Promoting Cross Sector Linkages in Health and Education

Bradford Strickland, PhD
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Overview of Presentation

• Cross Sectoral
• MDGs and SDGs
• New Sources of Evidence
• DCP3 Vol 8
• New Modalities
• Massive scale
• Community level excitement
A little background: cross-sector focus in health and education

- WHO - Ottawa Charter
- UN Convention on Rights of the Child
- WHO - Health Promoting Schools
- UNICEF - Child Friendly Schools
- UNESCO - FRESH - Focusing Resources for Effective School Health
MDGs to SDGs - New Opportunities for Synergy Between Sectors

- MDGs focused on important outcomes, but stove piped approaches
- SDGs focused on many of same important development goals, but require synergy between sectors, new approaches
- Health and education cross-sector approaches support achievement of SDGs 2, 3, 4, 5, 6
17 Sustainable Development Goals to reach by 2030
New realities
New evidence
New modalities

- Challenged by malnutrition/stunting; obesity - nutrition deficits and systemic impact of environment and behaviors
- Changing global health trends - non-communicable diseases, cardiovascular, hypertension, stroke, cancer, TB
- DCP3 2018 - new evidence, more evidence, irrefutable evidence gathered in influential volumes
- Costed essential packages
- MDG 8 - New global development partnerships
New Evidence:
Disease Control Priorities History

- 1993 World Development Report

- *Disease Control Priorities in Developing Countries, Second Edition 2006 (DCP2)*

- *Disease Control Priorities, 3rd Edition 2015-2018 (DCP3)*
Main Messages of DCP3 Volume 8

- It takes some 8000 days for a child to develop into an adult.
- Focus on the first 1000 days is an essential but insufficient investment.
- Sensitive phases shape development throughout this period, and age-appropriate and condition-specific support is required throughout if a child is to achieve full potential as an adult.
Health needs addressed through essential packages of services - school as platform

<table>
<thead>
<tr>
<th>Ages 5-9</th>
<th>Ages 10-14</th>
<th>Ages 15-early 20s</th>
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<tbody>
<tr>
<td>Infections and malnutrition are key constraints on development</td>
<td>Significant physiological and behavioral changes are associated with puberty</td>
<td>Brain restructuring and initiation of behaviors are lifelong determinants of health</td>
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<tr>
<td>Tetanus toxoid and HPV vaccination</td>
<td>Healthy lifestyle education</td>
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<td>Oral health promotion</td>
<td>Comprehensive sexuality education</td>
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<td>Vision screening and treatment</td>
<td>Adolescent-friendly health services within schools</td>
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<td>Insecticide-treated mosquito net promotion and use</td>
<td>Nutrition education</td>
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<tr>
<td>Deworming</td>
<td>Mental health education and counseling</td>
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<tr>
<td>School meals and school feeding fortified with micronutrients</td>
<td>Menstrual hygiene management</td>
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Source: GPE Website, News and Media, Infographic (2018)
New modalities: massive scale-up to reach fast growing world population

- How GPE works - important to innovate ways to take activities to massive scale -- acknowledge the need to reach such a scale
- New modalities (like GPE, GF, GFF) to deliver international development
- Need for government to innovate in cross sector activities; maximize efficiencies between sectors
- Health activities in the education sector plans - MOEs applying new funding modalities to promote cross sector programs - train teachers, open doors to MOH
- MOH can bring expertise to MOE for delivery of services
## Health Activities in Education Sector Plans

<table>
<thead>
<tr>
<th>School health policy development</th>
<th>Inter-sectoral coordination</th>
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<tbody>
<tr>
<td>School feeding activities</td>
<td>Reproductive health education</td>
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<tr>
<td>Nutrition education</td>
<td>HIV and STI prevention</td>
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<tr>
<td>Deworming and micronutrients</td>
<td>Provision of water points</td>
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<td>Construction of sanitation facilities</td>
<td>Preventing unwanted pregnancy</td>
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<td>Hygiene promotion</td>
<td>Preventing early marriage</td>
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<td>Menstrual hygiene management</td>
<td>Prevention gender based violence</td>
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<td>Hygiene kits</td>
<td>Prevention of infectious disease</td>
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<td>Psycho-social counseling</td>
<td>Prevention of non-infectious disease</td>
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<td>Health screening at school</td>
<td>School safety, including walls</td>
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<td>Check-ups through local providers</td>
<td>Preventing child abuse</td>
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<td>Malaria education</td>
<td>Vaccinations</td>
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<tr>
<td>Life skills education</td>
<td>Vision screening</td>
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</tbody>
</table>

Source: GPE, *Stocktake in Health and Education*, forthcoming 2018
Key health activities in ESPs

- School feeding, 46
- Water and sanitation (including latrines), 43
- HIV/AIDS (prevention education, mitigation services), 28
- Reproductive health, 16
- Deworming, 14

Source: GPE, Stocktake in Health and Education, forthcoming 2018
Massive scale - Meeting the needs of particular households, communities, kids

- Massive scale for delivery, cost effectiveness and efficient interventions, still have to be delivered so communities accept
- Communities ultimately must drive prioritization and acceptance
- Parents want to have a say in what is happening in their schools, communities
- Kids are the ones who need to drive service prioritization
- Teachers must feel confident about what they are teaching, delivering
- Community-centered school health programs
- School Health Committees
Steps for development agencies to help establish school health programs in MOEs

- **Step 1** - Facilitate and support strong cross sector policies and relationships across the MOE and MOH
- **Step 2** - Focus on education outcomes to justify MOEs including school health programing in their strategic plans
- **Step 3** - Assist the MOE in exploration of global frameworks for school health policies and programs (such as FRESH or HPS) with all stakeholders in MOE, MOH, community development, communities, and schools
- **Step 4** - Assist the MOE in selecting simple school level activities that are not complex for teachers to implement in order to gain support from MOE; promote national education goals in enrolment, attainment, attendance

Source: Strickland, Bradford, *First Principles: Designing Effective Education Programs for School Health* (2011)
Steps for development agencies to help establish school health programs in MOEs (cont)

- Step 5 - Work with the MOE to understand costs and cost-effectiveness of school health programs
- Step 6 - Help the MOE establish indicators that will show the impact of health activities on education goals, including attendance and cognitive goals
- Step 7 - Strive to work with existing systems and infrastructure, such as teacher training systems and education management information systems (EMIS), to build capacity in the education sector for long-term management of school health programming
- Step 8 - Help the MOE consider the legal and ethical factors involved in health-related research, thus avoiding unrealistic goals that are undermined by local norms or local laws

Source: Strickland, Bradford, *First Principles: Designing Effective Education Programs for School Health* (2011)
Thank you!

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