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:

-3.75pts untreated worm infections

-6pts anemia

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.

Sources:

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

Ages 15-early 20s
Brain restructuring and initiation of behaviors are lifelong determinants of health
- Menstrual hygiene management
WHY SCHOOL-BASED HEALTH IS A GREAT INVESTMENT

HIGH REACH AND IMPACT

More schools than health facilities, especially in rural and poor areas

School-based health programs have the potential to reach an estimated 575 million school-age children in low-income countries

IMMEDIATE EDUCATION GAINS

School-based deworming can reduce absenteeism by up to 25%

Malaria prevention

62% reduction in absenteeism

School feeding

9% increase in enrollment

8% increase in attendance

Up to 20% reduction in prevalence of anemia for 10-13 year old girls

Vision correction

Up to 5% higher probability of passing standardized tests in reading and math

LONG-TERM ECONOMIC GAINS

School-based health interventions could increase a person’s earning capacity by 5%
**How GPE Improves Health Through Education**

- Supports capacity building through regional knowledge exchange and training for ministries of education and ministries of health
- 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
- Provides grant funding for health interventions
- Encourages partner countries to open their schools for health service delivery to support improved student health

**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
  - 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
  - Up to 4x more

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52 countries as of February 2018

22 countries as of February 2018

21 countries as of February 2018