing.[70]

Harmonise global data to unify messaging and strengthen advocacy

Over the past decade under the SDG agenda, the will to marshal a strong, integrated approach to child health and wellbeing has arguably dissipated and child health advocates have failed to act as a united force. Commonly, the survive and thrive components of the global child health agenda are treated separately because of the absence of a shared framework to overcome historical, disciplinary, budgetary, and institutional boundaries. One measure of the fragmentation of global advocacy on child health is the glut of data visualisations on this topic.[71] The WHO–UNICEF–*Lancet* Commission called for developing a comprehensive data dashboard on children's wellbeing for all countries, which CAP-2030 answered with the creation of the Child Health and Wellbeing Dashboard, co-hosted by WHO, UNICEF, and CAP-2030. For the first time in recent history, the natural leaders of a holistic global agenda for children's health, UNICEF, and WHO, co-published data under a process designed by CAP-2030, suggesting a role for third-party actors to serve as a bridge between agencies.

This dashboard broke new ground in its holistic view of the child, with indicators spanning all ages of childhood across four dimensions (survival, development, protection, and participation).[72] Yet most of the data still stem from the health sector, whereas a truly holistic picture of child health and wellbeing would bring in many other sectors, linking distal determinants to child health outcomes and making effective the connections undergirding the SDG framework.[73] Much broader UN data-sharing would buttress global advocacy efforts to centre children's needs. Better yet, a redistribution of funding and expertise from the headquarters of UN agencies to regional or national institutions where the data originate would both be more just and improve the chances of data being used to set priorities and plan policy interventions in countries.

Panel 3: Building coalitions to oppose harmful commercial marketing to children

Commercial enterprises use marketing to promote sales and increase brand influence of unhealthy products, threatening children's health and wellbeing through immediate consumption, habit formation that impacts the entire life course, and the marketing techniques themselves.[61] Companies in the tobacco, alcohol, ultra-processed food, sugar-sweetened beverage, and gambling industries all market to children, an immensely profitable investment given the billions of dollars in spending that children influence directly and indirectly.[65] Governments are increasingly adopting policies to reduce harmful marketing to children using different legislative and regulatory tactics. But where policies' costs affect a small number of powerful actors, namely business corporations in concentrated industries, these actors tend to organise collectively to advocate for their interests.[41] Conversely, given these policies' more diffuse public benefits, lobbying and campaigning efforts to support them are often undersupplied.

Members of the Children in All Policies 2030 (CAP-2030) consortium worked to build coalitions to counter harmful marketing in three main ways. First, research was conducted to highlight the harms of commercial marketing to children and assess policy and regulatory strategies that can be used to reduce those harms in countries around the world.[61,62] To expand the network of scientists working on these issues, sessions were organised at paediatrics conferences, training for health professionals was supported, and working groups were built within global paediatric associations. Second, advocacy was used to increase public understanding of the harms of commercial marketing to children and high-profile public webinars and events were hosted, with the inclusion of children and with accompanying videos, social media campaigns, and general-interest publications, including explanations using child-friendly language. Third and perhaps most importantly, global stakeholder networks were organised to protect children's rights from harmful marketing. In 2021, CAP-2030 co-hosted a 3-day virtual conference with WHO, UNICEF, and The Office of the United Nations High Commissioner for Human Rights that gathered 90 international experts on public health and children's rights including policy makers, lawyers, health professionals, and technical specialists. Participants agreed upon a set of short-term and medium-term objectives for reaching high-level goals, focusing on how the international health and child rights community, civil society organisations, and policy makers can work towards stronger and more comprehensive action in tackling the issue of harmful marketing and protecting children. To implement this plan, WHO is leading a multistakeholder group to help countries strengthen legal and regulatory frameworks, with the active participation of adolescents and young people.

Despite growing recognition of the harmful effect of commercial marketing, commensurate funding to support action to protect children's health and wellbeing has not been seen. Many of the largest funding sources in global health are private foundations created to distribute fortunes amassed by the heads of large commercial corporations; their founders and managers might be ideologically opposed to limiting the activities of commercial actors in the so-called free market. Recognising the political and financial obstacles that hinder an agenda that benefits so many, CAP-2030 continues to seek partners to join and support our coalition to protect children from harmful commercial activity, including commercial marketing.

Create national political and technical platforms to integrate data

Effective collaboration across sectors depends on shared understandings and mutual goals; however, our work on national and subnational data dashboards for child health and wellbeing highlights the difficulty of data integration across ministries, departments, and sectors.[74] Fragmented data hinder coordinated and holistic policy action by making it difficult to evaluate synergies and trade-offs

For the **Child Health and Wellbeing Dashboard** see https://cap-2030.org/dashboard/

and design robust intersectoral accountability mechanisms. But integrating data systems is both a technical and a political task, requiring buy-in from relevant actors from beginning to end.

In Ghana, CAP-2030 partners used a Memorandum of Understanding with government partners, an intersectoral steering committee, and a technical team of government agency representatives and civil society partners to create a data dashboard presenting data from ten different organisations. Substantial negotiation was required to achieve mutual access across these entities, each of which used a different digital or paper-based platform for data collection, but participation in a shared policy process helped build trust and cooperation.[43] Based on this case study and additional analysis of data dashboards in India and South Africa, the work of CAP-2030 suggests that data integration can be used to support intersectoral policy making, but this requires a clear understanding of data ecosystems and a transparent, collaborative process that ensures partners see the benefits of rendering their systems interoperable.[74] Data fragmentation is one symptom of the scarcity of integrated policy and planning for children; however, generating shared data platforms is also one avenue to overcome this scarcity of policy integration and bring partners together to work on a strong and harmonised child-centric agenda.

For the **Ghana Early Childhood Development Dashboard** see https://eccddata.mogcsp.gov.gh/

Use media and other advocacy techniques to change cultural perceptions and reach key audiences

Families and the public have a high level of concern for children, yet there is often minimal understanding of children's exact needs and low regard for their rights and capabilities, part of the problem of childism that suffuses institutions and social attitudes. These problems can only be addressed by changing prevailing cultural norms.[75] In Senegal, CAP-2030 partners identified a substantial gap in public understanding of the crucial window around the first 1000 days (ie, from conception to a child's second birthday) and for early childhood development more generally. Children within this window were seen as passive and not requiring the same social and cognitive stimulation as older children. An education campaign for providers (including midwives, community health workers, and other practitioners) was accompanied by strategic engagement with civil society organisations, local elected officials, community groups, and the public via the written press and TV news, to share the message that babies and young children are intelligent, alert, and require dedicated stimulation.

Norms against children's participation in so-called adult activities, such as policy processes, require particular attention. In Ghana, CAP-2030 partners broadcasted policy conferences on local news stations and conducted social media campaigns on Facebook, YouTube, and Instagram. Coverage of the CAP-2030 initiative on Ghana's Truth TV headline news in 2022 included statements about the need to "shift social, political and cultural views about children and amplify children's voices", such as by institutionalising and supporting Ghana's Children's Parliament.[76] The need for intersectoral policies was also discussed, with the TV newscaster saying: "children's issues are multifaceted and…they require cooperation and collaboration between ministries to address them".[76] Judging by engagement with the content across platforms, such media outreach boosted public awareness for and support for the CAP-2030 agenda in Ghana.

Design strategic and inclusive framing to overcome sectoral boundaries

CAP-2030's endeavour to put children in all policies emerged out of a passionate commitment to children's health, but experience suggests that the most strategic framing of this agenda is often not health-oriented. Health imperialism, in which health sector actors presume that their interests predominate, is known to alienate potential partners.[77] In Ghana's CAP-2030 work, a health-centric framing was found to inhibit progress on children's issues, and the process to revise and strengthen the country's early childhood development policy was led not by the Ministry of Health but rather the Ministry of Gender, Children, and Social Protection.[43] Indeed, an analysis of adolescent health priorities under the SDGs found that at least eight of 11 intervention areas fell under the core mandates of non-health sectors.[78] At the same time, Ministries of Health often benefit from substantial budgets, influence, and prestige; resources that can be put towards child-centric policy processes.

An overarching and unifying frame, specific to each context, must be developed to bond fragmented partners and provide a conceptual and rhetorical basis for legitimate joint action. In Argentina, rights-based appeals have resonated as a way to conceptualise intersectoral government action for children's wellbeing.[79] Economic arguments about the current and future productivity of children and parents have been used by CAP-2030 partners to mobilise nationwide action around children's first 1000 days in Senegal and gain support from policy makers for strengthening childcare infrastructure for migrant workers in India. Strategic framing will vary by context and must be decided by local actors, as well as remaining coherent with universal child rights. Nonetheless the framing of health issues, and thus the levels of priority and funding they are afforded, is strongly influenced by global health elites; for example, those working at international organisations, donor agencies, and academic institutions, who have an important role to play in thinking more holistically and building bridges across sectors.[80]

Learn together about how to embed what works instead of scaling up rigid models

CAP-2030 was created in part to identify effective models to scale up, so as to impact the greatest number of

children globally. Although the science of scaling up is evolving, most models are still developed in the minority of wealthy countries and unduly emphasise goal-orientated instead of process-oriented concerns, creating risks of negative consequences, waste, and inaccurate conclusions.[81] CAP-2030 has increasingly pursued an alternative approach to biomedical or business models of scaling up that is more akin to translocal learning, wherein joint fieldwork creates a collective learning space that accommodates alternative interpretations, interdisciplinary dialogue, and the practical concerns of the communities in question.[82] Through regular meetings, webinars, joint studies, and other means, CAP-2030 has attempted to create a community of practice where participants can share lessons and gain feedback relevant to their own particular contexts, rather than seeking to replicate successful interventions from one place to the next. Such alternatives to classic modes of scaling up—and arguably policy work in general—are highly resistant to the type of impact measurement (eg, estimating lives saved) in keeping with major international funders. Measurement paradigms can support accountability and action. Nonetheless, a central principle of development theory should be adhered to: the most transformational programmes are often the least measurable, and the most measurable ones are the least transformational.[83]

CAP-2030's focus is on learning together how to embed new processes to promote children's health, wellbeing, and rights, which take different forms according to context. Inspiration can be taken from Wales's Wellbeing of Future Generations Act, an innovative model that aims to promote the interests of children and future generations. Adopted in 2015, this globally influential piece of legislation shows how positive change can be embedded in a political system by involving citizens in defining societal goals, supporting leaders to commit to a wellbeing agenda, and shaping the overall system to enable and require actors to deliver effective policies (panel 4). Wales's model provided inspiration for the 2024 Declaration on Future Generations, annexed to the UN's Pact for the Future, and provides an example of society-wide, sustainable political and policy change to the benefit of children and future generations.[85]

The opportunity: leverage people's care for children and future generations to enact far-reaching policy change that benefits all

The WHO–UNICEF–*Lancet* Commission centred the climate crisis as being of the utmost concern to children's health, wellbeing, and future on this planet. In the years since the Commission was published, the situation has only worsened, bringing society closer to multiple climate tipping points beyond which major damage becomes an inevitable outcome.[86] If the concerns of children and future generations were taken into consideration in the first place, society might not find ourselves in this situation. But currently, children's needs—let alone their rights and views—are rarely considered in research and policy on the climate crisis. An extensive review of studies led by CAP-2030 that assessed how climate change affects children's wellbeing globally found substantial evidence gaps on how climate change affects children's socioeconomic situation, safety,

For the **CAP-2030 review** see https://cap-2030.org/evidence-map/cap-2030-evidence-gap-map.html

Panel 4: Lessons from the Future Generations Act in Wales

The Wales Future Generations Act, adopted in 2015, is the first piece of legislation in history to put sustainable development at the heart of government, incorporating not only environmental and economic issues but also culture, the arts, and the social sphere. Before the bill became law, thousands of Welsh people of all ages (including children) participated in a 1-year conversation called The Wales We Want, in which they defined the Wales they wanted to leave behind for their children and grandchildren. Climate change emerged as a crucial issue, alongside topics such as employment, education, health, and the value of park, leisure facilities, and libraries. Seven foundational principles emerged, summarised here as:

1 Children deserve the best start in life
2 Thriving communities are built on a strong sense of place
3 Valuing the environment means living within planetary limits and managing resources
4 The wellbeing of future generations depends on investing in local economy
5 Reducing inequality and valuing diversity are essential to ensuring the wellbeing of all
6 A strong citizen voice in decision making is fundamental to the democratic process
7 Valuing heritage, culture, and language will strengthen identity for future generations

These principles influenced the seven statutory wellbeing goals that public bodies are required to maximise, as well as the set of indicators used to monitor progress. The Act also sets out specified ways of working, including taking a long-term perspective and adopting an integrated, collaborative, and participatory approach. All public bodies under the Welsh Government are legally obligated to report on progress annually. The Act also created an independent Future Generations Commissioner, who serves as a guardian of future generations and monitors the extent to which wellbeing goals are being met. Civil society coalitions built up during the preparatory work to passing the Act have also proved influential in keeping public attention and action focused on its objectives.

Although Wales still has many historical challenges that need time to turn around, since its adoption, the Act has been credited with a suite of positive developments aimed at holistically improving wellbeing. For example, instead of building the proposed M4 ring road, a project with substantial political support, investment was made in a sustainable network of bicycle lanes, rail stations, and bus routes. Public sector food procurement has also been shifted to healthier, more sustainable sources, alongside a decision in favour of free universal school meals in primary schools. Key lessons suggest that the most effective path forward can be through pursuing embeddedness, that is, by mainstreaming long-term interests into day-to-day decision making and joining different policies, government bodies, and sectors, making the pursuit of all elements of wellbeing the responsibility of all.

Wales's Future Generations model has proved globally influential: "What Wales is doing today, the world will do tomorrow", Nikhil Seth, UN Assistant Secretary General said in 2015.[84] Indeed, movements are building to support similar legislation in Brazil, Denmark, Kenya, Ireland, Norway, Portugal, and Spain, and the world's first Indigenous Future Generations Commission was recently appointed in Mbessa, Cameroon. Principles and lessons from the Future Generations Act inspired the UN's 2024 Summit for the Future and resulting Pact for the Future, to be revisited at the 83rd UN General Assembly in 2028.[85]

and agency.[87] Members of the CAP-2030 Youth Advisory Board highlighted the need to focus on overarching issues including socioeconomic distress, migration, and mental health, as well as the urgency of intergenerational dialogue on climate action. At the policy level, an analysis of countries' national adaptation plans shows that despite children's vulnerability to the effects of climate change, climate plans in 49 (31%) of 160 countries made scarce mention of children's health and 44 countries (28%) did not mention children at all.[88]

Panel 5: Extending the right to vote to children younger than 18 years

Arguments in favour of children being allowed to vote have been advanced since at least the 1970s on the basis of children's established capacity to cast meaningful votes, the value of encouraging early political participation, and the societal benefits of improving policy outcomes and resolving issues of justice.[91] Yet children younger than 18 years can currently vote in approximately 14 countries, usually beginning at age 16 years. In 2025, the UK Government said that the voting age will be reduced to 16 years for all elections.[92] Some countries place additional conditions and restrictions or allow children to vote in local elections only.

Arguments against lowering the voting age focus on children's lesser capacity and knowledge of politics, assumptions that are demonstrably unfounded, at least in the case of older adolescents.[93] Indeed, a convincing philosophical rationale exists for even removing the lower age bound to voting, given the absence of strong reasons to override the presumptive right to vote.[94,95] Under some proposals, all children gain a vote, with parents or guardians exercising a proxy vote for younger children.[96] Extending the franchise even just to older children and adolescents would reap substantial democratic dividends, as people excluded under the current voting age comprise approximately one-fifth of the total population in European, North American, and Australian democratic states and nearly one-half of the population in Africa, Asia, and South America.[91]

Allowing children to vote enables them to make decisions for themselves, an important fulfilment of child rights, and will arguably result in improvements in health outcomes, as children can vote to improve the determinants of their health; for example, living conditions and education. Children's voting might also incentivise parliaments to take a long-term perspective on issues, although evidence needs to be collected on any changes that are made.

Incremental change might be more politically palatable and could constitute a starting point for the substantial political organising that will be required among both children and adults, as the status quo is currently aligned against children voting. Further research can support efforts to shift social and cultural norms to promote the idea of lowering the voting age in countries worldwide.

The failure to meaningfully include children in the response to the climate crisis represents a major opening to accelerate progress. We renew our call to put children and future generations at the centre of action on climate policy, advocacy, activism, and education. Many children, especially the most privileged, are already empowered and educated with knowledge to understand what is happening to our planet, both in schools and via outside trainings. For example, trainings and workshops organised for children and young people by the Learning Planet Institute, which is part of the CAP-2030 network, with the City of Paris's Académie du Climat (Climate Academy). Children learning and working on climate change need mental health support while they face the dire facts and confront a future many say they find frightening.[89,90] But society must stop underestimating children's ability to engage in the issues affecting their lives. One urgent and concrete action with potential to shift the debate on climate among many other issues is to extend the right to vote to children (panel 5). Children's political voice can also take other forms. Global agencies working on children's issues are increasingly recognising the need to share power with children and providing guidance for doing so; the challenge now is for policy makers, funders, and implementers to answer the call.[97,98]

The opportunity to prioritise children is also backed by a powerful political logic among adults. The sociological literature, which examines how people draw meaning from generational relationships and exchanges, shows that people care deeply about the welfare of children and future generations.[99] For example, when given outright options, the large majority of participants in the Opinions and Lifestyle Survey, a representative survey of British adults, selected health and environmental policies that brought equal or greater benefits to the generations of their children and grandchildren compared with themselves, including substantial majorities who had never had parental responsibility for a child.[100] The world's largest public opinion survey on climate change, the People's Climate Vote, including over 73 000 people in 77 countries, found that 80% of people want their government to strengthen commitments to combating climate change, with large majorities seeking fast transitions away from fossil fuels.[101] An online experiment of 57 968 participants across 23 countries further found that messages framing climate change as an urgent threat impacting children and future generations had the strongest positive effect on support for climate action, particularly in democratic countries and across the political spectrum.[102]

The urgency of the climate crisis can be leveraged to enact far-reaching policy reforms that benefit all. Networks can boost the power of decentralised actors who are already taking vigorous and necessary actions in communities around the world. Platforms for joint learning can buttress the necessary work of movement-building across policy, research, and advocacy, since a multipronged approach is

	Description	Considerations to enhance inclusivity
Establish youth advisory boards to provide direct input on policy decisions at all levels of governance	Require clear mandates, legal recognition, and structured mechanisms for youth participation in policy formulation and review; institutionalise platforms using legislation and dedicated funding to ensure continuity, accountability, and influence over policy making	Ensure fair and transparent selection to include diverse youth from all backgrounds, including rural and under-represented communities; budget for accessibility measures such as sign language interpretation, Braille documents, remote participation options, and translation and interpretation
Embed youth consultations into policy development from ideation to implementation and evaluation	Establish structured, transparent, and action-oriented consultation frameworks that ensure youth perspectives lead to tangible policy changes; require policy makers to provide written or public responses outlining how youth input influenced policy decisions, to enhance accountability and build credibility in youth participation efforts	Simplify policy discussions using accessible and youth-friendly formats that break down complex information into digestible insights; offer flexible participation options to allow students, workers, and those from remote areas to contribute without major disruptions to their daily lives
Use diverse, culturally aware outreach to help youth understand policy impacts	Leverage youth-friendly platforms such as social media, digital storytelling, and interactive campaigns with content creators that simplify complex policy information into accessible, engaging content; implement offline outreach strategies, such as community forums, youth town halls, and school-based discussions in communities that do not have access to online platforms	Ensure outreach materials are translated into local languages and use accessible formats for youth with disabilities; build trust with marginalised communities as they might view institutions with scepticism due to previous experiences of neglect or discrimination
Support the further development of youth leadership in policy spaces	Invest in structured youth leadership development programmes that equip youth with advocacy, negotiation, and decision-making skills; provide hands-on experiential learning opportunities, such as internships, fellowships, and youth delegate programmes, to provide exposure to policy-making environments	Include mentorship programmes where experienced policy makers, researchers, and youth activists guide marginalised youth in navigating governance systems
Adapt policies based on youth feedback and real-world impact	Establish clear evaluation frameworks that track youth participation, policy responsiveness, and overall impact; develop a public Youth Policy Scorecard, where youth-led organisations and independent watchdogs can track policy progress and identify gaps	Integrate equity and inclusivity metrics into evaluation frameworks

Table: **Actionable strategies for youth-inclusive governance proposed by the Children in All Policy 2030's Youth Advisory Board**

needed to overcome the many barriers to including children's needs and voices in our joint human endeavours. Policy elites must show leadership, driven by public accountability but also enticed by widespread public support for action on climate change and care for children and families. Providing a portfolio of approaches for child-centred intersectoral policy implementation, which are currently lacking, will further support this agenda, with children themselves holding a central role in fulfilling their communities' economic, political, social, and cultural values (table).[103]

Conclusion

For too long, political and policy-making paradigms have abruptly dismissed the rights and perspectives of children and future generations, a situation only worsened by today's overlapping crises. Society cannot, from an ethical, economic, or ecological standpoint, continue to discount the future to the detriment of posterity. Based on the children in all policies vision, CAP-2030 is developing new models, methods, and measurement tactics for investing in children and future generations—bridging a new frontier in participatory, intersectoral policy making. Prevailing development paradigms are not meeting the challenges facing children today and future generations to come. We continue to believe that our message—centring children for sustainable policies in all sectors—is powerfully mobilising. We welcome new partners and contributors in research, policy, and practice to fulfil our commitment to children and future generations.

Contributors

Conceptualisation: SLD. Funding acquisition and project administration: SLD and AC. Methodology and data collection: SLD, KSS, AP, GB, SD, TD, ASG, BJ, VK, MK, RM, DR, NS, BP, FT, MT, NMV, LA-S, RNS, and AC. Data analysis: SLD, KSS, AM, GB, SD, TD, ASG, VK, MK, RM, DR, NS, MT, NMV, LA-S, RNS, and AC. Writing of the first draft of the manuscript: SLD. Contribution to writing and revising the manuscript: SLD, KSS, AP, SA, AS, AM, GB, DD, SD, TD, ASS, FG, SH, BJ, VK, MK, RM, DR, NS, BP, FT, MT, NMV LA-S, RNS, AB, HF, and AC. Data compilation: SLD and AC. Supervision: SLD and AC.

Declaration of interests

AC declares a grant from the Wellcome Trust for the *Lancet* Countdown on Climate and Health and funding to attend meetings in Geneva and Bellagio from the *Lancet* Countdown and the Rockefeller Foundation. SH received grants from the School of International Futures, the Wellbeing Economy Alliance, and the Norwegian University of Science and Technology; she also has a leadership role at the Wellbeing Economy Alliance. SLD received consulting fees under two grants from the Children's Investment Fund Foundation under the Children in All Policies 2030 initiative (R-2006-04807 and 2012-05886). ASG received funding for the Children in All Policies 2030 initiative in South Africa from the Children's Investment Fund Foundation (2012-05886); has received grants from the Gates Foundation Countdown to 2030 US Fund for UNICEF (INV-007594), the Canada's International Development Research Centre (109849-001 and 109847-001) and National Institute for Health and Care Research (158734); she is also is supported by SARCHI and extra-mural unit health systems, South Africa Medical Research Council; and has received consulting fees from Gates Ventures and support for attending meetings from WHO and the World Bank Global Financing Facility. All other authors declare no competing interests. The authors alone are responsible for the views expressed in this Health

Policy and they do not necessarily represent the views, decisions, or policies of the institutions with which they are affiliated.

Acknowledgments

Many people contributed to the work reported in this Health Policy. We would like to especially mention the collective contributions of the Youth Advisory Board, who provided innovative ideas, strategic direction, and accountability. Lucy Crick, Karen Ofosu-Orchard, and Sarah Sterlini provided skilled project management without which our work would not have been possible. Research assistants and visiting researchers Caterina Felici, Will Brett Harding, Maria Soraghan, Srivatsan Rajagopalan, Katarina Hoernke, Malak Mohamed, and Sally-Anne Van Der Linden provided in-depth research and thoughtful feedback regarding diverse topics discussed in this Health Policy. Christina Pagel and Martin Utley helped design our approach to seizing policy opportunities for children across sectors. Mariam Claeson and Olivia Biermann provided information on the analysis of the political economy of adolescent mental health at the Karolinska Institutet. Kenneth Kwok and Jason Cohen provided valuable support in setting up Children in All Policies 2030's Youth Advisory Board. Ed Stevenette and Olivier Brechard helped structure and expand Children in All Policies 2030's youth network globally. Theresa Diaz, Gerard Lopez, Liliana Carvajal, and Jennifer Requejo, among others, led the design and implementation of the Child Health and Wellbeing Dashboard. Rajani Ved provided crucial early guidance and steering of implementation activities in partner countries. This work was supported by the Children's Investment Fund Foundation (R-2006-04807 and 2012-05886). The views expressed are those of the authors and not necessarily those of the Children's Investment Fund Foundation. The research activities reported in this Health Policy were approved by the University College London Ethics Committee (21579/001, 26957/001, and 1881/011). Online engagement with members of the Children in All Policies 2030 Youth Advisory Board was authorised under the University College London Risk Assessment (RA075929/1). The South Africa work on using data to include children in all policies was approved by the Biomedical Science Research Ethics Committee of the University of the Western Cape on Aug 11, 2023 (BM23/6/11). The Nepal Citizen Science project was approved by the Nepal Health Research Council on Dec 6, 2021 (611/2021P). The Indian project to map the ecosystem of creches for informal women workers was approved by the Research Ethics Committee of the Indian Institute for Human Settlements on Nov 17, 2022. The work in Ghana received ethical approval from Ghana's Ministry of Gender, Children and Social Protection (July 10, 2021).

Editorial note: The Lancet Group takes a neutral position with respect to territorial claims in published maps.

References

1 Bhutta ZA, Boerma T, Black MM, Victora CG, Kruk ME, Black RE. Optimising child and adolescent health and development in the post-pandemic world. *Lancet* 2022; **399:** 1759–61.

2 Black RE, Liu L, Hartwig FP, et al. Health and development from preconception to 20 years of age and human capital. *Lancet* 2022; **399:** 1730–40.

3 United Nations Inter-agency Group for Child Mortality Estimation. Levels & trends in child mortality: report 2023, estimates developed by the united nations inter-agency group for child mortality estimation. UNICEF, 2024.

4 UNICEF. Child malnutrition. 2025. UNICEF, https://data.unicef.org/topic/nutrition/malnutrition/ (accessed Feb 6, 2025).

5 Hillis S, Mercy J, Amobi A, Kress H. Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics* 2016; **137:** e20154079.

6 McNamara C, Bambra C. The global polycrisis and health inequalities. *Int J Soc Determinants Health Health Serv* 2025; **55:** 238–48.

7 Tisdall EKM, Cuevas-Parra P. Challenges for children's participation: child activism for ending child marriage. *Child Youth Serv Rev* 2020; **108:** 108.

8 Clark H, Coll-Seck AM, Banerjee A, et al. A future for the world's children? A WHO–UNICEF-*Lancet* Commission. *Lancet* 2020; **395:** 605–58.

9 Clark H, Coll-Seck AM, Banerjee A, et al, and the WHO–UNICEF–*Lancet* Commissioners. After COVID-19, a future for the world's children? *Lancet* 2020; **396:** 298–300.

10 UNICEF. A threat to progress confronting the effects of climate change on child health and well-being. UNICEF, 2024.

11 Watts N, Amann M, Arnell N, et al. The 2019 report of The *Lancet* Countdown on health and climate change: ensuring that the health of a child born today is not defined by a changing climate. *Lancet* 2019; **394:** 1836–78.

12 Every Woman Every Child. The global strategy for women's, children's and adolescents' health (2016–2030). World Health Organization, 2018.

13 Scharf RJ, Maphula A, Pullen PC, et al. Global disability: empowering children of all abilities. *Pediatr Clin North Am* 2017; **64:** 769–84.

14 Selvarajah S, Corona Maioli S, Deivanayagam TA, et al. Racism, xenophobia, and discrimination: mapping pathways to health outcomes. *Lancet* 2022; **400:** 2109–24.

15 Adami R, Dineen K. Discourses of childism: how COVID-19 has unveiled prejudice, discrimination and social injustice against children in the everyday. *Int J Child Rights* 2021; **29:** 353–70.

16 Young-Bruehl E. Childism: confronting prejudice against children. Yale University Press, 2012.

17 Dalglish SL, Costello A, Clark H, Coll-Seck A. Children in All Policies 2030: a new initiative to implement the recommendations of the WHO-UNICEF-*Lancet* Commission. *Lancet* 2021; **397:** 1605–07.

18 Boston J. Assessing the options for combatting democratic myopia and safeguarding long-term interests. *Futures* 2021; **125:** 102668.

19 Jacobs AM. Policy making for the long term in advanced democracies. *Annu Rev Polit Sci* 2016; **19:** 433–54.

20 McCoy J, Somer M. Overcoming polarization. *J Democracy* 2021; **32:** 6–21.

21 Aspara J, Pajunen K, Tikkanen H, Tainio R. Explaining corporate short-termism: self-reinforcing processes and biases among investors, the media and corporate managers. *Socio-economic Rev* 2014; **12:** 667–93.

22 Downey L. Inequality, democracy, and the environment. New York: New York University Press, 2015.

23 Hacker JS, Pierson P. Winner-take-all politics: how Washington made the rich richer – and turned its back on the middle class New York. Simon & Schuster, 2010.

24 Stiglitz J. The price of inequality. New York: Penguin, 2013.

25 Padilla E. Intergenerational equity and sustainability. *Ecol Econ* 2002; **41:** 69–83.

26 Tomlinson M, Radner J. Children are not future producers and customers: a plea for the moral imperative of acting now. *Lancet Child Adolesc Health* 2025; **9:** 152–53.

27 Frederick S, Loewenstein G, O'Donoghue T. Time discounting and time preference: a criritcal review. *J Econ Lit* 2002; **40:** 351–401.

28 Ramsey F. A mathematical theory of saving. *Econ J* 1928; **38:** 543–49.

29 Gottlieb A. The man who thought too fast. The New Yorker, April 27, 2020. https://www.newyorker.com/magazine/2020/05/04/the-man-who-thought-too-fast (accessed June 9, 2026).

30 Almansa C, Martínez-Paz JM. Intergenerational equity and dual discounting. *Environ Dev Econ* 2011; **16:** 685–707.

31 Atkinson G, Braathen NA, Groom B, Mourato S. Cost benefit analysis and the environment: further developments and policy use. OECD, 2018.

32 Atkinson G, Mourato S. Environmental cost-benefit analysis. *Annu Rev Environ Resour* 2008; **33:** 317–44.

33 Perry I, Black S, Vernon N. Still not getting energy prices right: a global and country update of fossil fuel subsidies. *IMF Working Paper* 2021; **236:** 1–42.

34 Stern N. Stern review on the economics of climate change. HM Treasury, 2006. https://web.archive.org/web/20100309074040/http://www.hm-treasury.gov.uk/sternreview_index.htm (accessed June 9, 2026).

35 United Nations General Assembly. Convention on the Rights of the Child 1989. United Nations General Assembly, 1989.

36 Landsdown G. Every child's right to be heard: a resource guide on the UN Committee on the Rights of the Child General Comment No. 12. UNICEF, Save the Children, 2011.

37 Hart R. Children's participation: from tokenism to citizenship. UNICEF International Child Development Centre, 1992.

38 Lundy L. 'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *Br Educ Res J* 2007; **33:** 927–42.

39 Save the Children. Child rights governance: children in politics. Save the Children, 2012.

40 Laville S, Watts J. Across the globe, millions join biggest climate protest ever. The Guardian, Sept 21, 2019. https://www.theguardian.com/environment/2019/sep/21/across-the-globe-millions-join-biggest-climate-protest-ever (accessed June 9, 2026).

41 Olson M. The logic of collective action: public goods and the theory of groups. Cambridge, MA: Harvard University Press, 1965.

42 Landsdown G. The evolving capacities of the child. UNICEF, 2005.

43 Akofio-Sowah L, Soraghan ML, Rajagopalan S, et al. Uncovering Ghana's Immunity to Change: prioritizing and including children in intersectoral policymaking. *BMJ Glob Health* 2024; **9:** e013251.

44 Kuruvilla S, Schweitzer J, Bishai D, et al, and the Success Factors for Women's and Children's Health study groups. Success factors for reducing maternal and child mortality. *Bull World Health Organ* 2014; **92:** 533–44B.

45 Britto PR, Lye SJ, Proulx K, et al, and the Early Childhood Development Interventions Review Group, for the *Lancet* Early Childhood Development Series Steering Committee. Nurturing care: promoting early childhood development. *Lancet* 2017; **389:** 91–102.

46 Neely CL, Bourne M, Chesterman S, et al. Inclusive, cross-sectoral and evidence-based decision-making for resilience planning and decision-making in a devolved context. *Eur J Dev Res* 2021; **33:** 1115–40.

47 Ssennyonjo A, Criel B, Van Belle S, Ssengooba F, Titeca K. What are the tools available for the job? Coordination instruments at Uganda's national government level and their implications for multisectoral action for health. *Health Policy Plan* 2022; **37:** 1025–41.

48 Bennett S, Glandon D, Rasanathan K. Governing multisectoral action for health in low-income and middle-income countries: unpacking the problem and rising to the challenge. *BMJ Glob Health* 2018; **3:** e000880.

49 Harris J. Advocacy coalitions and the transfer of nutrition policy to Zambia. *Health Policy Plan* 2019; **34:** 207–15.

50 Okeyo I, Lehmann U, Schneider H. The impact of differing frames on early stages of intersectoral collaboration: the case of the First 1000 Days Initiative in the Western Cape Province. *Health Res Policy Syst* 2020; **18:** 3.

51 Stead D. Institutional aspects of integrating transport, environment and health policies. *Transp Policy* 2008; **15:** 139–48.

52 Alfvén T, Binagwaho A, Nilsson M. To achieve the SDG health goals we need to recognise the goals and outcomes of other sectors. BMJ Opinion, 2018. https://blogs.bmj.com/bmj/2018/12/07/to-achieve-the-sdg-health-goals-we-need-to-recognise-the-goals-and-outcomes-of-other-sectors/ (accessed 28 Oct, 2024).

53 Biermann O, Nordenstam A, Muwonge T, Kabiri L, Ndeezi G, Alfvén T. Sustainable preventive integrated child health care: reflections on the importance of multidisciplinary and multisectoral stakeholder engagement. *Glob Health Action* 2023; **16:** 2173853.

54 Milman HM, Castillo CA, Sansotta AT, Delpiano PV, Murray J. Scaling up an early childhood development programme through a national multisectoral approach to social protection: lessons from Chile Crece Contigo. *BMJ* 2018; **363:** k4513.

55 Rasanathan K, Atkins V, Mwansambo C, Soucat A, Bennett S. Governing multisectoral action for health in low-income and middle-income countries: an agenda for the way forward. *BMJ Glob Health* 2018; **3:** e000890.

56 Helldén D, Chea T, Sok S, et al. A stakeholder group assessment of interactions between child health and the sustainable development goals in Cambodia. *Commun Med (Lond)* 2022; **2:** 68.

57 Renaud FG, Zhou X, Bosher L, Barrett B, Huang S. Synergies and trade-offs between sustainable development goals and targets: innovative approaches and new perspectives. *Sustain Sci* 2022; **17:** 1317–22.

58 Hoernke K, Shrestha A, Pokhrel B, et al. Children in All Policies (CAP) 2030 Citizen Science for Climate Change Resilience: a cross-sectional pilot study engaging adolescents to study climate hazards, biodiversity and nutrition in rural Nepal. *Wellcome Open Res* 2023; **8:** 570.

59 Mathews G, Jennings B, Sterlini S, et al. Involving young people in global health policy and programming: practical guidance to get started. *Health Promot Int* 2025; **40:** daaf041.

60 Shier H. Pathways to participation: openings, opportunities and obligations. *Child Soc* 2001; **15:** 107–17.

61 CAP-2030. NCD Alliance. Selling a sick future: how to counter harmful commercial marketing towards children and young people across risk factors for noncommunicable diseases. Geneva: NCD Alliance, 2023.

62 Soraghan M, Abdulkareem TO, Jennings B, et al. Harmful marketing by commercial actors and policy ideas from youth. *Health Promot Int* 2023; **38:** daad149.

63 Crutchfield LR. How change happens: why some social movements succeed while others don't. Hoboken, New Jersey: Wiley, 2018.

64 McKay ML, Hewlett PO. Grassroots coalition building: lessons from the field. *J Prof Nurs* 2009; **25:** 352–57.

65 Gilmore AB, Fabbri A, Baum F, et al. Defining and conceptualising the commercial determinants of health. *Lancet* 2023; **401:** 1194–213.

66 Kingdon JW. Agendas, alternatives and public policies, 2nd edn. Harlow: Pearson, 2014.

67 Wasi P. "Triangle that moves the mountain" and health systems reform movement in Thailand. *Hum Resour Health Dev J* 2000; **4:** 106–10.

68 Ravindranath D, Khandelwal V. Negotiating care with employers: NGO articulations and assemblages of care infrastructure for migrants at worksites. *Aust Geogr* 2025; **56:** 1–14.

69 Khandelwal V, Mathews G, Pagel C, Ravindranath D, Soraghan M, Utley M. Methodology brief: seizing policy opportunities for children across sectors. Children in All Policies 2030, Aug 2024.

70 Baird S, Choonara S, Azzopardi PS, et al. A call to action: the second *Lancet* Commission on adolescent health and wellbeing. *Lancet* 2025; **405:** 1945–2022.

71 Requejo JH, Strong K, Aboud F, et al, and the Child Health Accountability Technical Advisory Group. Harmonizing data visualizations on child health and well-being to strengthen advocacy and monitoring efforts. *Glob Health Sci Pract* 2023; **11:** e2300183.

72 Requejo J, Diaz T, Park L, et al, and the Children in All Policies, Data and Learning Working Group. Child health and wellbeing dashboards: accountability for children's rights. *Lancet* 2022; **399:** 1847–49.

73 Blomstedt Y, Bhutta ZA, Dahlstrand J, et al. Partnerships for child health: capitalising on links between the sustainable development goals. *BMJ* 2018; **360:** k125.

74 Sukumaran L, Sakyi K, Khandelwal V, et al. Navigating the promise and pitfalls of data dashboards in decision-making: experiences from Ghana, India and South Africa. *Lancet Digit Health* 2026; published online May 20. https://doi.org/10.1016/j.landig.2026.100984.

75 Taylor N, Smith AB. Thinking about children: how does it influence policy and practice? In: Wyn J, Cahill H, eds. Handbook of children and youth studies. Singapore: Springer Singapore, 2015: 49–62.

76 Truth TV. Launching of CAP 2030 Ghana Roadmap. CLCD Ghana, Sept 16, 2021. https://www.youtube.com/watch?v=_xP2_aEju1A (accessed June 9, 2026).

77 Kickbusch I. Health in all policies: the evolution of the concept of horizontal health governance. Implementing Health in All Policies. Adelaide Department of Health, Government of South Australia, 2010.

78 George A, Jacobs T, Ved R, Jacobs T, Rasanathan K, Zaidi SA. Adolescent health in the Sustainable Development Goal era: are we aligned for multisectoral action? *BMJ Glob Health* 2021; **6:** e004448.

79 Marzonetto G. Propuesta de Modelo de Análisis de coordinación institutional en la implementación de políticas sociales. El caso de las políticas de cuidado infantil en Argentina. *Doc Aportes Adm Pública Gest Estatal* 2020; **20:** 1–26.

80 Shiffman J, Shawar YR. Framing and the formation of global health priorities. *Lancet* 2022; **399:** 1977–90.

81 Kothari A, Graham ID, Dougherty M, et al. Advancing scaling science in health and social care: a scoping review and appraisal of scaling frameworks. *BMC Health Serv Res* 2024; **24:** 1488.

82 Kudo S, Allasiw DI, Omi K, Hansen M. Translocal learning approach: a new form of collective learning for sustainability. *Resources Environ Sustain* 2020; **2:** 100009.

83 Natsios A. The clash of the counter-bureaucracy and development. Center for Global Development, 2010.

84 Davidson J. #Futuregen: lessons from a small country. London, UK: Chelsea Green Publishing, 2020.

85 United Nations General Assembly. The pact for the future: resolution/adopted by the General Assembly. United Nations, 2024. https://digitallibrary.un.org/record/4061879?ln=en&v=pdf#files (accessed June 9, 2026).

86 Armstrong McKay DI, Staal A, Abrams JF, et al. Exceeding 1.5°C global warming could trigger multiple climate tipping points. *Science* 2022; **377:** eabn7950.

87 Mohamed M, Amin S, Lever E, et al. Climate change and child wellbeing: a systematic evidence and gap map of published studies on impacts, mitigation and adaptation. *Lancet Planet Health* 2025; **9:** e337–46.

88 Zangerl KE, Hoernke K, Andreas M, et al. Child health prioritisation in national adaptation policies on climate change: a policy document analysis across 160 countries. *Lancet Child Adolesc Health* 2024; **8:** 532–44.

89 Hickman C, Marks E, Pihkala P, et al. Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey. *Lancet Planet Health* 2021; **5:** e863–73.

90 Hurley EA, Dalglish SL, Sacks E. Supporting young people with climate anxiety: mitigation, adaptation, and resilience. *Lancet Planet Health* 2022; **6:** e190.

91 Munn N. How low can you go? the capacity to vote among young citizens. Springer International Publishing, 2022: 47–65.

92 Johnston N. Research briefing: voting age. House of Commons Library, Feb 13, 2026.

93 Icenogle G, Cauffman E. Adolescent decision making: a decade in review. *J Res Adolesc* 2021; **31:** 1006–22.

94 Priest M. Why children should be allowed to vote. *Public Aff Q* 2016; **30:** 215–38.

95 Wiland E. Should children have the right to vote? Springer International Publishing, 2018: 215–24.

96 Wall J. Give children the vote: on democratizing democracy. London, UK: Bloomsbury Academic, 2022.

97 UNICEF. Engaged and heard! Guidelines on adolescent participation and civic engagement. UNICEF, 2020.

98 WHO. Practical guidance resource to operationalize the global consensus statement on meaningful adolescent and youth engagement (MAYE). World Health Organization, 2022.

99 Bengtson VL. Beyond the nuclear family: the increasing importance of multigenerational bonds. *J Marriage Fam* 2001; **63:** 1–16.

100 Graham H, Bland JM, Cookson R, Kanaan M, White PCL. Do people favour policies that protect future generations? evidence from a British survey of adults. *J Soc Policy* 2017; **46:** 423–45.

101 UNDP. Peoples' Climate Vote 2024. UNDP, 2024.

102 Ballew MT, Thomas-Walters L, Goldberg MH, et al. Climate change messages can promote support for climate action globally. *Glob Environ Change* 2025; **90:** 102951.

103 Jacobs T, George A. Between rhetoric and reality: learnings from youth participation in the adolescent and youth health policy in South Africa. *Int J Health Policy Manag* 2022; **11:** 2927–39.