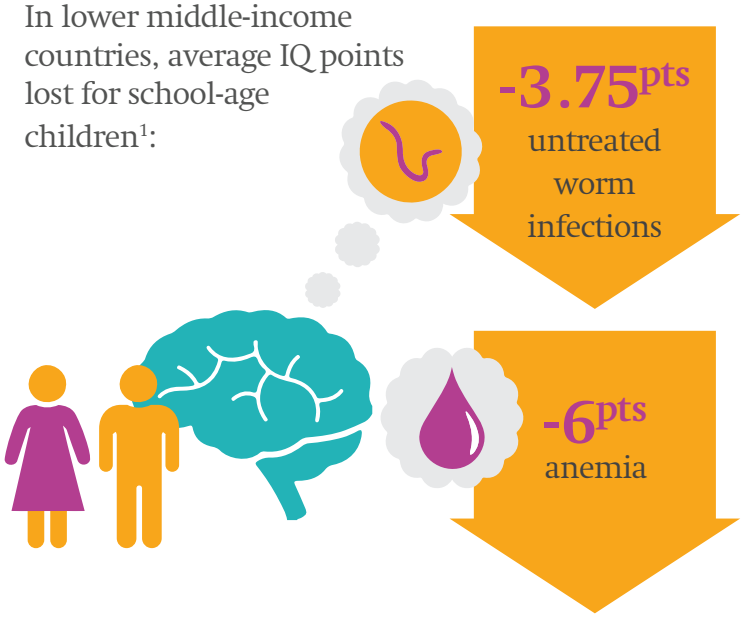
HOW TO IMPROVE HEALTH AND LEARNING IN SCHOOL-AGE CHILDREN

Some of the most common childhood health conditions have consequences for education and ultimately a person's ability to contribute meaningfully to society. Schools are a cost-effective platform for providing simple, safe, and effective health interventions for girls and boys from age 5 through their early 20s.

WHEN HEALTH IS AT RISK, SO IS LEARNING

In lower middle-income countries, average IQ points lost for school-age children[1]:



School-based interventions for poor girls and boys in areas where worms and anemia are prevalent would lead to

2.5 extra years of **schooling**[2]

GLOBAL PARTNERSHIP *for* EDUCATION

The Global Partnership for Education supports developing countries to ensure that every child receives a quality basic education, prioritizing the poorest, most vulnerable and and countries affected by fragility and conflict

Sources:

Bundy, D. A. P., N. de Silva, S. Horton, D. T. Jamison, and G. C. Patton 2018. Optimizing Education Outcomes: High-Return Investments in School Health for Increased Participation and Learning. Washington, DC: World Bank. License: Creative Commons Attribution CC BY 3.0 IGO

[1]Page 133, Bundy 2011
[2]Page 11 Ahuja and others 2017
[3]Page 10, Bundy 2018
[4]Page 135 UNESCO 2008
[5]Page 167 Miguel and Kremer 2004
[6]Page 89 Fernando and others 2006
[7]Page 166 Snilstveit and others 2015
[8]Page 13 Drake and others 2017
[9]Page 57 Adelman, Gilligan, and Lehrer 2012
[10]Page 120 Glewwe, Park, and Zhao 2016
[11]Page 11 Ahuja and others 2017
[12]Page 140 Guyatt 2008
[13]Page 140 Baltussen, Naus, and Limburg 2009, Graham and others 2017

HEALTH INTERVENTIONS DURING SCHOOL YEARS

Ages 5-9

Infections and malnutrition are key constraints on development

- Tetanus toxoid and HPV vaccination
- Oral health promotion
- Vision screening and treatment
- Insecticide-treated mosquito net promotion and use
- Deworming
- School meals and school feeding fortified with micronutrients

Ages 10-14

Significant physiological and behavioral changes are associated with puberty

- Healthy lifestyle education
- Comprehensive sexuality education
- Adolescent-friendly health services within schools
- Nutrition education
- Mental health education and counseling
- Menstrual hygiene management

Ages 15-early 20s

Brain restructuring and initiation of behaviors are lifelong determinants of health

WHY SCHOOL-BASED HEALTH IS A GREAT INVESTMENT

HIGH REACH AND IMPACT

More schools than health facilities, especially in **rural** and **poor** areas[3]

School-based health programs have the potential to reach an estimated

575 million

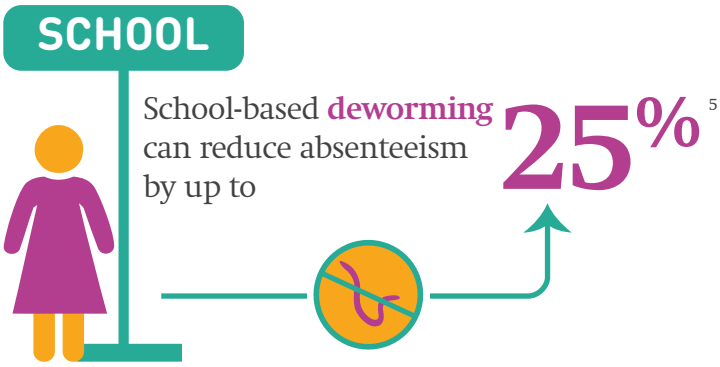
school-age children in low-income countries[4]

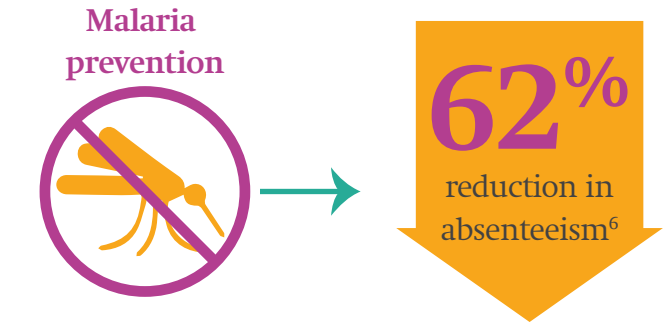
LONG-TERM ECONOMIC GAINS

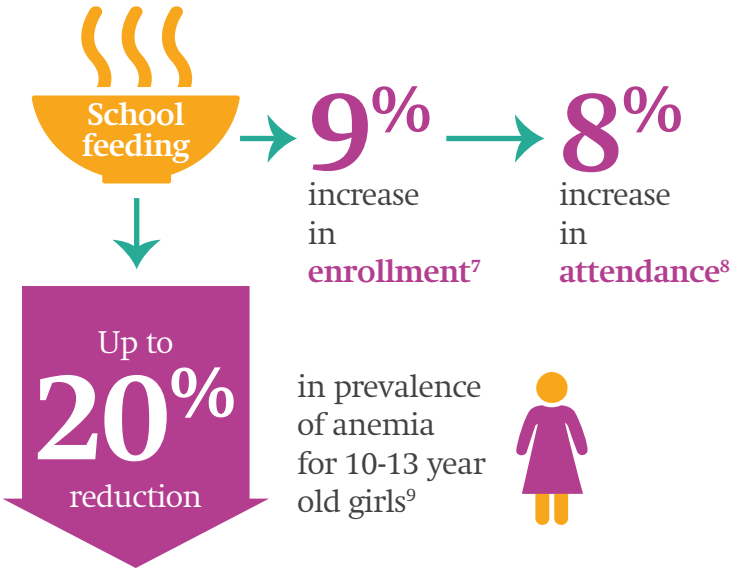
School-based health interventions could increase a person's earning capacity by

5% [11]

IMMEDIATE EDUCATION GAINS







MAJOR COST SAVINGS

Deworming treatment

Through schools

US$0.03–US$0.04
per child per year

Through mobile health teams

US$0.21–US$0.51
per child per year[12]

Up to **17x** more

Vision screening

Through schools

US$2–US$3
per child per year

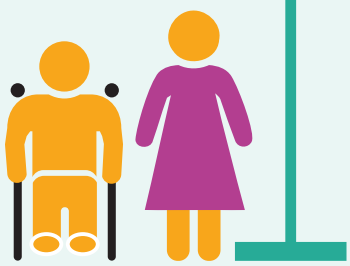
Through mobile health teams

US$8.17
per child per year[13]

Up to **4x** more

HOW GPE IMPROVES HEALTH THROUGH EDUCATION

GLOBAL PARTNERSHIP *for* EDUCATION



Supports partner countries in designing and integrating **school health interventions into education sector plans** to target the poorest and most marginalized, including by gender, disability, ethnicity and conflict or fragility

52
countries
as of February 2018

22
countries
as of February 2018

Provides **grant funding** for health interventions

Encourages partner countries to **open their schools** for health service delivery to support improved student health

Supports capacity building through regional knowledge exchange and **training for ministries of education and ministries of health**

21
countries
as of
February 2018