systems allow funds to reach all intended beneficiaries. We are exploring the strengths and weaknesses of these and other approaches in our study.

Systematic data collection and monitoring systems are essential to effective implementation. Some countries have strengthened existing child data collection systems, including on emerging areas. Health monitoring systems have at times been expanded—eg, to cover prevalence of female genital mutilation, child abuse, and health of vulnerable children placed in residential care. Challenges identified by the study include the need for more resources and for agreed indicators, including in areas such as child protection.

All of the countries we have reviewed have undertaken activities to promote awareness of the CRC through education and capacity building of professional groups and through campaigns on public-health issues such as HIV/AIDS and female genital mutilation.

Finally, our study documents how the CRC has stimulated participation of civil society in its implementation. The findings indicate that paediatricians, doctors, nurses, and midwives are some of the professional groups active in this area. Child participation is another dimension addressed within the context of this general measure. Both thinking and practice with respect to child participation have evolved considerably over the past 15 years, as discussed in the next essay in this Essay Focus series. Indeed, during the past 5 years, there has been increased emphasis placed on the quality of child participation among the non-governmental organisations most actively involved in this area. The International Save the Children's Alliance is a good example of leadership by a non-governmental organisation in child participation.

To conclude, although the Convention on the Rights of the Child is not the sole cause of the developments discussed, there are clear indications that State authorities and civil society have responded positively to the obligations and challenges contained in this treaty, with a

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Still Pictures

positive effect on the rights of children, including their right to health. Much more, however, still needs to be done to understand the complex processes of implementation of the Convention. One key area for future research is the tangible effect of the initiatives documented by our study on the lives of children. This challenge is one to which we plan to respond during the next phase of our work.

Conflict of interest statement
We declare that we have no conflict of interest.

Children's right to express views and have them taken seriously

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The UN Convention on the Rights of the Child (CRC) introduced the principle that children are entitled to be listened to and taken seriously in all matters that concern them. The Committee on the Rights of the Child, the body set up under the terms of the Convention to monitor governments' progress in implementing its provisions, argues that this right should be understood as an underlying principle by which all other rights are ensured and respected.

Historically, children's perspectives and experiences have been disregarded in favour of those of adults; young people considered to lack the expertise and competence to inform adult decision-making, irrespective of whether the decisions directly affect them. Now, governments, policymakers, professionals, and parents are required to take greater note of the concerns of those younger than age 18 years, giving due weight to the views expressed in accordance with the age and maturity of the child. This stipulation applies to children as individuals—for example, with respect to participating in treatment decisions—and as a group—in contributing, for