The Child Priority Framework

A political tool to place children at the heart of policy and investment

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Summary

Investing in children is one of the smartest investments any government or organization can make. It protects life, preserves human capital, and strengthens resilience across generations. Yet decisions on children remain spread across sectors, ministries, and funding streams, with few shared references to show decisionmakers where they stand, what works, and where to invest first.

The **Child Priority Framework (CPF)** responds to this gap. Developed over the past two years through a multi-stakeholder process supported by the Paris Peace Forum's Child Priority Framework Working Group, it combines a **Measurement Framework** of 23 headline indicators, complemented by three psychosocial indicators in development, with a preliminary list of **Priority Interventions** featuring the actions that deliver the greatest impact and return on investment for children. The CPF is meant to be a country-led political tool: it offers a common compass while allowing each country to define its own pathway. It will be presented at the Child Summit during the 9th edition of the Paris Peace Forum (10-11 November 2026), alongside the Children First Declaration and the launch of the Action Hub for Children.

1. Why a Political Tool is Needed

The Case for Acting Now

Public and private resources are tightening at the same time that debt stress, conflicts, and climate shocks place greater pressure on children. Progress over recent decades to improve child survival and wellbeing has been real, but it can be reversed. In 2024, **4.9 million children died before age five**[1]. **One in four children under five (181 million) live in severe child food poverty**[2], and **in 2022, an estimated 70% of ten-year-olds in low- and middle-income countries could not read an age-appropriate text**[3]. These challenges also reinforce one another during the critical childhood years when health, nutrition, learning, and protection are most closely connected.

[1] United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), under-five mortality estimates for 2024 (4,857,797 deaths).
[2] UNICEF (2024). Child Food Poverty: Nutrition Deprivation in Early Childhood. Child Nutrition Report 2024. New York: UNICEF.
[3] World Bank, UNESCO, UNICEF, FCDO, USAID and Bill & Melinda Gates Foundation (2022). The State of Global Learning Poverty: 2022 Update.

The economic case is equally clear. Estimates show that every $1 invested returns up to **$44 in childhood immunization**[4], **$23 in nutrition**[5] and **$17 in early childhood programming**[6], through higher survival and learning, greater productivity and lower health and social costs. Early gains make later investments more effective, while early losses are costly, and often impossible, to repair. Across European OECD countries, governments see the cost of their inaction as an **average loss of 3.4% of GDP annually** due to the reduced employment, lower wages, and poorer health of adults who experienced socio-economic disadvantages as children, in addition to the reduced tax revenue and additional social benefit spending required in these countries[7].

Technology adds a new dimension. Digital tools and AI have the potential to widen access to healthcare, nutrition support, learning, and protection. Children are also increasingly exposed to products and systems that are not calibrated to their age and can disrupt learning, cognitive development, relationships, behavior, and mental health.

What is Missing

The challenge is both to use existing data better and to close specific measurement gaps, and then to translate this evidence into an understandable, compelling, and actionable case for country-led, holistic investment in children at scale. Child wellbeing cuts across health, nutrition, education, social protection, justice, and digital policy, with each sector operating through its own ministries, policies, budgets, data systems, and performance targets. This fragmentation makes it difficult for governments and organizations to develop a coherent, comprehensive picture of how their children are doing, where the greatest gaps lie, and which investments are most urgently needed. Furthermore, few tools exist that enable governments to assess child wellbeing holistically, identify cross-sectoral gaps, and connect these findings to a clear set of investment priorities. Although global frameworks provide guidance on relevant child-related indicators, these indicators are often dispersed across goals, institutions, and reporting systems, limiting their value for integrated decision-making.

The Child Priority Framework is designed to close these gaps. By bringing together a coherent Measurement Framework and a contextualized List of Priority Interventions, it will provide governments and their partners with a shared resource to understand the state of child wellbeing, identify the most pressing priorities, make the case for investment, and translate political commitment into coordinated action. Ultimately, its purpose is not simply to measure how children are doing, but to help make child

[4] Ozawa, S. et al. (2016). Return on Investment from Childhood Immunization in Low- and Middle-Income Countries, 2011–20. Health Affairs 35(2).
[5] World Bank (2024). Investment Framework for Nutrition 2024. Washington, DC: World Bank.
[6] Theirworld and University of Cambridge REAL Centre (2017). Bright and Early: How financing pre-primary education gives every child a fair start in life.
[7] OECD (2022). The Economic Costs of Childhood Socio-Economic Disadvantage in European OECD Countries. Paris: OECD Publishing.

wellbeing a visible political priority, guide public and private investment, and build the sustained cross-government consensus and commitment needed to deliver measurable improvements for every child.

2. What the CPF is

The CPF translates the case for investing in children into a country-led agenda across five pillars of child wellbeing:

- Maternal and Child Health
- Nutrition and Food Security
- Early Development and Foundational Learning
- Physical Protection
- Psychosocial Wellbeing and Healthy Digital Development

It includes two complementary components:

- **The Measurement Framework (Annex 1):** 23 headline indicators across the five pillars, drawn from existing SDG and international data, plus three psychosocial indicators in development that would benefit from more robust data.
- **The Priority Interventions (Annex 2):** a preliminary list of priority actions for each pillar, drawn from a shared evidence base, together with cross-cutting actions such as cash transfers and parenting support that amplify results across all five pillars.

The two components work together. The indicators show where a country stands based on their overall approach to child wellbeing and highlights where gaps are largest. The Priority Interventions point to the evidence-based actions most likely to close them. The CPF helps align domestic action with national and international solidarity around a shared agenda of prioritizing investment in children.

3. How the CPF was Built

The Child Priority Framework (CPF) was developed over the past two years through a multi-stakeholder process led by the Paris Peace Forum, with the support of its Child Priority Framework Working Group and technical subgroup. Its design reflects three principles: a holistic understanding of child wellbeing, a focus on actionable and comparable indicators, and the use of existing international data and frameworks to support more coherent decision-making.

It focuses by default on children aged 0 to 8, a critical period for lifelong health and development, spanning infancy (from pre-pregnancy to age 2), early childhood (ages 3–5), and the early primary

years (ages 6–8). In line with the principle of "starting early and consolidating through adolescence", countries can extend the focus to ages 9–18 where national priorities require particular attention to issues such as adolescent health, mental health, continuity of learning, and digital exposure.

The CPF combines two complementary perspectives: **a minimum floor**, defining outcomes that should never occur (such as avoidable child deaths and severe malnutrition); and **an aspirational approach**, identifying the outcomes countries should strive to achieve. The resulting set sees the inclusion of outcome indicators (such as under-5 mortality), output or process indicators (such as immunization coverage), and composite indices (such as ECDI2030 and the double burden of malnutrition). This combination makes it possible to highlight both critical gaps requiring urgent action and opportunities to improve child wellbeing over time.

Creating a Focused and Actionable Set of Indicators[8]

The CPF's Measurement Framework brings together 23 headline indicators across the five pillars, complemented by three psychosocial indicators in development for which more robust data are needed. The aim is not to measure every dimension of child wellbeing, but to provide a concise and meaningful picture that helps decisionmakers identify gaps, compare progress, and determine where greater attention and investment are needed.

Indicators were selected against five criteria:

Criterion	What it means
Actionable	Linked to policies, investments and programs that governments and organizations can directly influence, or already collected and documented.
Comparable	Simple and common enough to be measured in every country and region, allowing benchmarking across contexts.
Inclusive	Relevant to both the Global North and South, and adaptable to different cultural, linguistic, income, and development contexts.
Holistic	Covers the full spectrum of child wellbeing beyond survival, including dimensions that have historically been hard to quantify.
Clearly Communicable	Easily understood by a diverse global audience, to build public and political support and improve accountability.

[8]Methodological note: The five pillars of child wellbeing, age scope, and five criteria to determine the selected indicators were approved during a roundtable held during the eighth Paris Peace Forum (PPF8) on 30 October 2025, "What Does Successful Holistic Child Wellbeing Look Like?". Members of the CPF Working Group's technical subgroup contributed candidate indicators, which were reviewed for overlap and relevance and consolidated into a longlist of 90 metrics. These were then submitted to the technical subgroup in a blind survey to develop a shortlist. The shortlisted indicators were then assessed against the five selection criteria presented above and their alignment with the purpose of the CPF, resulting in the proposed 23 headline indicators. Three additional psychosocial indicators remain in development, reflecting the need for more robust data in these areas.

Together, these criteria are intended to ensure that the CPF is both technically credible and politically useful: sufficiently robust to inform decisions, yet accessible enough to support dialogue across ministries, governments, and partners.

Building on Existing Sources and International Agreements

The CPF is not intended to create a parallel monitoring system or replace existing indicators. Instead, it brings together a focused selection of child-related measures from established international frameworks, including the Sustainable Development Goals (SDGs), targets agreed at the World Health Assembly, and other international agreements.

The headline indicators rely primarily on data already collected and produced by the relevant international custodian agencies. By consolidating these measures into a cross-sectoral framework, the CPF aims to make existing evidence more accessible to decisionmakers and facilitate a more integrated view of child wellbeing across policy areas. Annex 1 provides the source and relevant SDG link for each indicator.

Current Data Availability

An initial assessment, across the UNICEF Data Warehouse, the UN System Data Commons and World Bank Data360, confirms that the CPF builds on what countries already measure. Of the 23 headline indicators, 12 can be reported for 150 or more countries today, mostly in maternal and child health and in nutrition. Seven more rest on agreed methods but thinner coverage, such as ECDI2030 (35 countries), violent discipline (84) and child labor (87). Four headline indicators and the three in development have no agreed method or comparable country data.

Identifying the Priority Interventions

Alongside the Measurement Framework, the CPF includes a preliminary list of Priority Interventions, organized around the five pillars and complemented by cross-cutting actions that support all other pillars. This list draws on a shared evidence base for child wellbeing, highlighting interventions with strong evidence of impact and demonstrated returns on investment.

The purpose of this list is not to reproduce the extensive body of research already available on effective interventions in health, nutrition, education, protection, and wellbeing, nor to prescribe a universal model for investment. Rather, it is intended as a shared practical entry point into existing evidence, bringing together selected research, implementation experience, costing data, and impact evaluations to help decisionmakers connect identified gaps with potential courses of action.

The list is indicative rather than exhaustive. By bringing this knowledge together, the CPF aims to help decisionmakers learn not only which interventions have demonstrated results, but also what conditions contribute to successful implementation, what resources and capabilities are required, how interventions can be adapted to local circumstances, and the appropriate sequencing of different actions to maximize impact. This includes learning from both successes and challenges, fostering an open and honest exchange of evidence and experience to help countries build on what has worked elsewhere, avoid repeating mistakes, and reduce the risk of wasted resources or ineffective investments. The goal is to support more informed, efficient, and context-sensitive decisions, while recognizing that interventions must be assessed and adapted to each country's specific needs, capacities, and circumstances. A folder of some of this available research, costing data, and impact evaluations related to the Priority Interventions can be found here.

4. Connecting the CPF to the Child Summit and Beyond

The Child Priority Framework is an important tool that aims to serve as a common reference point for governments, donors, partners, civil society, and companies to align their efforts, monitor progress, and target investment in order to enhance efficiency and achieve the greatest improvements in holistic child wellbeing in every context. By doing so, it provides a bridge between the two other key deliverables of the Child Summit: the political commitment embodied in the **Children First Declaration**, the shared measurement approach provided by the **CPF**, and the platform for action established through the **Action Hub for Children**. By translating political commitments into quantifiable priorities and linking these to evidence-informed investment options, the CPF provides a shared foundation for tracking country improvements and guiding action with accountability. It also offers to the Action Hub a shared set of priorities around which governments, companies, donors, and partners can assess expertise, align efforts, and scale interventions adapted to each national context. Together, these three deliverables aim to turn political commitment into sustained, coordinated action, and measurable improvements in child wellbeing.

An important component of the next steps is continuing to adapt and refine the Child Priority Framework tool, ensuring alignment with established measurement frameworks and strengthening data source for indicators that do not yet have recent, disaggregated, comparable data or agreed methods through official statistics between countries. The impact of AI on data production and analysis also needs to be considered and managed accordingly. Sustaining this Children First agenda will depend on mobilizing key partners and resources around the CPF to renew political commitment, review advancements made, and further mobilize collective action to see sustained, measurable progress in child wellbeing. This work continues beyond the Child Summit.

PARIS PEACE FORUM

Annex 1. Measurement Framework

23 headline indicators across the five pillars, plus three psychosocial indicators in development that require further data before full inclusion

Indicator	Main source	SDG / agreement
Maternal and child health		
1. Child mortality rate (under-5)	UN IGME	SDG 3.2.1
2. Maternal mortality ratio	WHO, UNFPA, UNICEF, World Bank	SDG 3.1.1
3. Full immunization coverage (FIC)	WHO-UNICEF (WUENIC)	SDG 3.b.1
4. Household WASH coverage	WHO-UNICEF JMP	SDG 6.1, 6.2
5. Skilled birth attendance	DHS, MICS, WHO	SDG 3.1.2
Nutrition and food security		
6. Overall malnutrition rate (double burden)	UNICEF-WHO-World Bank JME	SDG 2.2.1, 2.2.2; WHA targets
7. Exclusive breastfeeding rate (0-5 months)	UNICEF, WHO; DHS, MICS	WHA target
8. School feeding program access (% of children)	WFP State of School Feeding	Cross-cutting: SDG 2 and 4
9. Low birth weight prevalence	WHO-UNICEF	WHA target
10. Anemia prevalence among women (15-49)	WHO	SDG 2.2.3; WHA target
Early development and foundational learning		
11. Out-of-school children rate (OOSC)	UNESCO UIS	SDG 4.1.4
12. Early Childhood Development Index (ECDI2030)	UNICEF MICS	SDG 4.2.1
13. Foundational literacy and numeracy (FLN) rate by age 10	UNESCO UIS; regional assessments	SDG 4.1.1

Indicator	Main source	SDG / agreement
14. Primary school completion rate	UNESCO UIS	SDG 4.1.2
15. Learning poverty rate	World Bank, UNESCO UIS	Linked to SDG 4.1.1
Physical protection		
16. Child marriage rate (girls married before age 18)	UNICEF	SDG 5.3.1
17. Children affected by forced displacement	UNHCR, IDMC	CRC Art. 22
18. Exposure to violence (any form, children)	UNICEF (MICS, DHS)	SDG 16.2; WHO INSPIRE
19. Birth registration coverage (children under 5)	UNICEF	SDG 16.9.1
20. Child labor rate	ILO-UNICEF	SDG 8.7.1
Psychosocial wellbeing and healthy digital development		
21. Child mental disorder prevalence	IHME GBD; national surveys	SDG 3.4; WHO mhGAP
22. Children's life satisfaction / subjective wellbeing index	OECD PISA; Children's Worlds (ISCWeB)	No SDG indicator
23. Children's access to safe spaces for play, leisure and recreation	UNICEF Child Friendly Cities; UN-Habitat	CRC Art. 31; SDG 11.7
Indicators in development (require further data)		
D1. National digital protection policies for children	National policy and legal mapping	CRC General Comment No. 25; WHO guidelines (under 5)
D2. Cyberbullying prevalence	WHO HBSC	CRC General Comment No. 25
D3. Recommended sleep duration adherence rate	No standardized global source	WHO guidelines (under 5)

Annex 2. Priority Interventions

Pillar	Examples of priority actions
Maternal and Child Health *No health investment offers a higher cost-effectiveness ratio, and a child's survival is the first condition of everything else.*	• **Childhood immunization,** which prevents avoidable diseases and turns every booster into a health checkpoint • **Antenatal care and skilled birth attendance,** which prevent the vast majority of maternal and newborn deaths • **Basic emergency obstetric care at birth facilities,** which provides emergency response capacity to prevent maternal and newborn deaths
Nutrition and Food Security *It is during the first 1,000 days that most brain development takes place, and what is lost then cannot be regained.*	• **Nutrition in the first 1,000 days,** through exclusive breastfeeding, supplementation and the prevention of stunting • **Maternal and child micronutrient supplementation,** which closes the deficiency gaps behind stunting and impaired cognitive development • **School feeding,** which guarantees a daily meal and supports both attendance and concentration
Early Development and Foundational Learning *The earlier the educational investment, the higher its return. It durably improves earnings and health.*	• **Integrated early childhood development,** combining health checks, nutritional support and parental guidance • **Foundational learning,** with level-appropriate pedagogy to master reading and arithmetic as the educational bedrock
Physical Protection *Without physical and legal protection, no other progress can take durable hold.*	• **Birth registration,** which opens up legal existence and access to essential services • **Prevention of child labor and violence against children,** which safeguards their integrity and their access to school • **School- and community-based violence prevention programs,** which extend protection beyond the household into the settings where children spend their days
Psychosocial Wellbeing *Emotional and relational skills shape the capacity to learn and to endure over time.*	• **Early parental mental health support,** which strengthens the parent-child bond and improves cognitive, behavioral and educational trajectories • **Social and emotional learning,** which builds relational skills and educational achievement
Cross-Cutting Actions *These actions amplify the effects of all five pillars.*	• **Cash transfers, conditional or not,** which directly support the most vulnerable families across all pillars • **Responsive parental and caregiving support and family-strengthening interventions,** which reinforce the protective, nurturing and economic capacity of the household across all five pillars • **Improving data for children,** through country-owned household surveys centered on children, women and families and administrative records elevated to official statistics