



An Inter-Governmental Organization for Promoting South-South Cooperation

Strategy Brief for the Inter Ministerial Conference on "South-South Cooperation in Post ICDP and MDGs", Beijing, China 22-23 October, 2013

EDUCATION

EDUCATION: HARNESSING SCHOOL BASED PROGRAMMES TO IMPROVE HEALTH OUTCOMES



Introduction

he fundamental right to the highest attainable standard of health, including physical, mental and social well-being has been recognized in many global, regional and national declarations and charters. There is now substantial evidence that healthy populations are a foundation for sustainable social, economic and environmental development and for peace and security, and vice versa. However, despite many advances over the previous decades, large numbers of disadvantaged people still suffer ill health, with thousands dying every day from preventable causes. Women and children from underserved communities bear a particularly high burden of preventable disease and death.

Post 2015 discussions have noted that improvements in population health will require multisectoral investment in the social, environmental and economic determinants that have slowed progress towards the health MDGs.

The Partners in Population and Development meeting on "South-South Cooperation in the Post ICPD and MDGs" aims to identify opportunities to strengthen south-south collaboration towards achieving the MDGs and in the Post 2015 era.

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This strategy brief focuses on 'how to' strengthen cross-sectoral approaches between health and its social, economic and environmental determinants. It is part of a series of strategy briefs which can be accessed at http://www.who.int/pmnch/knowledge/publications/strategybriefs/en/.

Education Sector

Education gives people critical skills and tools to help them better provide for themselves and their children. Education helps people work better and can create opportunities for sustainable and viable economic growth. Education also makes people healthier. For example, each extra year of a mother's schooling reduces the probability of infant mortality by 5% to 10%. Health and education are therefore closely interlinked, with increased educational attainment positively influencing health outcomes, and good health also improving learning outcomes. Cross-sectoral collaboration in planning and policy making between the health and education sectors can help ensure that the benefits from educational investments yield maximum impact for health, and vice versa. This brief focuses on school-based education, however, other education measures, such as non-formal and adult education, impact health as well.

Cross-sectoral Challenges

Achieving specific targets, such as for health and education, requires the intervention and highly specialised input of specific Ministries. This can, however, create structural challenges to cross-sectoral collaboration. The division of labour tends to drive Ministries towards the protection of their budget lines, rather than the sharing of resources. Ministries may also be held accountable for sector specific indicators (such as percentage of pupils reaching secondary level education or number of children vaccinated) without considering the implication for other sectors (for instance targeting the efforts for increased secondary education in marginalised areas with a view to improve health outcomes as well).

Practical Strategies

Despite these real challenges, some countries have succeeded in leveraging the positive impact of education for better health outcomes. In Malawi for example, the Ministry of Education, Science and Technology collaborated with the Ministries of Health, Agriculture and Food Security, Women and Child Development, Irrigation and Water Development, and Ministry of Local Government and Rural Development. Together they defined a new approach to cross-sectoral service delivery for children through a School Health and Nutrition (SHN) strategy 2009–2018, thus clearly demonstrating an acknowledgement of the need to not only work across the health and education sectors but to also widen the collaboration to other Ministries.

1: MOBILISE SUPPORT ACROSS KEY SECTORS AND INSTITUTIONS

Policy reforms aimed at increasing multisectoral collaboration will only happen with wide ranging support from all relevant stakeholders. At the global level, collaboration between health and education actors on school health and related programmes is not new. For instance, WHO has collaborated with UNESCO and UNICEF for more than a decade. Other global initiatives include Focusing Resources on School Health and Nutrition (FRESH), led by UNESCO which promotes the implementation of cost-effective components of a school health, hygiene and nutrition program; Health Promoting Schools (WHO); Child-Friendly Schools (UNICEF) and School Health and Nutrition (World Bank).

There are also many examples of effective collaboration among the health and education sectors within countries. In the Greater Accra region of Ghana, an innovative approach was taken by schools to mobilize support and action for improving health outcomes: teachers designed participatory health education activities and supported students to disseminate the malaria control messages they had learnt to their communities. Evidence suggests the community-based education approach had a positive impact on community understandings of disease transmission and prevention of malaria among children and adults. Mobilizing broad based support from partners within the public health and education sectors, schools and communities is a critical component of successful cross sectoral efforts.

2: SET SHARED GOALS AND DEFINE ROLES AND INTERVENTIONS

It is important for key stakeholders across sectors to jointly identify mutually beneficial goals and to define the specific interventions to be implemented. In Peru the national education policy, which is based on a subnational assessment of the burden of disease and epidemiological context, set clear goals that impacted on health directly. This included increasing

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educational attainment as well as ensuring high-quality health and life-skills education, effective school health programmes, and an education environment that provided safe water and sanitation facilities and appropriate health and nutrition services.

In Malawi the SHN strategy clearly defined what SHN providers should do at all levels to improve health status, environment and life styles of school-aged children. The package included provision of essential health and nutrition services; ensuring productive, safe and sanitary environments for optimum health and disease prevention; and skills-based education, role-modelling and counselling to promote adoption of healthy life styles. The interventions also encompassed community participation and generation of supportive health environments both at home and at school.

3: BALANCE COMPREHENSIVENESS WITH SCALE AND SIMPLICITY

While comprehensive programmes may be ideal, they may also be complex to administer and scale up. Integrating health interventions into existing school programmes have a better record of going to scale. In Peru for example, health stakeholders used the national hygiene curriculum, developed by the Ministry of Education as an entry point for introducing the Handwashing Initiative. The initiative was mainstreamed in schools in 24 regions through the 'Safe, Clean and Healthy Schools Program', with 14,000 teachers trained to conduct health and hygiene activities with 285,000 students.

Supporting Tools and Technologies

Focusing Resources on Effective School Health	Framework of cost-effective activities to improve school health and education outcomes http://www.freshschools.org/Documents/FRESHandEFA-English.pdf
Child Friendly Schools	Guidebook to help countries implement child-friendly schools http://www.unicef.org/publications/index_49574.html
Information Series on School Health	Collection of 17 documents providing guidance on key health issues in schools http://www.who.int/school_youth_health/resources/information_series/en/
Local Action – Creating Health- Promoting Schools	Manual constituting a pivotal part of the Information Series School Health Information Series (above)http://www.who.int/school_youth_health/media/en/sch_local_action_en.pdf

Opportunities to Engage

A range of global, regional and national sector meetings can provide a useful forum for creating awareness among policy makers about the need for and the ways to progress cross-sectoral collaboration. For example, the World Health Assembly provides an opportunity to sensitise health policy makers on ways to engage the education sector. The annual Education for All High-Level Forum provides an opportunity to engage education policy makers.

Other health and education fora, particularly ministerial fora at the regional level and sector review meetings at the national level, may also be useful entry points. In bringing together many key national-level decision makers, such large-scale global and regional meetings are ideal occasions around which to organise side meetings and seminars - for example to identify good practice; promote tools and best practice; and facilitate south-south sharing and collaboration. Both global and regional opportunities must be harnessed by national-level policy makers for translation into cross-sectoral action in their countries.

Another important opportunity at the global level is to ensure that cross-sectoral planning between the education and health sectors is part of the operationalisation of the post-2015 development framework in countries. The International Conference on Population and Development Beyond 2014 Review is also a key opportunity to influence the future of global population and development policy at national, regional and global levels.

Meetings organised around FRESH and related initiatives (see above) also represent key opportunities for sharing insight and taking steps towards more effective cross-sectoral collaboration.

There are a number of important initiatives and opportunities for South-South cooperation. For example, meetings of the G-77, the upcoming South-South Development Expo 2013 and sector-specific opportunities, such as the Partners in Population and Development meetings, may facilitate sharing of lessons learned and successful approaches in cross-sectoral collaboration among developing countries.

Key references

- Ayi, I. et al. (2010). School-based participatory health education for malaria control in Ghana: engaging children as health messengers. Malaria Journal 2010, 9:98
- Barbara Herz, and Gene B. Sperling. What Works in Girls Education: Evidence and Policies from the Developing World. Council on Foreign Relations Press. 2004
- Cutler, David M. and Lleras-Muney, Adriana. "Understanding Differences in Health Behaviors by Education." Journal of Health Economics, January 2010, 29 (1), pp. 1-28.
- Dutton, P. et al. (2011). The Power of PrimarySchools to Change andSustain Handwashing withSoap among Children: The Cases of Vietnam and Peru. Water and Sanitation Program/The World Bank: Technical Paper.
- Gakidou et al. (2010). Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: a systematic analysis. Lancet 2010; 376: 959-74.
- Groot, W. and Maassen, H. (2006). Measuring the Effects of Education on Health and Civic Engagement: Proceedings of the Copenhagen Symposium, OECD 2006. http://www.oecd.org/education/country-studies/37425763.pdf
- Malawi Ministry of Education, Science and Technology (2009). National School Health and Nutrition Strategic Plan: School Health and Nutrition Response in the Education Sector.
- Porta, E. et al. (2011). Assessing sector performance and inequality in education. Washington DC, World Bank.
- UNICEF (2012).Global Evaluation of Life Skills Education
 Programmes. http://www.unicef.org/evaldatabase/index_66242.html
- WHO (2003). Skills for Health. Information Series on School Health Document
 9. http://www.unicef.org/lifeskills/files/SkillsForHealth230503.pdf
- WHO (2011). Social Determinants of Health Sectoral Briefing Series 2. Education: Shared Interests in Well-Being and Development. http://whqlibdoc.who.int/publications/2011/9789241502498 eng.pdf
- World Bank (2011). Rethinking school health. A key component of Education for All. Washington, DC.