Mega-map of studies shows large but unevenly distributed research base on child well-being in low- and middle-income countries

Research plays a crucial role in helping to close gaps in child well-being in low- and middle-income countries (LMICs), yet the global evidence base for interventions to meet these challenges is mostly weak, scattered and often unusable. There is now a mega-map that encourages the generation and use of rigorous evidence on effective ways to improve child well-being for policy and programming.

What is the child well-being mega-map?
This child well-being mega-map shows evidence synthesis studies – systematic reviews and evidence and gap maps (EGMs) – that include studies on the effectiveness of interventions to improve child well-being in LMICs published in English.

The mega-map provides a visual and interactive display of completed and on-going studies structured around a framework: a matrix of interventions and outcomes primarily based on the strategic plan of the United Nations Children’s Fund (UNICEF, 2018). This includes seven intervention categories; early child development, health and nutrition, education, social work and welfare, social protection, environmental health including water, sanitation and hygiene (WASH), and governance.

What studies are included?
The mega-map includes 356 studies that were published from 2000 to 2018, with interventions to improve child well-being of those aged 18 years and under.

Systematic reviews are included if the inclusion criteria in the reviews mentioned studies from LMICs irrespective of whether studies from LMICs were actually identified. Reviews with multiple populations are included in the map if they had an intervention for child well-being.

The most commonly studied outcomes are health and healthy development. Few studies measured economic impact and risk factor reduction of these interventions.
What are the main findings of this map?
This mega-map includes 333 systematic reviews and 23 EGMs. Of the included studies, there is substantial evidence in traditional areas: health and nutrition (234) is the most commonly studied intervention, followed by early child development (194). Education (83) and social protection (62) are fairly well-represented. However, there is limited evidence synthesis in non-traditional areas: social work & welfare (44), environmental health including WASH (41) and governance (12).

The most commonly studied outcomes are health (259) and healthy development (215). Very few studies measured economic impact (42) and risk factor reduction (55) of these interventions.

In terms of quality, 26% of the reviews were identified to be of low quality.


Systematic reviews were found to be almost equally concentrated across all regions with sub-Saharan Africa (292) and South Asia (268) having the highest number of reviews. These were closely followed by Latin America and Caribbean (245), East Asia and Pacific (243) and Middle East and North Africa (234).

What do the findings of the map mean?
Whilst the evidence base is relatively large, it is unevenly distributed across intervention categories. There is a need for more studies which are explicitly focused on programmes for vulnerable children. There are limited systematic reviews focusing on gender and equity issues in child well-being. Very few studies were identified assessing programme cost of the interventions.

It would be useful for global and country partners to work together to achieve consensus on priority areas for evidence synthesis. They should also adopt a coordinated approach to undertaking and updating maps and reviews across priority areas.