UNESCO, WFP, UNICEF, AND WHO JOINT POSITION PAPER

The importance of investing in the wellbeing of children to avert the learning crisis

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1. Improved school health and nutrition programmes are critical to address the current learning catastrophe and leave no one behind

The COVID-19 pandemic has created the largest disruption of education systems in history, affecting nearly 1.6 billion school-age children in more than 190 countries. Already last year, 250 million school-age children being out of school, the world was facing a "learning crisis". But now with the COVID-19 pandemic, this crisis could turn into a generational catastrophe. While many children will continue with their education once schools reopen, others may never return to school. Current estimates indicate that 24 million children will never return to the classroom and among those, disproportional number of girls.

To avert this crisis, we need to reimagine how we deliver good quality and inclusive education to the world children. Among other things, this calls for urgent investments in school health and nutrition programmes and create the conditions for children to lead healthy lives. This also includes health and nutrition literacy offered through the curriculum and through counselling in the school health services which provides young people with knowledge, skills, values, culture and behaviours they need to lead healthy, empowered lives.

Since April 2020, about 370 million children have missed out on meals and essential health and nutrition services. COVID-19 has adversely impacted diets, eating habits and lifestyles of children.[i] Without the school platform, and without the access to school health and nutrition programmes, issues like hunger and malnutrition in all its forms, poverty and early pregnancy are exacerbated. School health and nutrition programmes, including access to water and sanitation, healthy and safe school meals and healthy food environments in schools, micronutrient supplementation, vaccinations, and life-skills based health and literacy and sexual and reproductive health education and services , among others, provide an incentive for families to send children back to school, and help them stay in school.

Even before the crisis large numbers of children missed school, or did not learn while at school, because of largely preventable and treatable illnesses and all forms of malnutrition. In developing countries, these conditions translated into the equivalent of 500 million schooldays lost to ill health each year.[ii] This does not include the days lost due to early and unintended pregnancy, which invariable spells the end of schooling for the millions of girls affected worldwide every year. Investments in school health and nutrition as part of the education response are needed to support improved learning outcomes and inclusive education systems, as well as contribute to the achievement of the nutrition, health, gender equality and wider SDG goals.

Improved school health and nutrition programmes have tremendous impact in fostering 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, those who are suffering from all forms of malnutrition, those who are pregnant or parenting, and those with disabilities. Providing health and nutrition interventions through schools means accessing the millions of children and adolescents and preparing them with knowledge and skills for healthy behaviours throughout their life. It also attracts out-of-school children, leveraging global efforts to enhance the quality and inclusiveness of education, including in emergency contexts.[iii] Providing school meals and health services at school can reduce the sense of marginalization and contribute to building social cohesion and peace.[iv] For children living in fragile and conflict-affected areas and refugee settings, school health and nutrition programmes can become an essential safeguard by contributing to a sense of normalcy and educational continuation.

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 menstrual health and hygiene management (MHHM) opportunities, and gender inequalities can place them at greater risk of violence, ill health and malnutrition; those in sub-Saharan Africa are two to seven times more likely to be infected with HIV than young men[v] and at least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world[vi] largely due to a lack of accurate information and access to contraceptive services.

In addition to the important impact of school health and nutrition services in fostering equity, adequate and relevant health and nutrition education also plays a key role in promoting equality and inclusion, and challenging health-related stigma and discrimination. Health literacy not only imparts key knowledge around healthy behaviours – like handwashing – it can also teach young people develop the critical thinking skills they need to reject harmful health-related myths and misconceptions. This is a key in responding to pandemics like Covid-19 and HIV, as well as for addressing structural inequalities and harmful gender norms. Indeed, studies have found that comprehensive sexuality education programmes that address gender and power in relationships were up to five times more effective in reducing sexually transmitted infections and/or unintended pregnancy than programmes that do not. [vii]

How school health and nutrition programmes deliver education results

- School health and nutrition interventions for poor girls and boys where worms and anaemia are prevalent can lead to 2.5 years of additional schooling.[viii]
- Malaria prevention interventions can lead to a 62% reduction in absenteeism.[ix]
- 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%.[x]
- Hand-washing promotion reduces absenteeism due to gastrointestinal and respiratory illnesses by 21% -61% in low income countries.[xi], and is particularly important in the context of preventing COVID-19
- Free screening and eyeglasses lead to a 5% higher probability of passing standardized tests in reading and math.[xii]
- Comprehensive sexuality education promotes sexual and reproductive health and rights, and improves sexual and reproductive health outcomes, including the prevention of HIV infection and reduction in adolescent pregnancy rates.[xiii]
- Improving water and sanitation (WASH) services and supplies in school helps girls to maintain their hygiene and health with dignity and limits the number of school days missed during menstruation.[xiv]
- Iron and Folic Acid Supplementation is estimated to lead to an average 27% reduction of anemia among non-pregnant women and can be provided free of cost, or sold when accompanied by a strong demand creation strategy.[xv]


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2. School health and nutrition programmes are a high value investment in children and a countries development

Prioritizing the health and wellbeing of children in school is a sound economic and social 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. More years of education also equates to better overall health and the effects are passed from one generation to the next; women who have been able to complete more years of schooling have fewer, healthier and better educated children. 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 percent 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 percent of its potential; the region's GDP could be 2.5 times higher if health and education benchmarks were achieved.[xvi]

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 USD 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.[xvii] This means that many opportunities for maximizing investments are simply being missed. Resources and partnerships for the promotion of school-age children and adolescents' health and wellbeing must increase to fully support children.

These investments are now more important than ever, as recognized in the UN policy briefs on the impact of COVID-19 on food and security, children and education.[xviii] All three briefs include school health and nutrition programmes as a key response to mitigate the impact of this pandemic and the inequalities that are exacerbated as a result.

A World Bank report, launched in partnership with the Malala Fund, shows that if all girls completed secondary school, women and girls could add up to $30 trillion to the global economy. Only by investing in the learning and in the learner, and injecting resources in school health and nutrition programmes will be we able to ensure that a whole generation of the most vulnerable children are not left behind.

3. Call to action: Investing in school health and nutrition programmes should be an education priority for all national governments and development partners

Even before the pandemic 73 million children living in extreme poverty in low income countries were not receiving school meals, and almost 84 percent of them lived in Africa.[xix] An analysis of nutrition policies across 160 countries led by WHO highlighted that more than a third do not teach nutrition in the school curriculum.[xx] Globally, 19 percent of schools have no drinking water, and 23 percent have no sanitation services[xxi] let alone sex-separate toilets. While progress has been made in securing political commitment for sexuality education and access to sexual and reproductive health services for young people – notably in sub-Saharan Africa – there remains significant gaps in quality, content and access that must be overcome. Among countries that reported to UNAIDS in 2019, 40% said that they did not have an education policy that guides the delivery of life skills-based HIV and sexuality education according to international standards in primary schools. A further 16% reported that they did not have such policies for secondary schools. Consequently, an alarming seven in 10 young women in sub-Saharan Africa do not have comprehensive knowledge about HIV.[xxii]

UNESCO, UNICEF, WFP and WHO call on all national governments and development partners to advance an equitable, inclusive and progressive approach to education that includes comprehensive, integrated school health and nutrition programmes strengthening school policies, outreach, curricula, environment and school health services throughout primary and secondary education, so as to ensure that all children and young people have the required conditions to learn and thrive and contribute meaningfully to the development of sustainable and healthy future of their communities and countries. This is in line with the principles of the right to education and the right to health. The four agencies stand ready to align efforts and to work with partners to ensure that this important issue is reflected in national, regional and global agendas, and that funding is mobilized to support the scale up of national school-based education and health and nutrition programmes.

Global Partnership for Education and its role in expanding education to the wellbeing of the child

As the largest multilateral fund for education Global Partnership for Education (GPE) has an important role to build partnerships to address the needs in resourcing school health and nutrition programmes.

The GPE has responded to the COVID 19 crisis by providing catalytic funding for school health and nutrition in its response. Also, the positive relationship between the health, nutrition and education of school children has already been recognized by GPE in the publication entitled "Optimizing Education Outcomes".[xxiii] Discussions of GPE's new strategic plan are a good opportunity to make sure school health and nutrition is well captured in the plan to ensure comprehensive programmes are accessible at scale, particularly to the learners who need them the most.

Engaging on School Health and Nutrition responds directly to the new GPE Strategic Plan (GPE 2025)'s Mission Statement which calls on GPE to "mobilize partnerships and investments that transform education systems in developing countries, leaving no one behind," and to its Goal which calls on GPE to "accelerate access, learning outcomes and gender equality through equitable, inclusive and resilient education systems fit for the 21st century." School health and nutrition further addresses GPE's proposed priority areas including access, gender equality and inclusion and a quality education for all children. In line with the latest consultations on GPE 2025 it is critically important for GPE to create the space for new strategic partnerships which directly impact on children's education, and to better engage actors providing complementary support to children's health and nutrition.

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