

The Global Adolescent Girl Agenda: An Analysis of the Emergence and the Political Outcomes of Two Global Health Networks

Noha Shawki

Department of Politics and Government, Illinois State University
nohashawki@ilstu.edu

Abstract: This article applies the framework developed by the Global Health Advocacy and Policy Project (GHAPP) to analyze the emergence and effectiveness of global health networks to two networks. One of them is Girls Not Brides, a global network of stakeholders working to end child, early, and forced marriage. The other is the network that is working to improve menstrual hygiene management (MHM) in schools and that includes the MHM in Ten network. By providing a theoretically informed account of these two networks, the article contributes to the literature by providing accounts of additional networks that can help us deepen our understanding of the factors that shape transnational network emergence and political outcomes. The two networks in this study complement the case studies completed by the GHAPP because they focus on a complex and politically and culturally sensitive set of issues. Furthermore, this article bridges the gap between the scholarly literature and the literature produced by NGOs and international organizations by providing a theoretically informed account of the effort to end child marriage and improve (MHM) in schools.

Keywords: *Child marriage; menstrual hygiene management (MHM); girls; global networks; transnational activism.*

1. Introduction

Since the 1970s, there has been a growing consensus that a people-centred approach to development is critical for poverty reduction. Frameworks for such an approach have emphasized basic needs including meeting individual minimum needs for consumption (e.g. food) and for essential services (e.g. safe water, sanitation, healthcare, and education). They have also emphasized participation in the economy (Jolly et al., 2009: 92) and securing human rights for all (Jolly et al., 2009: 187, 189, and 191). This growing consensus eventually found expression in the concept of human development, which established “an important contrast between economic prosperity and human development – between economic achievements measured by GNP per capita and human achievements measured by a range of human indicators” (Jolly et al., 2009: 190), and reflected, the capabilities approach to development, an approach that focuses on “what human beings can be and do instead of on what they possess” (Jolly et al., 2009: 196). The concept of human development later informed the Millennium Development Goals (MDGs) and the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs). Given the centrality of public health to human development and poverty reduction, public health goals were incorporated prominently into the MDGs and later into the SDGs.

As Shiffman and other scholars involved in the Global Health Advocacy and Policy Project (GHAPP) have shown, global health networks have also proliferated since the 1970s and 1980s and now exist for a significant number of global public health issues (Shiffman et al., 2016b). The GHAPP analyzed six of these global health networks. This article draws on the analytical framework developed by the GHAPP to study additional networks that have received attention recently.

Two of the global public health issues that have been growing in visibility are child, early, and forced marriage (hereafter child marriage) and menstrual hygiene in school settings, two issues that affect adolescent girls. These networks differ from many of the networks analyzed as part of the GHAPP in two ways. First, the adolescent girl agenda is complex, multidimensional, and overlaps significantly with the global agenda surrounding women’s rights, gender equality, and the empowerment of women and girls. Second, unlike global health networks that have formed around public health issues like pneumonia, tuberculosis, tobacco use, or neonatal mortality (all networks analyzed by the GHAPP), the focus on adolescent girls in this article adds a case study that addresses public health needs that result from the unique life experiences of adolescent girls. Much like group-specific human rights treaties that “take into account the irreducible experience of these groups” (Mégret, 2008: 498) the adolescent girls agenda “addresses the irreducible core of the life-experience” (Mégret, 2008: 514) of adolescent girls.

Thus, the adolescent girl agenda partly addresses public health issues that are often the result of or are connected to strongly entrenched cultural beliefs and practices. The global networks surrounding adolescent girls challenge these beliefs and practices pertaining to gender norms, sexual and reproductive health and rights, and the empowerment of women and girls, and they are perhaps not as politically and culturally innocuous as global health networks surrounding other global public health issues. In many ways, they straddle global public health networks and transnational feminist networks, the latter being networks that mobilize “women from three or more countries around a specific set of grievances and goals, such as women’s human rights, health, or economic justice” (Moghadam, 2015: 56), are driven by “a critique of women’s subordination to men and a call for societal change toward equality” (Moghadam, 2015: 54), and develop “non-hierarchical structures that span local and global spheres” (Moghadam, 2015: 56).

This article contributes to the literature by analyzing global health networks that have addressed a more complex and politically and culturally more sensitive set of issues and examining the factors that have allowed the networks to gain much political momentum and traction in recent years and the extent to which they are the same factors that explain the success and emergence of other global health networks. It also provides overviews of different initiatives and campaigns pertaining to adolescent girls, and documents these initiatives that have received little attention in the scholarly literature. While the activities of these campaigns have been documented in the literature produced by non-governmental organizations (NGOs) and international organizations, these accounts are usually not informed by the theoretical literature in the social sciences. This article bridges the gap between the scholarly literature and the literature produced by NGOs and international organizations by providing a theoretically informed account of the effort to end child marriage and improve menstrual hygiene management (MHM) in schools. And since the GHAPP framework “should be understood as an evolving set of categories and propositions whose usefulness and validity can only be evaluated” in further research (Shiffman et al., 2016a: i7), studies of additional networks can help generate important findings about the emergence and effectiveness of global health networks. Finally, since transnational feminist networks are “part of the family of political change organizations operating above and across national borders” (Moghadam, 2005: 4), I argue that studying these political change organizations can therefore contribute to the research on transnational social movements. The two global public health networks on which I focus here share key features with transnational social movements and transnational feminist networks, which are the organizational structures of the transnational women’s movement. Put succinctly, transnational social movements “are best seen as networks of actors that are organized at local, national, and international levels” (Smith, 2013: 1) and “mobilize people across national boundaries around a shared aim” (Smith, 2013: 2). Since global health networks share with social movements some of their key features, this paper generates findings relevant to the study of transnational social movements.

The article is organized in several sections. The first section following this introduction defines global health networks and introduces the GHAPP’s analytical framework as well as the methodology used in the article. The following section introduces the adolescent girl agenda and the two global health networks on which I focus here. Next, I present an overview of the outcomes of the two networks, followed by an analysis of the three categories of relevant factors that can explain these outcomes. These sections are organized around the GHAPP framework. Finally, the conclusion summarizes some of the key findings and points to possibilities for future research.

2. Analytical Framework and Methodology

The GHAPP defines global health networks as “cross-national webs of individuals and organizations linked by a shared concern to address a particular health problem global in scope. They may consist of and connect multiple types of institutions, including United Nations (UN) agencies, bilateral donors, international financial institutions, private philanthropic foundations, national governments, international and national non-governmental organizations (NGOs), medical associations, research institutions and think tanks. Some members produce knowledge, others advocate, still others provide funds, develop policy ideas or implement programs” (Shiffman et al., 2016a: i4). With a focus on policy, advocacy, and the generation of knowledge, global health networks combine features of global public policy networks, transnational advocacy networks, and epistemic communities (Shiffman et al., 2016a: i4). This article uses the framework developed by the GHAPP to analyze networked advocacy surrounding a number of global health issues and applies it to two

issues that affect adolescent girls: child marriage and menstrual hygiene management (MHM) in schools. The framework can help us understand and explain both network emergence and network effectiveness (Shiffman et al., 2016a; Shiffman et al., 2016b). Effectiveness is defined in terms of output, policy consequences, and impact. Network outputs are the outcomes of a network's activity, such as research, policy recommendations, and international meetings. Policy consequences refer to influence over policy-making at the global and national levels, including influence on international resolutions, funding commitments, and policy and adoption and implementation. Impact pertains to improvements in health outcomes, the ultimate goal of global health networks (Shiffman et al., 2016a: i6).

The analytical framework that is used to understand network emergence and effectiveness comprises three categories of relevant factors that each encompasses a number of variables: network and actor features, policy environment, and issue characteristics (Shiffman et al., 2016a; Shiffman et al., 2016b). The remainder of this review is mostly organized around each of these three categories of variables.

Network and Actor Features: Network and actor features refer to factors internal to the network and include leadership, governance, composition, and framing strategies. Skilled, experienced, knowledgeable, well-connected, and widely-respected leaders who can build coalitions and inspire others can play critical roles in network emergence and effectiveness. Different organizational and governance models are available to networks, and choosing a model that suitable to the specific network can be critical in terms of facilitating network activity and positioning and allowing it to be effective. Composition refers to the level of homogeneity/diversity within a network. Diversity of network membership can be both an asset and a liability. Diversity can strengthen a network by positioning it to engage with the politics surrounding a global health issue (as opposed to focusing only on technical aspects of a global health issue) and by enhancing the capacity of a network to understand and solve global public health problems. However, diversity can undermine a network's cohesiveness and its ability to build consensus among its members and develop a shared, effective, focused, and persuasive narrative of the global health issue, which brings me to the last important network and actor feature: framing. An effective framing of a global health issue includes a shared understanding of the nature of the issue in question, a widely-agreed upon policy response to address the issue, as well as a persuasive rationale to take action to tackle the issue, and it will resonate with target actors, especially political elites and decision-makers. Networks with diverse memberships may find it challenging to develop a cohesive framing of an issue (Shiffman et al., 2016a; Shiffman et al., 2016b).

Policy Environment: The policy environment pertains to factors external to the network that may impact network effectiveness, including allies and opponents, funding, and norms. Allies who support a network's goals may eventually become network members, thus strengthening the network. Opponents have different influences on a network. On the one hand, they may actively work to counter network activities, but on the other hand, their opposition to the network's goals can animate network mobilization. The availability of external funding can be critical to network emergence and effectiveness, but at the same time reliance on external funding can affect (perceptions of) network legitimacy and independence and undermine the network if donor priorities shift. Finally, the normative context can influence network emergence and effectiveness. Networks whose causes resonate and dovetail with widely-accepted norms will face fewer impediments than networks whose causes are not fully compatible or consistent with pre-existing norms (Shiffman et al., 2016a; Shiffman et al., 2016b).

Issue Characteristics: Issue characteristics can also have a significant impact on network emergence and effectiveness. The issue characteristics that the GHAPP framework highlights are severity, tractability, and affected groups. Networks are more likely to emerge and be effective when the issues on which they focus cause high levels of morbidity and mortality, and have significant socio-economic consequences (severity). They are also more likely to mobilize and be effective when there are politically acceptable and innocuous solutions or policy interventions available that can address the global health issue in question (tractability). Finally, global health networks are more likely to emerge when the group affected by a health issue is easily identifiable, and when its members elicit sympathy and compassion and can be involved in mobilization and advocacy (affected groups) (Shiffman et al., 2016a; Shiffman et al., 2016b).

Methodology: Following Gerring, I think of a case study as "*as an intensive study of a single unit for the*

purpose of understanding a larger class of (similar) units" (Gerring, 2004: 342; emphasis in the original). Case studies are appropriate for research that seeks to address "why" and "how" questions and consider the relevant contextual factors (Baxter & Jack, 2008: 545). This makes a case study suitable for this article as I follow the approach of the GHAPP and aspire "to understand the factors that have facilitated or inhibited network emergence and effectiveness, and policy and public health change" (Shiffman et al., 2016a: i12). The case study is also suitable in the context of the GHAPP's analytical framework given the GHAPP's call for more research that continues to develop this evolving framework (Shiffman et al., 2016a: i7; see also the introduction of this article). I present a case study of two different units here (Baxter & Jack, 2008: 550), Girls Not Brides and MHM in Ten, for the most part using the same approach that the GHAPP has employed. Much like the GHAPP, I combine some key informant interviews with a variety of sources, some of which are published by the networks on which the article focuses, in an effort to shed light on the emergence and effectiveness of the two networks under study here (Shiffman et al., 2016a: i12-i13). The use of different types of sources and their integration into a theoretically -informed account is a key feature and strength of case studies (Baxter & Jack, 2008: 554-555). The scope of the account I provide here is defined by the propositions developed by the GHAPP, and my presentation and discussion of the data are organized around these propositions (Baxter & Jack, 2008). In sum, I use a case study because it "enables the researcher to answer "how" and "why" type questions, while taking into consideration how a phenomenon is influenced by the context within which it is situated" (Baxter & Jack, 2008: 556).

Final Thoughts: It is important to note that these different factors can interact across the three categories. For example, issue characteristics are partly inherent in an issue, but perceptions of an issue can also be shaped by network framing activities (Shiffman et al., 2016a: i9). Similarly, pre-existing features of the policy environment, such as norms, may create opportunities for effective framing that will resonate with policymakers (Shiffman et al., 2016a: i9). I also note that the research on the transnational women's movement and social movement coalitions has also highlighted the significance of some of these variables, including leadership (Moghadam, 2005: 98; Van Dyke & Amos, 2017), organizational structure, and governance (Moghadam, 2005: 99-102; Van Dyke & Amos, 2017). Moreover, much like the GHAPP, previous research on social movement coalitions has also demonstrated that factors internal to a coalition as well as features of a coalition's external environment explain coalition formation, longevity, and outcomes (Van Dyke & Amos, 2017). However, a recent review of research on coalitions concludes that "we know that coalition form and content influences success, but research on this topic is limited" (Van Dyke & Amos, 2017: N.PAG) and that "we still need more research on how coalition form and other factors influence success" (Van Dyke & Amos, 2017: N.PAG), allowing research utilizing the GHAPP framework to make contributions to the literature on social movements (see also the introduction and conclusion).

The adolescent girl agenda is a global public health agenda, given the profound health impact that the issues described below have on girls' health and their ability to have healthy lives in adulthood. In GHAPP's categorization of global health concerns "adolescent females" is one of the population/demographic groups included in the category "Groups". The other categories are "Diseases", "Risk Factors", "Interventions", and "Systems", and other populations and demographic groups within "Groups" include newborns, pregnant women, and the elderly (Shiffman et al., 2016a: i11).

3. The (Adolescent) Girl Agenda

The global agenda surrounding (adolescent) girls has its origins in the "girl child" agenda that the United Nations Children's Fund (UNICEF) developed in the 1990s and its main objectives were incorporated in the Beijing Platform for Action, the action plan adopted by the Fourth UN Conference for Women held in 1995 (Croll, 2006: 1285-1286). Some regions and countries began to consider the situation of girls prior to and/or concurrently with the emerging global focus on girls in development discourse and practice. With the exception of girls' education, this emerging discourse surrounding girls initially did not translate into tangible practices, programs, and initiatives (Croll, 2006: 1287-1288). Education did receive a lot of attention from a variety of international organizations and governments, and girls' education was seen "as the prerequisite to sustainable development on the grounds that an educated girl is more likely to become a competent mother, a knowledgeable family planner, a more productive and better-paid worker, an informed citizen, a skilful decision maker and a self-confident individual" (Croll, 2006: 1288).

More recently, there has been an effort to expand the girl agenda into a holistic approach that encompasses not only education but a range of other services, opportunities, and protections for girls, although education remains a critical component of the agenda. Much like the earlier focus on girls' education, this effort is grounded in the premise that investing in girls is crucial for social and economic development. As the United Nations Interagency Task Force on Adolescent Girls stated in its publication *Girl Power and Potential*, hundreds of millions of girls live in developing countries, and many "of them lack access to basic services, or are subject to harmful practices, violence, abuse and denial of their human rights and dignity. Still, adolescent girls represent a huge untapped potential. Strategic investments in the social protection, health, education, and livelihoods skills of marginalized girls not only promote social justice but also are essential for achieving internationally-agreed development goals, human rights norms and other global commitments" (United Nations Interagency Task Force on Adolescent Girls, 2009: 2). These global development goals include reducing poverty and hunger, promoting maternal and child survival, combating infectious diseases, and promoting literacy and furthering education. The basic premise behind the agenda is that investing in girls, empowering them with education, protecting their health, shielding them from violence and harmful practices like child, early, and forced marriage and their consequences for girls' health and wellbeing, allowing them to develop skills, and offering them economic opportunities are all strategies that can have ripple effects on their communities and unlock much-unrealized development potential because educated, empowered, and healthy young women are more likely to have better employment opportunities, better off families, and healthier and better educated children (United Nations Interagency Task Force on Adolescent Girls, 2009: 2-3; UNFPA, 2014; for a discussion of how child marriage specifically is connected to human rights, education, and public health see Davis et al., 2013).

This agenda is also based on the premise that adolescent girls are doubly vulnerable, and that they have special needs that are different from the needs of children and youth in general and from the needs of adult women. As the UNFPA's Action for Adolescent Girls program document states, because of "the double disadvantage of being discriminated against because of being female and young, marginalized adolescent girls are pushed to the fringes of society as they transition into adulthood" (UNFPA, 2014: 2).

This agenda and the discourse associated with it are not uncontroversial, and compelling critiques of them have been articulated (see, for example, Koffman & Gill, 2013; Caron & Margolin, 2015). The focus of this article, however, is not on assessing this agenda or its promise as a development tool. Rather, the focus is on elucidating the emergence and effectiveness of the global health networks dedicated to (adolescent) girls. Within the contemporary (adolescent) girl agenda, there are several actors and campaigns. I focus on two of them here and introduce them below.

Girls Not Brides: Girls Not Brides is a global network of hundreds of civil society organizations in over 85 countries. Launched in 2011 by The Elders, "an independent group of global leaders working together for peace and human rights"¹, it works to end child marriage, a harmful practice that mainly affects girls. While the focus of Girls Not Brides is on one issue, child marriage has a number of far reaching and profound impacts on the health and wellbeing of adolescent girls and their future opportunities as adults. In addition to being a serious human rights violation, child, early, and forced marriage often interrupts a girl's schooling, thus affecting her economic opportunities and perpetuating the deep poverty that gives rise to child marriage. Moreover, early pregnancy and childbirth can have very significant negative health impacts on girls. Furthermore, adolescent girls are more vulnerable to domestic violence and have less control over their sexual and reproductive health. The rationale for ending child marriage reflects the discussion above: ending child marriage can help protect girls' health, human rights, and safety, and enhance their educational and economic opportunities. This in turn can contribute to the broader poverty reduction and development agenda and to the implementation of the SDGs.²

¹ See <http://www.theelders.org/about>. One of the founders of The Elders is Nelson Mandela, and The Elders include leading global public figures such as Kofi Annan, Mary Robinson, and Desmond Tutu. Or a full list see <http://www.theelders.org/about> (accessed 15 January 2017).

² See *Ending child marriage will help us achieve the Global Goals for Development. Here's how*, available from <http://www.girlsnotbrides.org/ending-child-marriage-will-help-us-achieve-the-global-goals-heres-how/> (accessed 15 January 2017). For an overview of the consequences of child marriage for health, education,

WASH and MHM in Schools: The water, sanitation, and hygiene (WASH) agenda has become an important part of international sustainable development policy and practice. As part of global efforts to make WASH services available to all, providing WASH services in schools has emerged as one area of focus. Promoting WASH in schools is part of a larger agenda surrounding public health promotion in schools to address critical global public health problems and teach children basic health skills (Benzian et al., 2012).

One of the important issues that have emerged surrounding WASH in schools is MHM. This issue has only recently received attention at the global level (compared to child marriage, which has had attention for some time, even though policy momentum occurred fairly recently) (interview # 10). This is an important issue for the adolescent girl agenda because poor “water and sanitation facilities pose a major impediment to school-going girls during menstruation, compromising their ability to maintain proper hygiene and privacy” (Sommer & Sahin, 2013: 1556). This has important implications for girls’ education as the lack of adequate WASH facilities may disrupt their schooling (Sommer & Sahin, 2013: 1556; Sommer et al., 2015; Sommer et al., 2016; Human Rights Watch & WASH United, 2017: 10-11; UNESCO, 2014: 15-17). This issue is compounded by the general lack of guidance and resources available to adolescent girls about menstrual health in many low and middle-income countries (Sommer & Sahin, 2013: 1558; Sommer et al., 2015; UNESCO, 2014). Awareness that MHM should be considered a public health issue began to increase in the 2000s as a result of a growing body of research documenting girls’ experience with MHM and the lack of MHM information, resources, guidance, and support for many girls in middle and low-income countries (Sommer et al., 2015: 1305-1306). For this reason, promoting MHM in schools is not limited to keeping girls in school by ensuring they have access to adequate WASH facilities. It also entails developing curricula that educate girls about MHM and provide them with the knowledge and information that they need for MHM, which not only helps them with their schooling but also contributes to their right to health (Human Rights Watch & WASH United, 2017: 7-8 and 9).

Although there is much activity surrounding MHM in which various actors are engaged, one important network that brings together the full range of stakeholders to address MHM in schools is MHM in Ten, which began meeting in 2014 and whose members are working to ensure that “In 2024, girls around the world are knowledgeable about and comfortable with their menstruation, and are able to manage their menses in school in a comfortable, safe and dignified way.”³ MHM in Ten built on earlier conferences that addressed MHM in schools.⁴ MHM in Ten Network members identified five priorities that can help promote MHM in schools over a ten-year time frame (2014-2024) (for an overview of the five priorities see Columbia University and UNICEF, 2016: 5). Ultimately, addressing the challenges of MHM women and girls face in school settings and elsewhere is about addressing the broader issue of “systematic exclusion of girls and women from society”, including exclusion from education and opportunity, “over something as biologically familiar as menstruation” (Saywell & Gruer, 2017). MHM in schools, much like child marriage, is ultimately about empowerment and opportunity for all girls.

4. Outcomes

There has been some momentum surrounding the adolescent girl agenda in recent years, both in multilateral fora and in foreign policy. Both networks analyzed here have been effective, especially given that they formed fairly recently. Both networks have produced significant outputs and, in the case of the network surrounding child marriage, some significant policy consequences.

poverty reduction, human rights and other issue areas see <https://www.girlsnotbrides.org/what-is-the-impact/> (accessed 10 March 2018).

³ This is the text of MHM in Ten’s Common Vision, and can be accessed at <https://www.mhmvirtualconference.com/mhm-in-ten/> (accessed 2 February 2018).

⁴ For information about these conferences see <https://www.mhmvirtualconference.com/previous-conferences/> (accessed 2 February 2018).

Girls Not Brides and Child Marriage: In the case of child marriage, network outputs have included international meetings, publications, and policy recommendations. This article cites some of these publications, many of which are available on the website of Girls Not Brides.⁵ Significant policy consequences also point to network effectiveness, including international resolutions and action plans. Below is an overview of these policy consequences.

First, several United Nations resolutions on the issue of child, early, and forced marriage were adopted in the last few years. The United Nations General Assembly (UNGA) adopted a resolution in December of 2013 (A/RES/68/148) that requests that the Secretary-General submitted to the UNGA reports prepared by other entities within the United Nations system on the topic. This resolution also states that the UNGA would convene a panel discussion on the issue for which the Secretary-General is to solicit input from all stakeholders (the panel discussion was held in 2014 - see Zafar, 2014) and that it would address the issue at its sixty-ninth session. Another longer and more substantive resolution on this issue was adopted in December of 2014 (A/RES/69/156). It details the causes and consequences of child, early, and forced marriage, and calls for a number of strategies and measures to be implemented by the United Nations and its member states to end child, early, and forced marriage.

A second substantive resolution on the issue was adopted in December of 2016 (A/RES/71/175). This resolution goes further in addressing child, early, and forced marriage by recognizing it as a human rights violation that results from gender inequality, gender discrimination, and gender stereotypes and that is exacerbated by a number of other factors, such as poverty, the lack of education, and conflict and humanitarian crises (Branson, 2017). It also prescribes a number of actions that governments should take to respond to and eventually end child marriage. Most recently, child marriage was addressed as a cross-cutting issue by the UNGA in September 2017 and mentioned by several leaders.⁶

In addition to these UNGA resolutions, the Human Rights Council (HRC) adopted a resolution in July of 2015 that focuses on eliminating child, early and forced marriage (A/HRC/29/L.15). This resolution builds on a procedural resolution adopted in 2013 that recognizes the causes and consequences of child marriage, calls for a panel discussion on the topic and requests that a report be prepared by the Office of the UN High Commissioner for Human Rights. The report was released in 2014 and its recommendations were incorporated into the resolution, and it is important to note that Girls Not Brides member organizations contributed to the report.⁷ Building on the 2015 resolution, the HRC also adopted a resolution in June of 2017 that stresses the need to address child marriage in humanitarian crises as humanitarian emergencies make girls more vulnerable to child marriage.⁸

Additionally, the Sustainable Development Goals (SDGs), which were adopted in 2015, include a goal (SDG 5) that seeks to "Achieve gender equality and empower all women and girls." Among the targets for SDG 5 is a target that calls on the international community to 'Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation'⁹. This is considered a significant global policy outcome by Girls Not Brides (Girls Not Brides, 2016: 14).

At the regional level, initiatives have included the African Union's Campaign to End Child Marriage, launched in 2014, as well as the Regional Action Plan to End Child Marriage in South Asia, which was adopted in 2014

⁵ *Girls Not Brides'* Resource Centre can be accessed here: <https://www.girlsnotbrides.org/resource-centre/> (accessed 9 March 2018).

⁶ See <https://www.girlsnotbrides.org/end-child-marriage-five-exciting-things-happened-unga-2017/> (accessed 29 October 2017).

⁷ See <http://www.girlsnotbrides.org/human-rights-council-adopts-resolution-to-end-child-early-and-forced-marriage/> (accessed 3 March 2017).

⁸ See <https://www.girlsnotbrides.org/human-rights-council-adopts-2017-resolution-end-child-marriage-humanitarian-settings/> (accessed 28 October 2017).

⁹ See <http://www.un.org/sustainabledevelopment/gender-equality/> (accessed 26 November 2017).

by the South Asia Initiative to End Violence against Children (Branson, 2017; Upreti, 2016).¹⁰ Other regional efforts include a resolution adopted by the Organization of American States as well as an initiative by the Economic Community of West African States (ECOWAS).¹¹ A number of countries took important steps to end child marriage in recent years. For example, in 2017 alone, countries taking steps to end child marriage, such as launching national action plans or adopting legislation to end the practice included Afghanistan,¹² Ghana,¹³ and Malawi,¹⁴ as well as a number of other countries.¹⁵

In foreign policy, the U.S. government launched its first United States Global Strategy to Empower Adolescent Girls in March of 2016.¹⁶ There is some evidence that civil society influenced this policy initiative. For example, the United States Global Strategy to Empower Adolescent Girls cites publications by Plan International and the International Center for Research on Women, both leading organizations working to promote the wellbeing of girls. In addition, NGOs very active in Girls Not Brides see this Global Strategy as a response to their advocacy campaign to end child marriage.¹⁷ The Global Strategy is to be implemented by the U.S. Department of State, the U.S. Agency for International Development (USAID), the U.S. Peace Corps, and the Millennium Challenge Corporation. It has a number of focal points, many of which pertain to health. These focal points are education, gender-based violence, female genital mutilation/cutting, child, early, and forced marriage, early pregnancy, HIV/AIDS, with a focus on conflict, crises, and humanitarian emergencies that can further intensify these threats to the health and wellbeing of girls.

In addition to the efforts of the U.S. government, the UK government, through the Department for International Development (DFID), provided funding to Girl Hub, a joint initiative of DFID and NIKE Foundation that began in 2009 and ended in 2015.¹⁸ This initiative was designed to “encourage developing world decision makers and donors to do more for girls better”.¹⁹ This initiative pursued two goals, namely, “to work with donors, governments and other decision-makers to encourage and help them to consider girls’ needs” and “to involve girls and their communities in programme design to learn how better to meet their needs” (Independent Commission for Aid Impact, 2012: 3).²⁰ Furthermore, DFID launched the Global Girl Research Initiative in 2014, a 9-year initiative described as an effort to “generate new evidence on ‘what works’ to transform the lives of poor adolescent girls to enable them to move out of poverty”.²¹ This 9-year

¹⁰ For the regional initiative for Africa, see <http://www.girlsnotbrides.org/african-union-extends-campaign-to-end-child-marriage-until-2017/> (accessed 28 October 2017).

¹¹ See <https://www.girlsnotbrides.org/2017-review-6-signs-made-progress-towards-ending-child-marriage/> (accessed 24 December 2017).

¹² See <https://www.girlsnotbrides.org/afghanistan-launches-national-action-plan-end-child-marriage/> (accessed 29 October 2017).

¹³ <https://www.girlsnotbrides.org/ghana-launches-national-strategic-framework-ending-child-marriage/> (accessed 29 October 2017).

¹⁴ <https://www.girlsnotbrides.org/malawi-constitution-no-longer-allows-child-marriage/> (accessed 29 October 2017).

¹⁵ See <https://www.girlsnotbrides.org/2017-review-6-signs-made-progress-towards-ending-child-marriage/> (accessed 24 December 2017).

¹⁶ More information about the *United States Global Strategy to Empower Adolescent Girls* is available from <https://www.state.gov/s/gwi/priorities/adolescentgirls/index.htm> (accessed 11 March 2017).

¹⁷ See <http://www.care.org/newsroom/press/press-releases/care-applauds-us-government-strategy-empower-adolescent-girls> (accessed 11 March 2017).

¹⁸ See the Project Completion Review, published in November 2015 and available from <https://devtracker.dfid.gov.uk/projects/GB-1-201086/documents> (accessed 12 March 2017).

¹⁹ <https://devtracker.dfid.gov.uk/projects/GB-1-201086> (accessed 12 March 2017).

²⁰ A 2012 review of this initiative showed mixed results. Since the focus in this article is not on the efficiency or effectiveness of a specific policy or program, but rather on the emergence and overall effectiveness of global health networks, I do not review the assessment of Girl Hub here, but this assessment is available in Independent Commission for Aid Impact, 2012.

²¹ See

<http://webarchive.nationalarchives.gov.uk/20160323135854/http://devtracker.dfid.gov.uk/projects/gb-1-203529/> (accessed 12 March 2017).

research project involves academic institutions, NGOs, and two think tanks that have played a key role in the adolescent girl agenda: the Overseas Development Institute and the International Center for Research on Women.²²

Finally, the European Union (EU) and the UN jointly launched the EU-UN Spotlight Initiative in September of 2017, an initiative designed to eliminate all forms of violence against women and girls, a critical health issue that affects women and girls worldwide. As part of this initiative, the EU will be the main donor to a multi-stakeholder trust fund that will support interventions across the world to promote gender equality, women's empowerment, and the implementation of the Sustainable Developments Goals (SDGs), in particular, Goal 5, which focuses on genders quality.²³

Beyond commitments and initiatives at the global and regional levels as well as new policy and legal frameworks in many countries around the world, a different, but important, outcome is the overall increase in funding from bilateral donors and foundations for programs and organizations aiming to end child marriage (even though much more funding is still needed) (Girls Not Brides, 2016: 34-37).

WASH and MHM in Schools: Outcomes of advocacy surrounding MHM are more subtle and still fairly limited to output, although there are some policy consequences as well. The coalescing of a network is in itself an important outcome in an issue-area that had been neglected by education, public health, and WASH practitioners for a long time (Sommer & Sahin, 2013; Sommer et al., 2015). But beyond the emergence of a diverse and active network, there are other important outcomes. First, there is now a definition of MHM, which is an important step (and an important policy consequence) in terms of addressing MHM as a public health issue at the global level (Sommer et al., 2015: 1308; UNESCO, 2014: 31). This definition was the result of discussions spearheaded by the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) in the context of consultations on the post-2015 development agenda (Sommer & Sahin, 2013: 1557 and 1559). In addition to the definition, these consultations also resulted in a set of standards for MHM facilities (Sommer & Sahin, 2013: 1558). There is now also a set of five priorities for MHM in schools that MHM in Ten network members are focusing on in the ten-year period 2014-2024, and these priorities reflect the growing consensus that MHM in schools is a) a public health issue for which government agencies should take responsibility and b) a global issue that requires action and standard-setting at the global level (for an overview of the five priorities see Columbia University and UNICEF, 2016: 5). Defining MHM as a public health issue, as opposed to a private issue that is addressed at the family level, is a shift in the prevailing understanding of MHM that resulted from research and advocacy (Sommer et al., 2015).

One example that illustrates how MHM is increasingly understood as a public issue is a UNESCO publication (UNESCO, 2014) that focuses on puberty education and MHM in schools. Noting that the education sector has a responsibility to prepare schoolchildren for puberty, and highlighting the importance of MHM in puberty education given its impact on girls' schooling, this UNESCO report is based on the premise that puberty education, and MHM specifically, are not matters to be addressed only in the private sphere, but are health education issues that should be part of school curricula. In addition, the report also stresses the importance of adequate WASH facilities for MHM. The report acknowledges that even though "Menstruation is a vital sign of reproductive health", "the main message is often that it is a 'problem' that must be managed privately, with an implicit suggestion that it is unpleasant and shameful, and should be hidden" (UNESCO, 2014: 14). The report calls for different stakeholders, including governments (through ministries like ministries of education), to be involved in puberty education and in promoting the factors that can positively impact MHM (for an overview of these factors see UNESCO, 2014: 31-32).

In addition to this report, a variety of international conferences have taken place over the past decade or so,

²² See <https://www.odi.org/events/4303-adolescence-girls-development-ggri-dfid> (accessed 12 March 2017).

²³ For overviews of the Spotlight Initiative see http://www.un.org/en/spotlight-initiative/assets/pdf/Spotlight_Overview.pdf, <http://www.un.org/apps/news/story.asp?NewsID=57608#.WfYNh0yZNOg>, and <http://www.unwomen.org/en/news/stories/2017/9/press-release-eu-and-un-team-up-to-eliminate-violence-against-women-and-girls> (all accessed 29 October 2017).

and the discussions and outcomes of these conferences have been shared widely in publications and reports, some of which are cited here (e.g. the conferences co-hosted by Columbia University and UNICEF- see more below). The output of the global network surrounding MHM has been growing significantly in recent years.

5. Explaining the Momentum Surrounding the Adolescent Girl Agenda

What accounts for the momentum surrounding the adolescent girl agenda in recent years? How can we explain the significant increase in regional and global attention and commitments to adolescent girls in recent years?

Network and Actor Features: Organizations that are part of the network promoting the wellbeing and rights of adolescent girls are quite diverse in terms of their areas of focus. Membership in The Coalition for Adolescent Girls gives a sense of this diversity.²⁴ For example, some organizations, such as the Women's Refugee Commission, focus mainly on forced displacement, while others focus on sexual and reproductive health and rights (e.g. International Women's Health Coalition) or on reducing poverty and promoting social justice (e.g. CARE and Plan International) or serving people affected by humanitarian crises (e.g. International Rescue Committee). Some members are units within the United Nations (e.g. UN Women or UNESCO) or other intergovernmental organizations (e.g. World Bank – Adolescent Girls Initiative), while many others are nongovernmental organizations (e.g. Save the Children). Some members focus on program delivery, others focus on advocacy, and many combine both (interview # 4). This diversity very much reflects the multisectoral nature of the adolescent girl agenda and its relevance to the work of a variety of actors. There is a consensus around a multisectoral approach to the adolescent girl agenda (interview # 3; interview # 7).

As of January of 2018, Girls Not Brides had over 800 members in 95 countries working in different sectors, such as human rights and education. Varying significantly in size and focus (service delivery, research, advocacy), they are committed to the same basic principles. In addition to individual member organizations, there are also national Girls Not Brides partnerships in eight countries as well as a number of national coalitions, whose members work jointly within their domestic political context to end child marriage.²⁵ Some of the national partnerships are in high-prevalence countries in which the members of the partnership are focused on advocating for legislation that would end child marriage in their own country (interview # 6). The work of Girls Not Brides is coordinated and supported by an international secretariat.

In the case of Girls Not Brides, interviewees and campaign publications explain that the diversity of membership is intentional as Girls Not Brides is based on the premise that child marriage is a multisectoral issue (interview # 4, interview # 6, and interview # 7). Despite the significant diversity, the members can still speak with one voice and articulate a shared vision. They can build consensus around a shared understanding of child marriage and its root causes, a set of strategies to respond to child marriage, and a set of desired outcomes that will ultimately deliver the results that Girls Not Brides hopes to achieve. This broad-based consensus among members is the outcome of a process of consultation that generated Girls Not Brides' Theory of Change on Child Marriage.²⁶ The Theory of Change was developed through meetings, webinars, and input from a diversity of members informs the work of network members and represents a shared vision and an important advocacy tool (interview # 4 and interview # 7). The development of this consensus was perhaps possible because any organization or group that joins Girls Not Brides is required to commit to gender equality, empowerment of girls, and human rights principles that are at the core of Girls Not Brides' work and its framing of child marriage (interview #5; interview # 6; interview # 7). There is a general sense among interviewees that a child protection/welfare frame is more "limited" and would not be as powerful as

²⁴ A list of members of The Coalition for Adolescent Girls is available here:

<http://coalitionforadolescentgirls.org/community/members-2/> (accessed 22 November 2017).

²⁵ <https://www.girlsnotbrides.org/about-girls-not-brides/national-partnerships/> (accessed 15 January 2018).

²⁶ An overview of *Girls Not Brides'* Theory of Change on Child Marriage is available here:

<https://www.girlsnotbrides.org/theory-change-child-marriage-girls-brides/> (accessed 14 January 2018). See also <https://www.girlsnotbrides.org/wp-content/uploads/2014/07/A-Theory-of-Change-on-Child-Marriage-Background-Brief.pdf> (accessed 14 January 2018).

a frame that focuses on gender equality and empowerment (interview # 6; see also interview # 3). Interviewees also reported that there is a consensus among network members around a rights framework (interview # 3); although different dimensions of child marriage might be emphasized in different contexts (interview # 7).

Many of these diverse actors had been working on the issue of child marriage long before Girls Not Brides was created. They were, however, isolated from one another and unaware of each other's work. Their work was not coordinated, and in the absence of coordination, there was no shared global agenda or vision for ending child marriage (Girls Not Brides, 2016: 24; see also interview # 4). There was much work at the grass-roots level, but the organizations involved in this work did not have a shared understanding of child marriage as a global issue (interview # 7). Networked collective action opened up opportunities for discussion and allowed them to develop a Theory of Change, engage in joint advocacy, build solidarity, and make the issue of child marriage more visible as a global issue (interview # 7). It also made it possible to frame child marriage in a way that links it with other global development priorities, such as promoting gender equality and sustainable development.

In addition, networked collective action has allowed smaller organizations to have a voice in global policy processes, such as the process of developing a set of SDGs. While larger international NGOs with lots of resources would have participated anyway, small organizations would not have had this opportunity had it not been for their network membership and coordinated advocacy facilitated by the network. Their voice, in turn, made the message of the larger organizations much more powerful (interview # 4). Additionally, the diversity of network membership means that the issue can be addressed comprehensively because each network member brings different strengths to the collective effort and has ties to different constituencies and stakeholders (interview # 5). Diversity also results in stronger positions, even though it takes time to reach consensus around a joint position (interview # 5; interview # 6) and develop a joint position on complex issues (interview # 7). Interviewees agree that the diversity of network membership has been a strength. While it may take some effort to develop joint policy positions in some instances, diversity allows issues to be addressed holistically and the resulting positions are stronger and reflective of a variety of perspectives (interview # 5 and interview # 6). All Girls Not Brides members must commit to the empowerment of girls and women and to the same minimum age for marriage (18 years), which does help members reach consensus around joint positions (interview # 7).

The network surrounding MHM is also quite diverse, bringing together researchers, NGOs, the private sector, UN agencies, and donors from the public health (especially the WASH), education, gender, and the sexual and reproductive health sectors (Sommer et al., 2015). This diversity of network membership has had positive impacts on raising the profile of MHM as an important public health issue and has allowed the network to draw on the strengths of different actors in different areas (Sommer et al., 2015: 1308-1309). The list of participants at the three MHM in Ten Conferences demonstrates the diversity of network membership. The conferences, co-hosted by Columbia University and UNICEF, brought together a range of different stakeholders, including university-based researchers, NGOs (e.g. WaterAid or Save the Children), public servants, donors, and the private sector (e.g. Proctor & Gamble), in addition to UNICEF staff and staff from other UN agencies and multilateral organizations (Columbia University and UNICEF, 2014: 11; Columbia University and UNICEF, 2015: 15; Columbia University and UNICEF, 2016: 20). While much of the work on MHM in schools was initially done in the WASH sector (Sommer et al., 2016), other sectors are now becoming more engaged in efforts to promote MHM in schools. For example, in addition to the sectors noted above, the human rights sector has also begun to highlight the human rights dimensions of MHM and its impact on a number of other human rights, including the right to health, the right to water and sanitation, and the right to education, which is particularly relevant for adolescent girls (Human Rights Watch & WASH United, 2017). Working across sectors is not always easy, but there is recognition that the different sectors involved in global efforts surrounding MHM cannot address MHM without collaboration (interview # 9).

And while network members do not always develop the same message, they are all committed to the five priorities that were set for MHM in Ten's work between the years 2014 and 2024 (interview # 10). While these different actors were working on the issue of MHM in schools prior to the launch of MHM in Ten, they

were not well-connected to one another and were not working strategically together. Bringing different actors and sectors together generated a lot of ideas (interview # 10).

As for the leadership and governance of Girls Not Brides, the network is non-hierarchical with no formal leadership to which members report, much like the non-hierarchical and fluid transnational feminist networks Moghadam describes (see above). The Girls Not Brides secretariat coordinates and facilitates network activities, but individual network members have quite a bit of autonomy as long as their work is consistent with the core principles that define Girls Not Brides' work. The Girls Not Brides secretariat, among other things, provides technical assistance to national partnerships and individual members upon request to strengthen them and build their capacity for political advocacy. It also facilitates opportunities for members to learn from one another and to showcase the work that they do (interview #7). The secretariat also engages with the global policy process to advocate for including child marriage in global human rights and sustainable development agendas and with the media, donors, and a variety of stakeholders to raise the visibility of child marriage as a global issue and secure the support of various stakeholders.²⁷ This structure has been effective in facilitating the network's activities.

As for the MHM network, the WASH sector still leads much of the work, although that is changing (interview # 8; interview # 10). The network is quite informal and has no formal governance structures (interview # 8; interview # 9). An individual leader played a central role in the MHM in Ten efforts (interview # 8; interview # 9). Marni Sommer, a professor of Sociomedical Sciences at the Mailman School of Public Health at Columbia University, has spearheaded the MHM in Ten movement.²⁸ As a Peace Corps volunteer in Eritrea in the 1990s, Sommer observed that many girls could not manage their menstruation in schools because of the lack of facilities and resources and therefore dropped out as they reached puberty. Upon returning to the United States, Sommer pursued graduate degrees in nursing and public health, conducting her dissertation research in Tanzania on the topic of how puberty could disrupt girls' education and their transition into adulthood. Sommer then also created the Girl's Book Project, "a unique guide for teaching 10-14-year-old girls ... about their changing bodies,"²⁹ for girls in Tanzania. Its success led to the creation of Grow and Know, an organization whose mission is "To empower young girls and boys to reach their potential through improved education and preparation for life,"³⁰ and to adapt the original puberty book and make it available to girls and boys in different countries. Partnering with the NIKE Foundation, two UN agencies (the United Nations Population Fund & UNICEF), and NGOs, Grow and Know has disseminated over a million copies of the puberty books, and their content is being adapted for distribution in even more countries.³¹ Sommer's role is an interesting example of how individual leadership and initiative can matter a great deal in terms of driving network emergence and effectiveness. Well-connected and knowledgeable, Sommer spearheaded much of the networked activity surrounding MHM in schools and did extensive research on the issue. Her role in the network provides an example of the significance of skilled leadership in network emergence and effectiveness.

Individual leadership and initiative by UNICEF staff members have also been crucial, both for launching MHM in Ten and for conducting research on MHM. UNICEF and WHO staff (together with some donors) also provided critical leadership for efforts to include MHM in the SDGs, which ultimately resulted in an international definition of MHM (interview # 10). Dynamic social entrepreneurs working to make MHM

²⁷ A brief overview of the secretariat's activities is available here: <https://www.girlsnotbrides.org/about-girls-not-brides/national-partnerships/> (accessed 15 January 2018).

²⁸ Marni Sommer's faculty profile is available on the website of the Mailman School of Public Health at <https://www.mailman.columbia.edu/people/our-faculty/ms2778> (accessed 17 May 2018).

²⁹ See <https://www.womenstrong.org/stories/171-womenstrongwarrior-spotlight-dr-marni-sommer> (accessed 20 February 2018).

³⁰ See http://growandknow.org/our_mission.html (accessed 20 February 2018).

³¹ This overview of Sommer's work pertaining to puberty education is based on her profile featured in 2017 on the *WomenStrong International* website at <https://www.womenstrong.org/stories/171-womenstrongwarrior-spotlight-dr-marni-sommer> (accessed 20 February 2018).

products more available and accessible also played a role in drawing attention to MHM, for example through social media (interview #10).

Finally, as discussed above, the frames used by both Girls Not Brides and the MHM network emphasize empowerment. Both networks ultimately seek to empower women with more autonomy, control over their lives, and educational and other opportunities. These frames provide shared understandings of the issues at hand, identify feasible approaches, solutions and interventions, and outline plans of action. Additionally, they also provide a compelling rationale for action, highlighting the potential of the adolescent girl agenda to catalyze human development, and connecting it to key international priority areas.

The Policy Environment: Funding for the adolescent girl agenda is available from different sources. The Girls Not Brides secretariat is funded by a number of governments and foundations (Girls Not Brides, 2016: 34-37).³² In addition to funding for the Girls Not Brides secretariat, donors have also funded UN agencies working to end child marriage, large NGOs, as well as small community-based organizations (Girls Not Brides, 2016: 34-37). Other networks working on issues that affect girls include the Coalition for Adolescent Girls. The Coalition for Adolescent Girls and other related networks have been funded by different donors, which may include the NIKE Foundation, the UN Foundation, the Summit Foundation, and the Packard Foundation (interview #1; interview # 5). There is also some evidence that some donors had an interest in bringing disparate groups (e.g. groups working on issues like education, poverty, HIV/AIDS, and other issues affecting adolescent girls) together, and by doing so, they helped overcome some of the silos that separated these groups as they helped foster collaboration among their grantees (interview #1). This is indicative of the potential of the policy environment to shape network emergence and features.

The overall policy environment in recent years has been more favorable to the inclusion of adolescent girls than ever before. For example, the process of negotiating the SDGs intentionally sought to address the gaps left by the MDGs, and includes 11 mentions of girls across the 17 goals (interview # 5). The SDG process created a window of opportunity for global civil society groups to lobby the international community to address child marriage explicitly in the SDGs (Girls Not Brides, 2016: 14-15). The process of developing a set of 17 SDGs was particularly significant compared to other global processes because it was inclusive and designed to engage stakeholders in meaningful ways (interview # 1).

Allies and champions include a number of prominent individuals as well as a number of governments. Girls Not Brides was founded by the Elders, some of whose members, including Archbishop Desmond Tutu and Graca Machel, continue to be champions of the global effort to end child marriage.³³ A number of governments have also provided significant financial and political support to the global effort to end child marriage, including donor governments like the governments of Canada, The Netherlands, and The UK as well as governments of high-prevalence countries, such as Ghana and Zambia as well as Malawi and Niger (Girls Not Brides, 2016: 13, 35, and 36; Interview # 1; interview # 7). First ladies in some countries in Africa have also been champions of ending child marriage (interview #2). For foreign policy initiatives to end child marriage, such as the United States Global Strategy to Empower Adolescent Girls, allies and champions among civil servants can play important roles (interview # 5).

While interviewees report that there is no strong organized opposition (interview # 7), there are concerns that there are conservative forces that are seeking to roll back some of the gains made. For example, there are concerns about the rise of fundamentalism (Girls Not Brides, 2016: 29; see also interview # 4). In addition, there have been some setbacks in a few countries where policy or laws have been amended in ways that could make it more difficult to effectively address child marriage (e.g. Bangladesh).³⁴

³² See https://www.girlsnotbrides.org/about-girls-not-brides/governance/#how_are_we_funded (accessed 24 December 2017).

³³ See <https://www.girlsnotbrides.org/about-girls-not-brides/our-champions>.

³⁴ See <https://www.girlsnotbrides.org/2017-review-6-signs-made-progress-towards-ending-child-marriage/> (accessed 24 December 2017).

Issues impacting adolescent girls were slow to gain attention as they were perceived to be politically difficult issues, especially because of their relevance to issues of empowerment and the sexuality of adolescent girls (interview # 2). In general, however, child marriage is less likely to provoke as much opposition as sexual and reproductive health and rights, which are much more contentious and controversial (interview #1; interview # 7). Addressing child marriage, therefore, provides a different avenue for addressing some of the more controversial global public health issues, such as sexuality education and reproductive health services for girls, as ending child marriage requires that these more controversial issues be also addressed (interview # 1; see also interview # 6).

As for MHM, organizations working to implement MHM programs at the national and community levels may sometimes face resistance and pushback, as many people around the world are uncomfortable with addressing MHM publicly (interview # 8; interview # 9). MHM work does not receive much funding, but funding is available from some governments (e.g. the government of The Netherlands) as well as from corporations, such as Kimberly-Clark and Procter & Gamble (interview # 8). In addition, individual donors have made important contributions. While the issue of MHM was not visible to them, once it was brought to their attention it resonated with them (interview # 8). Allies include governments like the government of Kenya, which has expressed commitment to providing girls with pads, as well as the government of Tanzania, which amended school curricula to include MHM (interview # 8). Much like child marriage, practitioners have found that MHM has been an avenue for addressing more controversial issues, such as sexual and reproductive health and rights (interview # 9).

The policy environment for addressing MHM has been quite favorable. As the international community has made very significant progress in achieving universal enrollment in primary education, there has been more attention given to ensuring that girls will continue their education beyond the primary level. As attention began to focus on how to facilitate the transition from primary to secondary education for girls, MHM emerged as a potential barrier, which has raised the salience of the issue (interview # 9).

Issue Characteristics: Adolescent girls represent an easily identifiable population whose vulnerability is relatable and can elicit a lot of sympathy, making their circumstances amenable to and their voices effective in global advocacy. Combined with compelling evidence pertaining to the severity and tractability of issues affecting adolescent girls, this can help explain the emergence and effectiveness to date of the networks focusing on child marriage and MHM.

The severity of child marriage is well established. Not only is child marriage quite prevalent in many societies, its impacts are far-reaching and not limited to the children directly affected. The broader ramifications of high rates of child marriage and their impacts on development and poverty reduction are such, that advocates have made a strong case that many development goals cannot be realized unless and until the international community addresses child marriage. For example, one interviewee reported that while development professionals believe that there are no silver bullets in development, there is some recognition that ending child marriage is as close as we come to a silver bullet (interview # 5). Another interviewee noted that it is now understood that child marriage can be the “linchpin” for addressing issues such as education or sexual and reproductive health and rights (interview # 6). More generally, another interviewee noted that the recent momentum around the adolescent girl agenda is the result of a growing realization that reducing poverty and inequality will require addressing the needs of girls (interview # 3).

The literature produced by global civil society groups that are part of the adolescent girl network confirms this view as it emphasizes the virtuous cycles that ending child marriage and empowering and investing in girls could trigger (see the overview of the adolescent girls agenda above). The growing evidence and expanding data about different aspects of the adolescent girl agenda were critical in establishing both the scope and magnitude of issues and problems that affect adolescent girls (i.e. severity) as well as identifying interventions can be effective in responding to these issues (i.e. tractability). The evidence-based nature of advocacy was important in growing the salience of the adolescent girl agenda and creating momentum around it as a policy issue (interview # 2; interview # 3; interview # 6; interview # 8). While it is not entirely clear what interventions will end child marriage, there is data about the drivers and effects of child marriage (interview # 6). It is now also clear that sector-specific interventions, such as interventions in the education

sector, need to be combined in comprehensive responses to child marriage because any single intervention will not be on its own sufficient to bring about an end to child marriage (interview 6). There is still a need for more longitudinal research on comprehensive approaches to end child marriage, as well as a need to integrate research, advocacy, and program monitoring and evaluation (interview # 6).

Similarly, while there is still much research to be done and data to be collected about MHM, the number of girls affected by poor MHM, and the kind of interventions that will address poor MHM and its impacts, the research that is already available has generated enough evidence to catalyze action (interview # 8; interview #9; interview # 10). For example, several approaches and interventions have been identified to address the issue of MHM, particularly in schools. As noted above, a UNESCO report (2014) on puberty education and MHM has identified a number of different interventions that can be implemented in education systems to improve MHM in school settings. The report's recommendations encompass a range of different areas, including curricular changes, facilities improvements, and teacher training. The recommendations included in the report are comprehensive and address the different dimensions of MHM, including the public health aspects of MHM as well as the social and cultural norms surrounding menstruation. Practitioners involved in improving MHM and access to WASH services have also identified other approaches and interventions that can help address the challenges of MHM. In addition to disseminating accurate and scientific information about menstruation through various avenues and channels to shift social norms and taboos surrounding menstruation, practitioners call for curricular and educational resources that educate girls, boys, teachers, and others about menstruation, for better access to WASH facilities that are suitable for MHM, and for collaboration with the private sector and social enterprises to ensure greater access to menstrual health products (Saywell & Gruer 2017). While there are still major gaps in the available data and research, there has been much more data generated and more peer-reviewed research published in the past five to ten years that has provided a solid foundation for advocacy and programming in the area of MHM (interview #10). Sharing any newly available data, research, and evidence widely has been critical in terms of advancing the MHM agenda (interview # 9).

The adolescent girl agenda also shows that giving girls a voice and opportunities to participate in advocacy efforts can be really important. Girls Not Brides has sought to magnify girls' voices and to engage youth, and with support from Girls Not Brides, girls have spoken at a variety of venues, including at side events of the Commission on the Status of Women and at Girls Not Brides events (interview # 4; see also interview # 5, interview # 6, and interview # 7). This involvement of girls is important because as two interviewees have explained, girls have legitimacy and credibility and can engage decision-makers emotionally (interview # 4). and partly through their testimonials help "bring things from abstract to concrete" (interview #1).

Similarly, Sommer et al. report that qualitative, participatory research that documented and told girls' stories and/or allowed girls to publish their personal narratives was important in framing MHM as a public issue that needed the attention of policymakers and public institutions like schools (Sommer et al., 2015: 1306, 1307, and 1309). Girls are not active participants in global policy spaces in which MHM is addressed, but they are very involved in program delivery at the community-level (interview # 8). While they do not attend the MHM in Ten conference, and while MHM in Ten participants are keenly aware of their absence from global spaces (interview # 9), most MHM in Ten participants work directly with girls (interview # 10). The voices of girls (and those of their teachers, mothers, and others in their communities) are also very much represented in the research (interview # 9).

6. Conclusion

The purpose of this article is to document the activities of two global health networks that have emerged around child marriage and MHM in school settings and provide a theoretically informed account of their emergence and their effectiveness. In doing so, this article also contributes to additional case studies informed by the GHAPP framework. This article presents findings that dovetail with the findings and conclusions of the GHAPP, but also contributes a few additional insights that are relevant to social movement research.

First, rather than viewing network emergence and effectiveness as the result of the same variables, the case of Girls Not Brides provides evidence that network emergence may facilitate the development of some of the factors that allow networks to be effective. For example, networked activity may facilitate the development of shared frames and give an issue the kind of visibility that can generate funding. Networked activity may be greater than the sum of its individual members' activities, catalyzing action and change that would not be possible without a network. In addition, the policy environment may have an impact on network emergence and features as donors may have some influence on network emergence and composition. This might indicate that different variables may matter at different times or in different ways or that not all variables are equally important for network emergence and effectiveness, which the framework that informs the GHAPP does acknowledge (see Shiffman et al., 2016a: i10).

Second, it may be more feasible and effective to address issues pertaining to girls' empowerment and sexual and reproductive health and rights when they are addressed by diverse networks involving actors whose work focuses on a variety of different issues. Embedding these politically more sensitive public health issues in campaigns that focus on comprehensively addressing broader sustainable development issues can make them easier to address. In other words, network diversity may be important not only for addressing issues comprehensively, but for also making progress in tackling issues that are more sensitive in nature. Similarly, network diversity also means that a network can do a variety of different tasks well, including research and grass-roots-level outreach and engagement. This finding has implications for research on transnational feminist networks and social movement coalitions and highlights the importance of the diversity of coalition membership for tackling difficult issues. The findings of this article also suggest that non-hierarchical governance structures and loose coalitions that give autonomy to members might be a helpful way to leverage diversity, which also has implications for social movement coalitions.

Third, research and data have been really critical, perhaps more so than some of the other variables the framework identifies. The two issues this article focuses on are not new, but there has been much more international activity surrounding them in recent years. When asked about the reasons for this heightened attention to these issues, respondents involved with the two networks researched here strongly emphasized new knowledge and new data as critical in moving their agendas forward. At the same time, it is clear from the discussion above that it is not necessary to have extensive evidence and propose solutions that are based on wide-ranging data about the kinds of interventions that can be effective. In both of the units studied here, especially in the case of MHM, there are still significant gaps in the available data. But despite the limited data, the two networks have been able to produce important outputs that have helped raise awareness of child marriage and MHM, and advocacy surrounding child marriage has had significant policy consequences. The findings discussed here suggest that leadership, network diversity, a compelling narrative or frame that defines the way an issue is viewed and resonates with key global priorities and norms (in the two networks discussed here priorities and norms surrounding gender and sustainable development), in conjunction with some evidence showing the extent and impacts of the problem (i.e. its severity) and suggesting potential politically feasible solutions that enjoy a broad-based consensus (i.e. its tractability) is sufficient to catalyze action, gain international attention, and secure important policy commitments, even when much more research is needed to understand the kind of policy responses that will bring about significant long-term change. These findings are consistent with GHAPP's conclusions that highlight the particular significance of leadership, severity, and tractability for network emergence (Shiffman et al., 2016a: i10). They also have implications for the literature on social movement coalitions and highlight the significance of framing. Developing coherent frames in a diverse coalition may be challenging, but it can have significant rewards.

Finally, the article helps bridge the gap between the GHAPP and social movement research in ways that contribute to both bodies of literature. Much like the networks Moghadam studies in her seminal book about transnational feminist networks, my analysis of two global health networks can also generate findings that are relevant to the literature on transnational social movements and global civil society and the literature on women's movements and organizations (Moghadam, 2005: 2-3). Similarly, since "coalitions are part of the network of individuals and organizations that comprise a social movement" (Van Dyke & Amos, 2017: N.PAG), the findings of this research are important and relevant to our understanding of social movement coalitions. Social movement coalitions, whose membership includes international NGOs, local groups, and intergovernmental actors, bring about "joint cooperative action while distinct organizational identities and

structures remain intact” (McCammon & Moon, 2015: 327). This is also true for global health networks. The research on coalitions has focused on two areas: the factors that facilitate or impede coalition formation, and the outcomes of coalitions (McCammon & Moon, 2015). So has the GHAPP, as discussed above. These areas of research in social movement studies have raised a number of questions that are not yet fully understood (McCammon & Moon, 2015), including the political outcomes of coalition formation (McCammon & Moon, 2015: 333). The GHAPP framework can therefore help close some of these gaps in our knowledge.

The research presented here also points to important questions for future research. First, since the two networks analyzed here have emerged relatively recently, there will be future opportunities to examine their effectiveness in terms of impact. For example, what is (and will be) the impact of the action plans, resolutions, and funding commitments on reducing the prevalence of child marriage? Similarly, what is (and will be) the impact of the MHM in Ten initiative on WASH in schools? Second, the GHAPP framework posits that network diversity is a potential asset, but also a potential liability. Given the diversity of many global networks that focus on a variety of human rights and sustainable development issues, it would be interesting and important to study the process by which diversity is dealt with. How can consensus be built around a collective action frame in highly diverse networks? What are the processes and arrangements that can make the diversity of global networks an asset that can help networks be effective? Addressing these questions can help us generate deeper insights into how networks can be intentionally governed in ways that realize the potential of network diversity to make a network effective.

Appendix – List of Interviews

Interview # 1: Phone interview with staff member of a global research institute, April 5th, 2017

Interview # 2: Phone interview with Miriam Temin, Population Council, May 5th, 2017

Interview # 3: Phone interview with Kathy Hall, Summit Foundation, May 17th, 2017

Interview # 4: Phone interview with individual familiar with Girls Not Brides, May 19th, 2017

Interview # 5: Phone interview with Rachel Clement, International Center for Research on Women and Girls Not Brides USA, November 22nd, 2017 (Clement provided exact wording for some of the information attributed to her)

Interview # 6: Phone interview with Gayatri Patel, CARE USA and Girls Not Brides USA, December 8th, 2017

Interview # 7: Phone interview with Matilda Branson and Zoe Birchall, Girls Not Brides, December 14th, 2017

Interview # 8: Phone interview with Caitlin Gruer, Plan USA, March 2nd, 2018

Interview #9: Phone interview with NGO staff member, March 5th, 2018

Interview # 10: Phone interview with MHM in Ten participant, May 2nd, 2018

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