

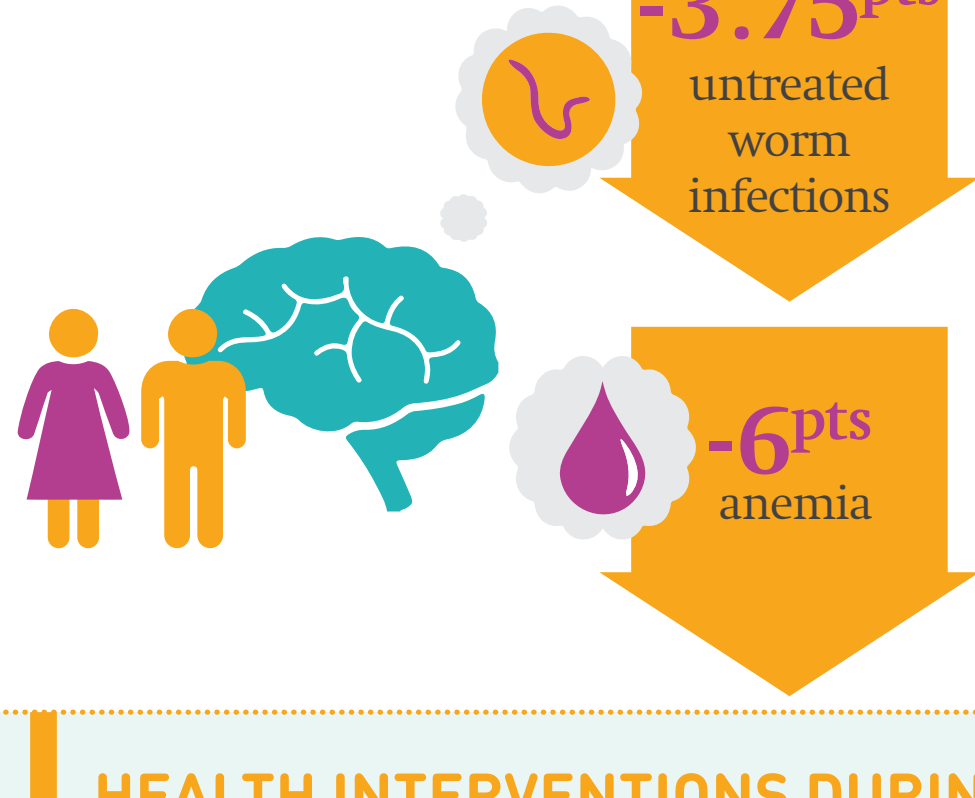


HOW TO IMPROVE HEALTH AND LEARNING IN SCHOOL-AGE CHILDREN

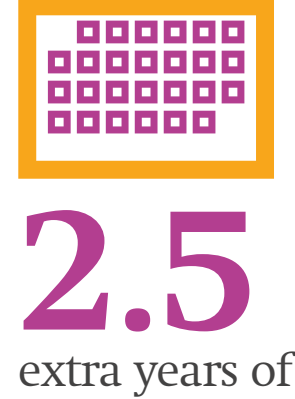
Some of the most common childhood health conditions have consequences for education and ultimately a person's ability to contribute meaningfully to society. Schools are a cost-effective platform for providing simple, safe, and effective health interventions for girls and boys from age 5 through their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

WHEN HEALTH IS AT RISK, SO IS LEARNING

In lower middle-income countries, average IQ points lost for school-age children¹:

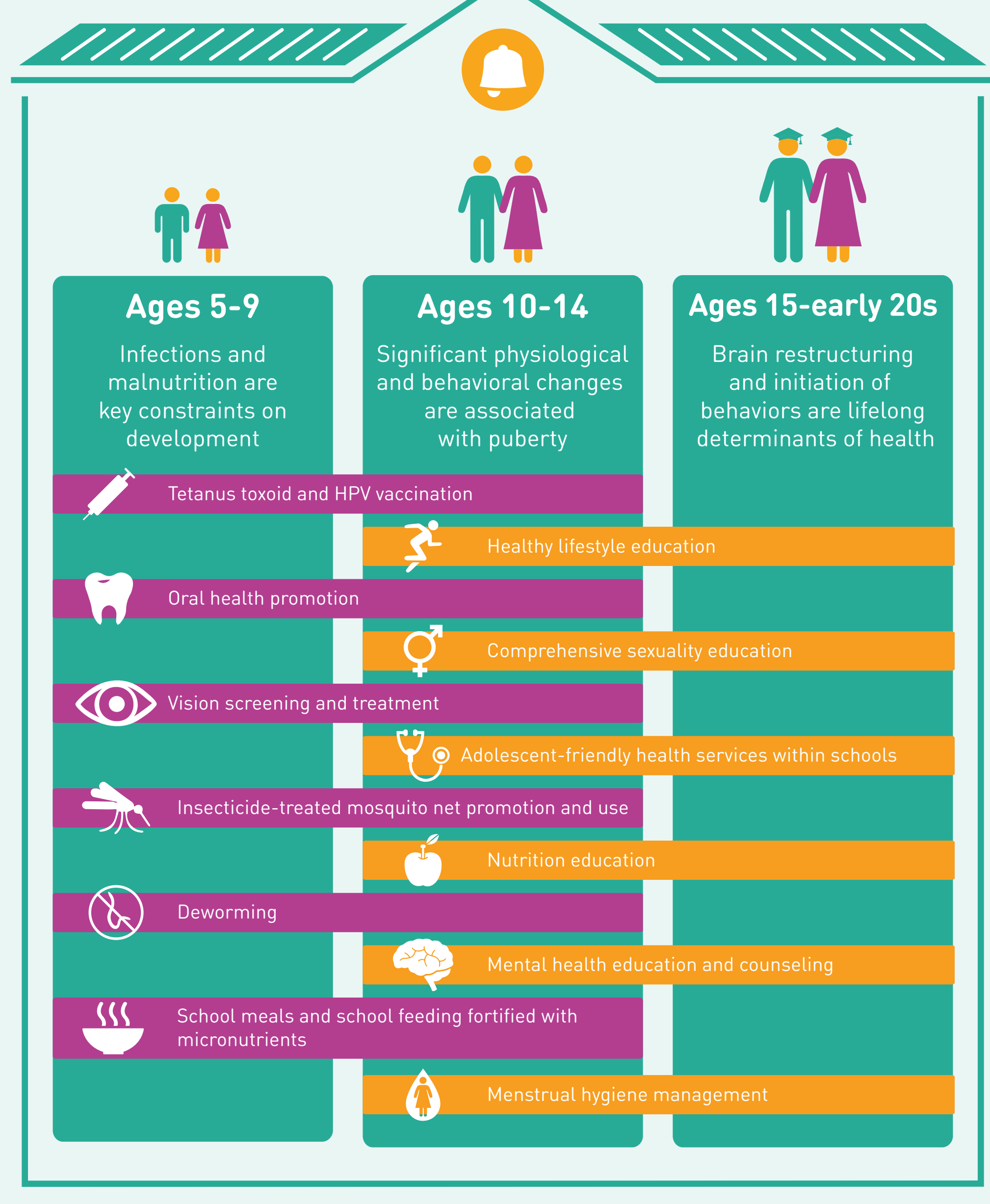


School-based interventions for poor girls and boys in areas where worms and anemia are prevalent would lead to



2.5 extra years of schooling²

HEALTH INTERVENTIONS DURING SCHOOL YEARS



WHY SCHOOL-BASED HEALTH IS A GREAT INVESTMENT

HIGH REACH AND IMPACT



More schools than health facilities, especially in **rural** and **poor** areas³



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

575million

school-age children in low-income countries⁴



LONG-TERM ECONOMIC GAINS

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

5%¹¹



IMMEDIATE EDUCATION GAINS

SCHOOL

School-based deworming can reduce absenteeism by up to 25%⁵



Malaria prevention



62% reduction in absenteeism⁶



School feeding

9% increase in enrollment⁷

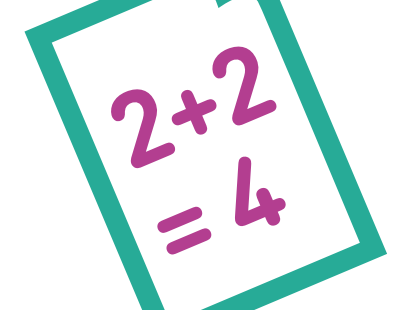
8% increase in attendance⁸

Up to 20% reduction

in prevalence of anemia for 10-13 year old girls⁹



Vision correction



Up to 5% higher probability of passing standardized tests in reading and math¹⁰

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 year¹²

Up to 17x more



Vision screening

Through schools



US\$2–US\$3 per child per year

Through mobile health teams



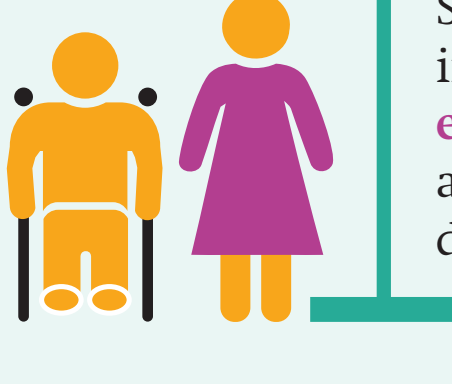
US\$8.17 per child per year¹³

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



GLOBAL PARTNERSHIP for EDUCATION

/globalpartnership

@GPforEducation

@GPforEducation

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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

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 Sniltveit 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