**Education and Public Health**

**Message Framing**

**Investing in education has enormous public health benefits for children and families – and investing in good public health promotes learning.** Families and children benefiting from education are healthier. Healthier children are more likely to attend school regularly and learn better. Using schools as a point of delivery for health services can create greater efficiencies in the provision of social services. Moreover, investing in education is essential in building a strong public health workforce for the future.

**Key challenges**

* **Reducing investment in education leads to greater health cost burdens on government budgets.** In the US, reduced spending in education led to more illness and higher medical care costs that offset the intended 'savings' of the same budget cuts ([AAFP](https://www.aafp.org/news/blogs/leadervoices/entry/learning_matters_how_education_affects.html), 2015).

**Making the case**

* **An educated mother provides a wealth of life-saving health benefits to her child.** A child whose mother can read is 50% more likely to live past the age of five, 50% more likely to be immunised, and twice as likely to attend school ([International Commission on Financing Global Education Opportunity](https://report.educationcommission.org/downloads/), 2017).
* **Without investments in education, there will be a severe shortage of health workers.** Without increased investment in education, by 2030 there will be a shortage of 15 million health workers worldwide – double what it is today ([Liu et al.](https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0187-2), 2017).
* **Educating girls saves lives.** Half of the reduction in under-five child mortality over nearly 40 years can be attributed to an increase in girls' education. Educating girls prevented the deaths of more than 30 million children under five and 100 million adults ([Gakidou et al.](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2961257-3/fulltext), 2010; [International Commission on Financing Global Education Opportunity](https://report.educationcommission.org/downloads/), 2016).
* **Educated women have a better understanding of healthy behaviour for themselves and for their children and are more likely to visit a healthcare professional for care.** If all women completed primary education, maternal mortality in sub-Saharan Africa would fall by 70% ([UNICEF](https://www.unicef.org/publications/index_78727.html), 2015); [EFA GMR](https://unesdoc.unesco.org/ark%3A/48223/pf0000225660), 2014).
* **A marginal increase in education yields maximal decreases in pneumonia cases, the leading cause of child death worldwide.** One additional year of maternal education reduces the pneumonia death rate by 14%, saving 160,000 child lives every year ([EFA GMR](https://unesdoc.unesco.org/ark%3A/48223/pf0000225660), 2014).
* **Investing in education delivers impressive and lasting health returns to society.** Each US dollar invested in a one-year increase in schooling generates a health-inclusive benefit of US$10 in low-income countries ([Jamison & Schaferhoff](https://report.educationcommission.org/wp-content/uploads/2016/11/Estimating-the-Economic-Returns-of-Education-from-a-Health-Perspective.pdf), 2016).
* **The child of an educated parent is more likely to access malaria prevention and treatment services and survive childhood.** In the Democratic Republic of the Congo — where 20% of the world’s malaria-related deaths occur — the probability of using a bed net increased by 75% if the head of household had completed primary education. 50% of preventable school absenteeism in Africa can be attributed to malaria ([Ndjinga & Minakawa](https://malariajournal.biomedcentral.com/articles/10.1186/1475-2875-9-279), 2010; [Malaria No More](https://www.malarianomore.org/support/what-is-malaria/), 2020).
* **Education is a cost-effective tool for preventing HIV transmission, providing the knowledge to reduce the risk of infection.** If all young adults completed primary education, there would be seven million fewer new cases of HIV per decade. Girls out of school are three times more likely to be infected with HIV than those in school. Staying in secondary school can reduce HIV infection rates by as much as 60% ([Malala Fund](https://www.malala.org/brookings-report/the-worlds-best-investment-girls-education), 2015; [Grepin & Bharadwaj](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2815%2900050-9/fulltext), 2015; [De Neve et al.](https://pubmed.ncbi.nlm.nih.gov/26134875/), 2015).
* **Girls’ education saves lives.** Around one-third of the reductions in adult mortality and nearly 15% of the reductions in infant mortality from 1970 to 2010 can be attributed to gains in female schooling ([Jamison & Schaferhoff](https://report.educationcommission.org/wp-content/uploads/2016/11/Estimating-the-Economic-Returns-of-Education-from-a-Health-Perspective.pdf), 2016).
* **Good health promotes learning.** In developing countries an estimated 500 million days of school per year are lost due to sickness ([World Bank](https://www.globalpartnership.org/content/optimizing-education-outcomes-high-return-investments-school-health-increased-participation-and-learning), 2018).

**Key Talking Points**

* Investing in health without investing in education is a non-starter.
* Access to education improves health outcomes for individuals, families, and communities while better health improves an individual's chances of being educated.
* Addressing health and education together is important, since the benefits are mutually reinforcing. Quality education, especially for girls, means individuals can better look after their own health and that of their children.
* School-based delivery of health interventions for school-age children can be significantly more cost effective than alternative delivery approaches.
* Today’s school-aged children are tomorrow’s nurses, epidemiologists, doctors, researchers, and public health experts. Without investment in education today, there will be a shortage of 15 million health workers in 2030.