Why Policy Makers Should Prioritize School Health Programs

Background

One consequence of the COVID-19 pandemic is more significant and frequent touch-points across sectors to respond to the evolving needs of vulnerable populations. The health and education sectors in particular have been tasked with coordinating action to ensure that the needs of children and adolescents are met. School-based health and nutrition policies, services, and related education are well-established approaches to improve child and adolescent health and wellbeing, and fundamentally require coordinated efforts by multiple sectors.

To facilitate this coordination, the JSI/Child Health Task Force commissioned a report in 2021 to guide practitioners through operational challenges that arise when planning, financing, and implementing cross-sectoral programs targeted to school-age children and adolescents. The decision was made to follow the example of one development partner's efforts in cross sectoral implementation, USAID's Bureau for Africa. In the course of writing *Operationalizing Health and Education Coordination*, the authors conducted focus group discussions with health and education staff in 10 USAID country missions in Sub-Saharan Africa. The following brief distills some of the questions that emerged from the dialogue along with responses to those participant questions and further resources.

What does a school health program look like?

A school health program is a cohesive set of interventions and activities designed to support the health and well-being of the students in the school as well as out-of-school youth in the school catchment zone. Global experience in school health, such as WHO and UNESCO guidance, makes clear that a comprehensive school health program should encompasses four domains:

School policies govern what is supported and prohibited on the school grounds. These could include, for instance, policies institutionalizing an essential package of school health services or school-based policies against tobacco use, bullying, school-based gender-based violence, and the use of corporal punishment to discipline.

Health education provides students with age-appropriate information on behaviors that prevent common ailments, infectious diseases as well as general health knowledge. For COVID-19, health education may include information around social distancing, handwashing, and mask wearing. Sometimes reproductive health education is also included in and MOE's school health program, and/or comprehensive sexuality education.

Health and nutrition services encompass a broad range of potential services delivered on the school premises either by the school staff or in conjunction with health workers. Other common services include school feeding as well as deworming and micronutrients provision, vision and hearing assessments, distribution of bednets to prevent malaria, among others. Well-established programs may also include referral mechanisms between schools and health facilities.

School environment focuses on the physical infrastructure, community engagement, and environmental cues that promote health. Examples include the provision of potable water, canteens for safe preparation and provision of school meals, inclusive, accessible, and physically sound school buildings and maintained grounds that facilitate physical activity. Sometimes latrines and safe sanitation, including facilities for menstrual health and hygiene are also included.

Why is school health important for school-age children?

Children need to be healthy enough to regularly attend school and to benefit from the education offered. Education investments are further leveraged when the physical and mental health needs of children are addressed as children and adolescents develop. These reasons justify the inclusion of school health and nutrition programs within the education purview. The health sector similarly benefits from this arrangement; delivering health services through schools is a cost-efficient platform to reach school-age children and adolescents, who otherwise have limited engagement with health clinics during this developmental period.

How can schools address common challenges for school-age children, such as hunger and malaria infections?

Malaria: Schools as a platform to prevent and control infections amongst school-age children

Malaria control programs have successfully targeted younger children, which has simultaneously improved child survival and shifted the peak age of infection to older children. As a result, malaria remains a serious illness for school-age children, especially in the Africa region, where approximately one-in-two children are at-risk of infection.

Malaria infection is associated with anaemia, school absence, and decreased educational attainment, and in some instances, death. Reducing infection rates among school-age children with preventive measures could improve the chances of leading healthy and productive lives. Schools are an effective platform for delivering malaria interventions to school-age children in advance of and during the malaria transmission season. Examples include:

- Delivering age-appropriate lessons on malaria transmission, distributing bed nets, and teaching children to recognize clinical symptoms;

- Training teachers to recognize students with signs of suspected malaria infection and referring them to health facilities or community health workers for testing and treatment; and
- Engaging health workers to ensure students with asymptomatic and symptomatic infections are being correctly tested and treated

In times of stability, school feeding contributes to learning through avoiding short-term hunger and enhancing the learner's ability to make the most of their education; in periods of food insecurity, school feeding serves as a resource transfer.

In January of 2020, an estimated 388 million children were receiving a daily meal at school, with most countries financing their national school meal program with domestic resources. Despite its reach, an additional 73 million children were missed by school meal programs, with the vast majority (62.7 million children) living in Africa. As countries rebuild following the COVID-19 pandemic, more children than ever before would stand to benefit from a daily meal provided through schools.

Countries make this investment because school feeding programs increase school enrollment, benefit the nutritional status of the learner, provide safety nets to their communities, and strengthen the local agriculture sector. It is precisely because of the multisectoral nature of school feeding programmes that they are highly cost-effective, yielding $9 in return for every $1 invested.

How are school health programs established?

At a basic level, starting a school health program or building on one requires understanding and answering five key questions:

- What are the national policies that provide a framework and justification for school health?
- Who are the partners currently active and delivering programs that fall under the school health and nutrition umbrella?
- Of the gaps in programming that exist, which are the most urgent to address?
- Which gaps fit into the mission of the organization and its core competencies?
- What are the local priorities for the school and community and community resources with which to address them?

At a pragmatic level, cross-sector coordination, including co-planning and layering investments, is particularly suitable in countries with both education and health investments. Disease-specific and intervention-specific programs can also engage with the education or health sectors to progress human capital among school-age children. Critical in any strategic process is determining low hanging fruit and longer term strategic actions.

What gets in the way?

On paper, investing in school health is an obvious win-win. For those stakeholders concerned with education, physical safety and health is an obvious prerequisite to learning. Meanwhile for an overstretched health workforce, schools can be an accessible platform for delivering services.

Yet as a practical matter, school health investments have been impeded by the prevailing global health orthodoxy that focuses almost exclusively on children under the age of five. In a world where social service provision is often divided between ministries of health and ministries of education, school health has always had an ownership problem. Who owns school health? When inter-ministerial committees are developed to steer school health, do they have the authority to convene the Ministries they represent? Ownership and management of school health is often where the rubber meets the road and school health investments can be neglected in a siloed world.

For this reason, school health requires that multiple stakeholders align around common objectives. Preserving school health programs often requires individuals with authority to convene key stakeholders from different ministerial groups and a national policy framework to sustain efforts.

How does school health programming support countries building back from COVID-19?

The repercussions and harms on school-aged children of the COVID-19 pandemic are unprecedented. School health provides a critical social safety net for these children. School feeding programs also help keep children in school and help bring those children who have dropped out back to school. For these reasons, countries in high- and low-income countries alike have signed onto the School Meals Coalition. In many instances, COVID-19 has spurred cross-sector collaboration to meet the crisis and this collaboration must be sustained to support school health programs and make up lost ground.

Why should policy makers prioritize investments in school health programs?

Human capital is understood to be the degree to which individuals can meet their health, education, nutrition potential, as well as their ability to apply their soft skills and training to income generating activities. Aggregated at the country level, human capital reflects the sum total of a population's health, skills, knowledge, experience, and economic potential. Effective policies and investments targeted to children as they age will determine how effectively countries reach their economic growth potential.

School health and nutrition programs foster human capital development. Well-timed health interventions, coupled with quality education, afford individuals the foundation necessary to meet their developmental potential. As children grow and develop, these investments translate to a workforce that has sufficient soft skills and academic training to adapt and participate in an evolving, and increasingly technology driven workforce. Thus, school health and nutrition services are linked to the economic goal of strong human capital formation. Despite its importance, there is misalignment in public spending in

low- and lower-middle income countries during the period in which children are learning, with total spending in education globally far exceeding that for health.

What resources exist to inform action?

Evidence has been collected

Several decades of robust evidence suggests that health interventions have a significant impact on access to schooling and learning outcomes and also have the potential to positively impact an education outcome not often addressed by traditional education interventions, namely: cognitive ability. Select reference documents include:

- *Operationalizing Health and Education Coordination* addresses the question: How do countries, practitioners, and development partners bridge the gap between knowing 'what to do' and 'how to do it' when it comes to school health? The report offers a menu of practical recommendations that can be applied across the programmatic cycle.
- *Human Capital Investments: The Case for Education and Health in Sub-Saharan Africa* provides a deep dive on the available evidence for health and education benefits for school-based interventions that address six health areas: HIV/AIDS, malaria, school feeding, soil-transmitted helminths and schistosomiasis infections, vision screening, and WASH.
- *Disease Control Priorities, Third Edition (DCP3) Child and Adolescent Health and Development Volume* summarizes the most compelling evidence on effective interventions to deliver as children age, the most opportune developmental stages in which to do so, and what the costs of delivering those interventions in low resource settings. This volume concludes that investing in an essential package of school health and nutrition interventions is cost-effective.

Existing frameworks guide action across the program cycle

Over the past two decades, international technical bodies have developed frameworks to support governments and partners to design, implement, and monitor holistic and integrated school health and nutrition programs at the national and sub-national levels. The mostly commonly referenced frameworks for school health and nutrition programs include:

- UNESCO's Focusing Resources for Effective School Health (FRESH) Framework was launched at the World Education Forum in 2000 to support collaboration and multisectoral planning, financing, implementation, and monitoring for school health and nutrition programs. This framework has been credited with mainstreaming health interventions, including school feeding, into national Education Sector Plans. Importantly, the FRESH Framework is complemented by guidance on monitoring indicators for standalone school health and nutrition, allowing program implementers to 'pick-and-choose' what is most appropriate for their setting.
- WHO/UNESCO updated their Health Promoting Schools framework in 2021 to support countries with integrating health promotion into all schools. The updated framework includes a focus on programmatic governance at the national and sub-national levels and consists of four

complementary publications: global standards and indicators, implementation guidance, case studies, and guidelines on school health services. These guidance materials are intended to be complementary to the FRESH Framework, which has remained relevant since its publication.

- The World Bank's Systems Approach for Better Education Results (SABER) tool is a benchmarking framework to assist governments with assessing major areas of education domains—including school health and school feeding—and benchmark their current policies against best practice. The SABER School Health and School Feeding surveys assess five aspects of national school health and school feeding policies: (i) policy frameworks; (ii) financial capacity; (iii) institutional capacity and coordination; (iv) design and implementation; and (v) community participation.

These frameworks emphasize a system-based approach to address multiple health concerns, recognizing that a child's health and development can be constrained by any number of unaddressed issues. These frameworks can be applied at all points across the program cycle, meaning that implementers and funders do not need to develop standalone tools to design, implement, and monitor a school health and nutrition program. The use of these frameworks ensures that the program is cohesive, comprehensive, and equitable.