

Partnership for Child Development



Children eating a well balanced and nutritious lunch at school



Executive Director Dr Lesley Drake

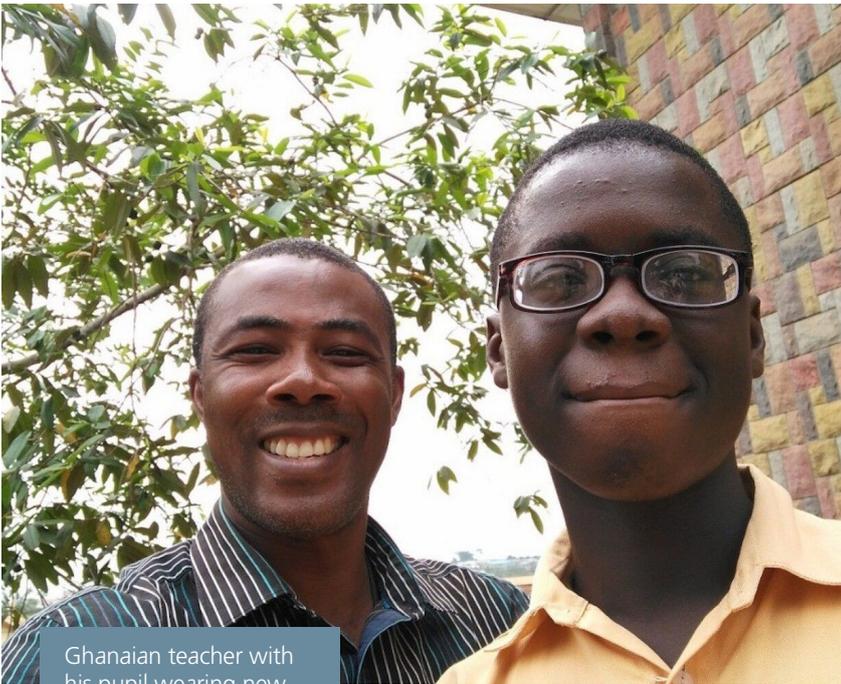
The Partnership for Child Development was created in 1992 to build on the success of child survival programmes. With principal support from the United Nations Development Programme and the Rockefeller Foundation, they were established to explore what it takes to ensure that a child who survives the dangerous first years of life is able to grow and learn and to realise their full potential as an adult. Executive Director Lesley Drake tells *The Parliamentary Review* about the work they have done with organisations around the world and the need for countries to invest in the growth and development of their children.

Since our establishment, from our bases at Oxford University and Imperial College, we have worked with more than 50 of the poorest countries in the world to build an evidence base. This base is used to create global public goods to promote and support the development of schoolchildren and adolescents. Today, the idea of “survive and thrive” is commonplace, and it is now recognised that the creation of “human capital” makes the biggest contribution, some 64 per cent on average, to the wealth of nations, according to the World Bank.

In 2000, we were instrumental in a partnership of agencies, including Unesco, the World Health Organization, Unicef and the World Food Programme, which incorporated the concept of school health into the global effort to achieve education for all. The addition of the Focusing Resources on Effective School Health framework to the universal education agenda was a clear recognition that ill health was a major cause of absenteeism and a constraint on learning.

FACTS ABOUT PARTNERSHIP FOR CHILD DEVELOPMENT

- » Executive Director: Dr Lesley Drake
- » Year founded: 1992
- » Based at Imperial College, London
- » Services: Supporting governments in low- and middle-income countries to implement and develop effective and sustainable school health and nutrition programmes
- » No. of employees: A consortium of civil society organisations, academic institutions and technical experts
- » Works with governments and development partners from over 50 countries across the globe
- » www.imperial.ac.uk/partnership-for-child-development/



Ghanaian teacher with his pupil wearing new glasses

“There are more schools than clinics, and more teachers than health workers so schools can become a platform for service delivery”

Furthermore, our research showed that the schools themselves could provide an effective platform to solve some of these issues by delivering and promoting health. In poor communities, there were typically more schools than health centres, and more teachers than nurses. The crucial advance was to design school-based health interventions that had a high return on education outcomes without serving as a significant tax on teachers. Supported by the World Bank, we contributed to the strong growth in school health programming in low-income countries in the 2000s, especially around the role of schools in HIV prevention.

Eye health services are far too often a neglected part of child health interventions at the expense of a student’s education and overall potential. But with a scarcity of trained health workers, it’s not always easy to get children the visual exams they need. The implementation of teacher-led screening can help to rectify this. Teachers in many low- and middle-income countries are being trained to spot those students that need glasses. This dramatically reduces the number of children who need to be tested by medical professionals, improving both capacity and coverage. The streamlining of services for local clinics, and increased access to eye health and screening, can be the difference between receiving an education and not. Interestingly, raised awareness in teachers resulted in the recognition that 20 per cent of the teachers needed glasses too.

Low-cost solutions for highly prevalent conditions

A game-changing contribution has been to establish the extraordinary value for money of simple, low-cost interventions that address highly prevalent conditions that constrain human development and can be treated at scale. The first and best example is school-based deworming. Worm infections are among the most prevalent chronic infections of children in poor communities and have potential detrimental impacts on child growth and development.

School-age children typically have the largest worm burdens, and, as stated by Bundy in 1991, school-based treatment is an exceptionally cost-effective delivery mechanism due to its powerful externalities. Our contribution to the first World Bank Development Report on health, entitled “Investing in Health”, used the evidence on school-based deworming to illustrate the concept of investing in human development. This was a new vision of health investment that went beyond clinical or mortality metrics.

The exceptional returns of school-based deworming resulted in strong support from the pharmaceutical industry, which now donates some 600 million treatments a year specifically for schoolchildren. Countries have taken ownership of these efforts, and the programme in India is exemplary. Growing from a pilot in the state of Bihar in 2015, to which we provided technical support as part of the Deworm the World effort, it has grown into a national programme that treats 250 million children twice a year, wholly supported by the government of India. Today, worldwide efforts deliver a billion treatments to schoolchildren annually, which, according to the WHO, reach some 70 per cent of all schoolchildren in need.

Viewing school feeding as part of school health

Another key contribution, in collaboration with the World Bank, the World Food Programme and the Bill and Melinda Gates Foundation, is rethinking school feeding as a key element of school health. Analysis published in the paper “Rethinking School Feeding” has shown that school feeding has multiple benefits, including strong returns for human capital from health and education, a role as a social safety net and returns for local agricultural markets. School health, including school feeding, is crucial to the creation of human capital.

The rethinking has contributed to the extraordinary growth in home-grown school feeding programmes worldwide during the last 10 years. For example, we provide ongoing technical advice to support the President’s office of Nigeria in creating a cash-free, local purchase model to replace the failures of previous years. This has resulted in rapid growth: from 1.2 million students fed in two states in 2016 to one of the largest and domestically funded national programmes in Africa, feeding 9.5 million children daily in 30 states and creating 97,000 new jobs for rural women. With a weekly demand for 6.8 million eggs and 83 tonnes of farmed fish, among other commodities, it has also stimulated the local farming economies. Today, some 360 million children worldwide benefit from these programmes daily, and the perception of school feeding has changed from simply providing meals to a key development intervention.

Intervention in the next 7,000 days

We have emerged as a global leader in working at the interface between health and education. The third edition of Disease Control Priorities, supported by the World Bank and BMGF, explores



Vice President of Nigeria attends the launch of the National Home Grown School Feeding Programme

the background to this change in Volume 8: “Child and Adolescent Health and Development”. The traditional developmental focus on investing in the first 1,000 days of life is now viewed as essential but far from sufficient. Intervention in the next 7,000 days is especially necessary at key developmental phases during pre-puberty, puberty and the major brain changes of adolescence. For many of these phases, our work has led the way in identifying the most cost-effective interventions.

Despite this progress, however, work remains to be done. In 2018, the World Bank published a Human Capital Index that further emphasised the need for countries to invest in the growth and development of their children. The index shows that while many rich countries gain some 70 per cent of their national wealth from the contributions of their people, for many poor countries, the contribution is only 40 per cent, showing that in these countries, both individuals and the national economy are falling well short of their potential.

Today, countries are recognising that there is a crucial need to invest more in the health and development of their schoolchildren and adolescents and to adopt the policies and interventions that we have spent the last 30 years helping countries to develop and refine.

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