

Stepping up effective school health and nutrition

A partnership for healthy
learners and brighter futures



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CLD 455.20 ED-2020/WS/13



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School health and nutrition is about investing both in schoolchildren and adolescents' health and well-being *and* in their learning, with benefits extending to their homes and communities. When children are sick and hungry, they do not learn well. When children do not receive a quality education, they are less likely to be healthy. Further, good health, good nutrition and good education are not only rights and ends in themselves, they are an investment in a country's future and in the capacity of its people to lead productive and satisfactory lives.

This inter-relationship between education, nutrition and health calls for a more integrated, systems approach to school health and nutrition, and coordinated action to bring effective, multi-component policies and programmes to scale.

UN and multilateral agencies have responded to this call, forming a new partnership '*Stepping up effective school health and nutrition*', which aims to advance the health and nutrition of school-aged children and adolescents, so they are able to learn and grow, achieve their full potential and shape the future of their communities and countries. The partnership includes the Food and Agriculture Organization of the United Nations (FAO), the Global Partnership for Education (GPE), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF), the United Nations Standing Committee for Nutrition (UNSCN), the World Bank Group, the World Food Programme (WFP), and the World Health Organization (WHO).

Through united ambition and action, the partnership is poised to put school health and nutrition as a key priority on national, regional and global agendas to build the human capital of countries. It invites governments and other partners to renew their own commitments to school health and nutrition and to increase and better align investments and efforts to bring proven interventions to scale and respond to children's learning and growth needs holistically.

Investing effectively in learners' health, nutrition and well-being through programmes that link the education, health and food systems, is at the heart of the 2030 agenda. It contributes to achieving at least ten of the Sustainable Development Goals related to poverty (SDG1), hunger (SDG2), health (SDG3), education (SDG4), gender equality (SDG5), clean water and sanitation (SDG 6), economic growth (SDG8), reduced inequalities (SDG10), peace, justice and strong institutions (SDG16), and strengthened partnerships (SDG17).

Our shared vision

"Healthy, well-nourished and educated children and young people achieve their full potential, and their countries achieve better social and economic growth"



School health and nutrition: A great investment



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Health and nutrition form a foundation for education. Healthy, well-nourished children and adolescents learn better, and as adults they lead healthier and more productive lives. Therefore, investing in the health, nutrition and well-being of learners is as important as investing in education provision to achieve inclusive and equitable quality education. This transformation yields a triple dividend by impacting the lives of school children and adolescents today, their adulthood, and the generation of children to come.

Drawing from solid evidence and years of experience, the partners behind this coalition have identified core elements of effective and scalable school health and nutrition programmes (see box 1), which provide a basis from which individual countries can develop their own age-specific strategies to match their needs.

**School health
and nutrition
programmes can
significantly improve
both the health and
nutrition and the
learning for children,
and deliver big
development gains**

Box 1: What are the core elements of an integrated package of school health and nutrition?¹

School health and nutrition is a multi-sectoral approach to design and deliver coordinated and comprehensive strategies, activities and services that are integrated and sustained within the education system for protecting and promoting the physical, emotional and social development, health and well-being of students and the whole school community.

Essential components that are recognized by existing school health and nutrition programmes include:

- health-related policies and practices that address equity, social inclusion and violence prevention in education;
- health promoting environments conducive to positive physical and psychosocial learning and development – including sanitation and safe water;
- skills-based curriculum on health and nutrition education; and,
- school-based and school-linked health and nutrition services, including, depending on the context, interventions such as vaccination, oral health promotion, vision screening and treatment, malaria control, deworming, sexual and reproductive health services, menstrual hygiene management, school feeding and micronutrient supplementation.

Successful school health and nutrition programmes require providing adequate resources and support to both health workers and teachers and school staff, in order to enable them to implement these policies and practices. An enabling policy and institutional environment are key for sustainability.

Successful programmes also require effective partnerships at the national level between the education and health sectors but also food and agriculture, local development, finance, social welfare and other relevant sectors, and at the local level between school staff, health workers and the community.

children miss school, or do not learn while at school, because of largely preventable and treatable illnesses and malnutrition. In developing countries, these conditions translate into the equivalent of 500 million schooldays lost to ill health each year.³ Clearly, increased cross sectoral collaboration and coherent investments that bring together health, nutrition and education are urgently needed to support improved learning outcomes and inclusive education systems, as well as contribute to the achievement of the nutrition, health and wider SDG goals.

Box 2: The evidence is clear: School health and nutrition programmes deliver great education outcomes.

- School health and nutrition interventions for poor girls and boys where worms and anaemia are prevalent could lead to 2.5 years of additional schooling.⁴
- Malaria prevention interventions can lead to a 62% reduction in absenteeism.⁵
- Nutritious school meals increase enrolment rates by 9% on average, and attendance by 8%; they can also reduce anaemia in adolescent girls by up to 20%.⁶
- Hand-washing promotion reduces absenteeism due to gastrointestinal and respiratory illnesses by 21% -61% in low income countries.⁷
- Screening in schools is a cost-effective way to detect and correct impairments that may affect children's ability to learn. Free screening and eyeglasses have led to a 5% higher probability of passing standardized tests in reading and math.⁸
- Comprehensive sexuality education encourages the adoption of healthier behaviours, promotes sexual and reproductive health and rights, and improves sexual and reproductive health outcomes, such as HIV infection and adolescent pregnancy rates.⁹
- Improving water and sanitation (WASH) services and supplies in school, as well as knowledge on menstrual hygiene, equips girls to maintain their body hygiene and health with dignity, and may limit the number of school days missed during menstruation.¹⁰

A highly cost-effective strategy

School health and nutrition programmes are highly effective in increasing participation in school and ensuring children are ready and motivated to learn (box 2). These programmes are critically important in addressing the looming global learning crisis : 260 million children are still out of school and 53% of students in low- and middle-income countries cannot read and understand a simple story by the age of 10.² Large numbers of

Schools play a key role in providing a supportive, safe and enabling environment that promote students' health and well-being in schools and beyond, in their homes and communities. They are an exceptionally large and cost-effective system for providing an integrated package of simple, effective and mutually-reinforcing interventions for students across all grades,

1 This definition was devised following an inter-agency meeting on school health and nutrition co-convened by UNESCO and WFP in July 2019. It builds on the FRESH Framework and the complementary frameworks that guide different agencies, including: Health Promoting Schools, WASH in Schools, Child Friendly Schools, and School Health and School Feeding SABER.

2 World Bank. 2019. Ending Learning Poverty : What Will It Take?. World Bank, Washington, DC. © World Bank.

3 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.

4 Bundy et al, 2018.

5 Bundy et al, 2018. Page 167 Miguel and Kremer 2004

6 Bundy et al, 2018b Re-imagining School Feeding: A High-Return Investment in Human Capital and Local Economies, DCP 3, v. 8

7 McMichael C. Water, Sanitation and Hygiene (WASH) in Schools in Low-Income Countries: A Review of Evidence of Impact January 2019. International Journal of Environmental Research and Public Health 16(3):35.

8 Bundy et al, 2018. Page 120 Glewwe, Park, and Zhao 2016

9 UNESCO, 2019: Facing the facts: the case for comprehensive sexuality education, GEM Policy Paper 39, Junwelle 2019

10 UNESCO 2014: Puberty Education & Menstrual Hygiene Management. Good Policy and Practice in Health Education Series, 9.

including in emergencies (box 3). They can help in shaping lasting healthy behaviours and healthy diets, through health and nutrition education.¹¹

Box 3: Responding to the health and nutrition needs of school-age children during emergencies

The COVID-19 crisis and the mass school closure that affected more than 90% of the world's students evidenced that education institutions provide much more than just education. They play a key role to protect the health and wellbeing of learners and the whole community, both in the context of school closures and schools reopening. When adequate measures are in place, they can offer a protective and nurturing environment that gives a sense of normalcy and provide much needed safety nets. In many places, students rely on the school to access at least one nutritious meal a day and basic health services and information. Schools can act to prevent further transmission within their premises and reduce the impact of disease outbreaks; they can provide students with vital information to protect themselves and their families from infectious diseases and other risks for their health and well-being. With trained and dedicated staff, they can also provide very much needed psychosocial support to learners and parents, to help maintain learners' mental health and motivation to learn, enabling a strong transition back to school as they reopen.

Leveraging existing investments in child development

Ensuring good health and nutrition during school age and adolescence, when children are being educated, is essential if the investments in early childhood are to be sustained and for students to take full advantage of learning opportunities. It takes 21 years (or 8,000 days) for a child to develop into an adult. Early childhood has been the development focus for the last decade: it is critically important that children are fully supported by good health during the first 1,000 days of their development – from conception to their second birthday. But if the early gains are to be sustained, and a child is to achieve their full potential, age-appropriate and condition-specific support is required throughout the sensitive periods of development that continue during the next 7,000 days.¹²

Promoting inclusion and equity in education

School health and nutrition foster equity in and through schools, with the benefits most apparent for girls, and children at risk of being excluded from learning: the poor, the sick, the malnourished, and those with disabilities. Providing practical health and nutrition interventions through schools means accessing the millions of children and adolescents in poorer communities. It attracts out-of-school children, leveraging global efforts to enhance the quality and inclusiveness of education, including in emergency contexts.¹³

The gains are particularly promising for girls, as some of the most common health conditions affecting education are more prevalent in girls. They experience higher rates of anaemia than boys, they may miss school due to menstruation and limited personal hygiene management opportunities, and gender inequalities can place them at greater risk of ill health and malnutrition; those in sub-Saharan Africa are two to seven times more likely to be infected with HIV than young men.¹⁴

A sound investment in future prosperity

Prioritizing the health and wellbeing of children in school is also a sound economic investment. Children who spend more years in school earn more as adults, and this benefit accrues over time to create a substantial economic return to their community and to their nation. On the contrary, failing to invest in a healthy and educated population compromises human capital – the sum of a population's health, skills, knowledge and experience, and undermines sustainable growth and poverty reduction. The World Bank's Human Capital Index (HCI) measures the amount of human capital that a child born today can expect to attain by age 18. At a global scale, a child born today is only 56% as productive due to shortfalls in education and health. Sub-Saharan Africa is the region with the lowest HCI score (.40) and under current conditions, will only reach 40% of its potential; the region's GDP could be 2.5 times higher if health and education benchmarks were achieved.¹⁵

11 UNSCN, 2017: Schools as a System to Improve Nutrition. Discussion paper. Rome.

12 Bundy, D et al 2018b.

13 Mundy, K., et al., 2019. Making Evaluation Work for the Achievement of SDG 4 Target 5. UNESCO IOS Evaluation Office, Paris

14 MacPhail, C., B. Williams, and C. Campbell. 2002. "Relative Risk of HIV Infection among Young Men and Women in a South African Township." *International Journal of STD and AIDS* 13 (5): 331–42.

15 World Bank. 2019. *Human Capital Project: First Year Annual Progress Report*. Washington, D.C.

A high priority and unfinished business



Countries are already prioritizing school health and nutrition to support learning and equity in education. However, much more needs to be done. The positive relationship between health, nutrition and education, though increasingly recognized, is too often neglected in national funding priorities and global strategies. Changes in policy and how stakeholders work together are key levers to address the remaining gaps and ensure comprehensive programmes are accessible at scale, particularly to the learners who need them the most.

Since the launch of Focusing Resources for Effective School Health (FRESH) at the World Education Forum in 2000, where countries committed to improve school health for better education results, school health and nutrition programmes have expanded to nearly all countries, although with varying quality and coverage. WHO estimates that more than 450 million schoolchildren - or more than half of all school-age children, are dewormed annually in schools in nearly all low and middle income countries.¹⁶ Nearly every country provides school feeding to its schoolchildren to some extent, and half of the

world's school children - over 350 million - receive food daily at school.¹⁷

However, much more needs to be done. Insufficient priority has been given to ensuring that affordable and cost-effective school health and nutrition programmes are adequately funded and accessible at scale to those who need them the most. 73 million children living in extreme poverty in low income countries do not receive school feeding, and almost 84% of them live in Africa.¹⁸ An analysis of nutrition policies across 160 countries

16 Bundy D A P, Appleby L, Bradley M, Croke K, Hollingsworth D., and others. 2017. "Mass Deworming Programs in Middle Childhood and Adolescence." In *Disease Control Priorities* (third edition): Volume 8. Washington, DC: World Bank.

17 WFP, 2020: A chance for every schoolchild - WFP School Feeding Strategy 2020 - 2030

18 Drake, L., Fernandes, M., Chu, K., Lazrak, N., Singh, S., Ryckembusch, D., Burbano, C., Bundy, D. How many poor children globally could benefit from school feeding programs, and what would be the cost? *Frontiers in Public Health* (in process).

led by WHO highlighted that more than a third do not teach nutrition in the school curriculum.¹⁹ Globally, 19% of schools have no drinking water, and 23% have no sanitation services.²⁰

Providing 73 million primary schoolchildren in low income countries with one meal a day and an essential school health package would cost approximately US\$5.8 billion annually, which represents just 2.5% of the current investment in primary education, with huge returns across multiple sectors.²¹

Changes in policy and how stakeholders work together are key levers to address these gaps. There is a major mismatch between investments in the health of children, currently almost all focused on children under 5 years of age, and investment in education. Low and lower-middle income countries invest some US\$210 billion annually in providing basic education for their children. By contrast, they invest at best 5.5 billion in ensuring that the same children have the health to allow them to learn.²² This means that many opportunities for maximizing investments are simply being missed. Resources for the promotion of school-age children and adolescents' health and wellbeing must increase substantially together with education expenditures.

Limitations in current school health approaches also relate to how actors work together and prioritize action. Too often, stand-alone, scattered interventions fail to address comprehensively the critical needs of learners. Further, while we know what works, shared guidance and standards are missing to guide joint action and promote programmes that address children's needs comprehensively. Globally, there is no systematic tracking of the health and nutrition status of school-age children and adolescents, and we have no comprehensive information on the types and coverage of school health services being provided by country. Further, there is limited awareness and use of evidence available to inform decision-making.

School health and nutrition requires more integrated, multi-component policies and programmes delivered through coordinated action that bring together education, health and food systems, with shared roles and responsibilities.



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