

# SOCIAL DETERMINANTS OF HEALTH SECTORAL BRIEFING SERIES 2



**EDUCATION: SHARED INTERESTS IN  
WELL-BEING AND DEVELOPMENT**





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**World Health  
Organization**

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## PREFACE

Public health is built on effective interventions in two broad domains: the biomedical domain that addresses diseases; and the social, economic and political domain that addresses the structural determinants of health. Effective health policy needs to tackle both domains. However, less rigorous and systematic attention has typically been paid to health issues in the latter domains in recent decades.

Increasingly complex social, economic and political factors affect health and health policy-making. One area of complexity relates to health inequities. As emphasized by the WHO Commission on Social Determinants of Health, the social gradient in health is driven by policies in other sectors. Hence, looking at population well-being from the perspective of health and health equity rather than disease demands a new approach to intersectoral collaboration and an imperative for health to participate earlier in policy processes. Some of the new responsibilities for public health include:

- understanding the political agendas and administrative imperatives of other sectors;
- creating regular platforms for dialogue and problem solving with other sectors;
- working with other arms of government to achieve their goals and, in so doing, advancing health and well-being<sup>1</sup>.

*The Social Determinants of Health Sectoral Briefing Series* aims to encourage more systematic dialogue and problem solving, and more collaboration with other areas of government, by providing information on other sectors' agendas and policy approaches, and their health impacts, and by illustrating areas for potential collaboration.

Examples of intersectoral action for health – current and historical – reveal that health practitioners are frequently perceived as ignoring other sectors' goals and challenges. This creates barriers to intersectoral work, limiting its sustainability and expansion. In order to avoid this perception, instead of starting from the goals of the health system (e.g. health, health equity, responsiveness, fairness in financial contributions), the *Social Determinants of Health Sectoral Briefing Series* uses the goals of other sectors to orient its analysis and explore areas of mutual interest, rather than concentrating on traditional public health interventions (e.g. treatment, prevention, protection).

The target audience for the series is public health officers, who are not experts on determinants of health but who have responsibilities for dealing with a broad range of development issues and partners. Each briefing focuses on a specific policy area, summarizing and synthesizing knowledge from key informants from health and other sectors, as well as from the literature. They present arguments and highlight evidence of impacts and interventions, with special emphasis on health equity. They make the case to health authorities for more proactive and systematic engagement with other sectors, to ensure more responsive and cohesive government that meets broader societal aspirations for health, equity and human development.



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<sup>1</sup> WHO and Government of South Australia. Adelaide Statement on Health in All Policies. Adelaide, 2010.

# THE EDUCATION SECTOR

## Education and health: mutually reinforcing interests

Education is a human right. It enhances people's capacities to have decent jobs and fulfilling lives. Article 26 of the Universal Declaration of Human Rights stipulates that, "Everyone has the right to education" and that "education shall be free, at least in the elementary and fundamental stages."<sup>2</sup> Education is critical for human and economic development and cohesive societies.

For the education sector, the well-being of pupils, students and trainees/apprentices ('learners'), as well as that of teachers, is key to high educational attainment. Unhealthy learners are unable to concentrate and learn, have increased levels of absenteeism and may eventually drop out of the education system. Estimates suggest ill health as the cause of 200 to 500 million lost school days per year (Porta et al., 2011). Trends in specific diseases are also important for the sector. The United Nations Educational, Scientific and Cultural Organization (UNESCO) is mandated to coordinate key partners around the United Nations (UN) - wide initiative, Education for All (EFA). Through the Dakar Framework for Action, EFA emphasizes the role HIV/AIDS has played in leaving many children orphaned, changing the social context within which educators work (UNESCO 2000). As education systems rely on the performance of a large skilled and healthy workforce, the well-being of that workforce is a critical factor in achieving its success. Low-resourced teaching environments place strains on teachers' health and lead to higher staff turnover. The negative impact of the high teacher turnover rates on education quality is well documented (Edley, 2002; Howey, 2008).

Education provides vital skills and knowledge that influences well-being directly and indirectly. Education systems that have strong curricula and that include information relevant to health literacy are important. More years of schooling are clearly associated with improved health outcomes at the individual and population levels (CSDH, 2008). Literacy and health literacy are also major conduits for changing inter-generationally transmitted patterns of disadvantage associated with health inequities. The importance of education in the early years of life is also critical to health later in life, as stressed by the WHO Commission on Social Determinants of Health's report (CSDH, 2008).

## Global education trends

Progress in education has been substantial with almost all countries seeing declines in illiteracy since 1970 (UNDP, 2010). Education investments have also been increasing. Since 1999, the real growth rate of per capita education spending as a share of national income increased worldwide by an average of 1.7 per cent per year, and by 3.9 per cent in low-income countries.

(UNESCO, 2011). Yet progress does not mean all is well, or that the gains are equally distributed among and within countries. By 2010, basic literacy, the ability to read and write, eluded 800 million adults, of whom 550 million were women (UNESCO, 2011).

## READER'S GUIDE

This education briefing describes challenges facing education policy-makers and authorities, how they address these challenges, and areas for potential collaboration between health and education. There are three key sections of the briefing.

- **The education sector overview.** This covers mutual public policy interests of education and health; main global trends in education; education policy challenges from the perspective of the education sector characterized as overarching 'goals' and situates these goals within a broad policy, economic and stakeholder context.
- **Goals 1 to 5.** The second part of the briefing allocates two to three pages to each goal, covering a more detailed description of policy approaches; health impacts and pathways; and examples of areas for joint work between health and education.
- **Summary messages.**

The briefing has been structured to permit those with limited time to obtain a well-rounded perspective of the topic by reading only sections one and three.

Enrolment in primary education reached 89 per cent by 2008 in middle- and low-income countries, and nearly 100 per cent in high income ones (UN, 2010; UNESCO, 2011). Yet, Millennium Development Goal 2 to achieve universal primary education for girls and boys alike by 2015 is unlikely to be met, as this implies that all children should have been in school by 2009 (UN, 2010). Despite huge efforts, countries in sub-Saharan Africa still have a long way to go to ensure primary education for all: net enrolment rates for primary education rose from 58 to 76 per cent from 1999 to 2008 (UNESCO, 2011).

Out of the 783 million secondary school-age adolescents in the world, 73.6 million are identified as 'out-of-school' adolescents and of these, 99 per cent live in low- and middle-income countries. In fact, gross enrolment rates for secondary education are 67 per cent globally, but 100 per cent in North America and western Europe, 68 per cent in the Arab States, 56 per cent in Caribbean countries and 34 per cent in sub-Saharan Africa (UNESCO, 2011).

School life expectancy varies by region<sup>3</sup>. Young people can expect to have 15.9 years of education in Organisation for Economic Co-operation and Development (OECD) countries, 13.6 years in Europe and Central Asia, 13.5 years in Latin American and Caribbean countries, 11.5 years in East Asia and the Pacific, 10.8 years in Arab States, 10 years in South Asia and nine years in sub-Saharan Africa (UNDP, 2010).

2 See: <http://www.un.org/en/documents/udhr/history.shtml>

3 School life expectancy: number of years a child can expect to spend in formal schooling from primary to tertiary education (but excluding kindergarten) and including repetition.

### Education goals: more than a school

A core principle of best practice in education policy-making is that education is more than access to a building. It is also about the quality of teachers, curricula and the community within which the school is situated. The broad goal of education is to empower all individuals and communities to equip young people with the skills they need to develop a secure livelihood and to participate in social, economic and political life, in the context in which they live. For specific communities, such as indigenous people's communities, knowledge of indigenous culture taught in local languages can boost educational attendance, retention and success. Another core principle in best education practice is the idea that education is lifelong, and starts before formal education begins, and extends beyond the completion of secondary schooling.

The goals presented in Table 1 reflect on the continuum of challenges from the perspective of education decision-makers. They are aligned with goals in several frameworks, but draw mostly on UNESCO's framework and the international right to education framework. The right to education framework requires states to meet their obligations in terms of 4 A's – affordability, accessibility, acceptability and adaptability – to which has recently been added, accountability, as well as progressive realization (Tomaševski, 2006a). The Education for All initiative being led by UNESCO emphasizes accessibility, availability and quality. Education for All urges countries to reach targets aimed at: scaling-up educational availability and equal access for young learners at primary and secondary levels, with the emphasis on girls; improving literacy rates; and extending comprehensive childhood care for vulnerable and disadvantaged children. The first challenge faced by education decision-makers in Goal 1 is to ensure that education opportunities are widely available. Legal mandates, institutions, infrastructures, governance, human and financial resources need to provide at least primary and secondary formal education for all. Recently, the international nongovernmental organization (NGO) Oxfam Canada launched an initiative to emphasize the importance and feasibility of universally available education

services as part of a campaign to convince governments in developing countries to increase the proportion of their annual budgets allocated to providing essential services (alongside health). Oxfam international has called for greater support of the EFA's Fast Track Initiative (FTI) and for development of a Global Fund for Education (Oxfam, 2010). In order to ensure accessibility, Goal 2 calls on policy-makers to address the barriers - especially economic barriers - that hold individuals back from exercising the right to quality education. Given that quality is important in all aspects of education, Goal 3 focuses on advancing quality beyond the available and accessible minimum quality standards. Steps to improve the quality of education also need to pay specific attention to making curricula adaptable to specific peoples and needs (e.g. for indigenous peoples). The policy challenge addressed by Goal 4 is to ensure equal opportunity in individuals' level of educational attainment. Finally, there are a set of policies outside 'formal education' that are important for modern knowledge-based or 'learning' societies. Goal 5 describes the importance of providing innovative preschool, educational and development opportunities to young learners. In addition to formal tertiary education, continuous education approaches provide opportunities to scale-up literacy and responding to demands of changing societies and the global economy.

### Policy perspectives

**The historical perspective: from charity or trade to human right.** Education historians point to the earliest and most effective of modern state systems of education in Prussia, Germany, in the 18th century. From the late 1870s, education progressed from a charity, frequently of religious institutions, or being funded by local communes, to a state system in a number of countries in Europe and within specific states in the United States, when the first laws on the public funding of primary education were passed (Beadie, 2010).

Education was enshrined as a human right in the Universal Declaration of Human Rights (adopted in 1948 by the UN General Assembly) and

**Table 1. A set of policy goals commonly addressed in the education sector**

	GOAL	DESCRIPTION
1	<b>Universal availability.</b> Sufficient educational facilities and opportunities are available to learners	Educational opportunities are made available to male and female children through gender-sensitive and resilient infrastructure, curricula and teaching materials, and governance.
2	<b>Equity in access.</b> All learners can access educational facilities and opportunities	Barriers preventing learners from accessing (enrolling and routine attendance) education facilities, in particular, geographical, economic, administrative and social barriers, and those caused by health conditions, are addressed.
3	<b>Improving quality.</b> System-wide quality improvements are implemented	Improvements are made to the quality of teachers, materials and methods, infrastructure, length of school days, and management of schools to enhance the learning experience for learners.
4	<b>Equity in outcomes.</b> Inequities in educational attainment and performance levels among learners are addressed	The necessary social, community, family and school-based measures are in place to retain male and female learners and improve their level of attainment beyond minimum levels, irrespective of the social conditions in which they live.
5	<b>Critical periods and life-long learning.</b> Education in critical periods and lifelong learning prepares citizens to deal with challenges and capitalize on opportunities	Education is provided during the early years and in other critical periods over the life course to address emerging opportunities and challenges that populations face at different stages of their lives and at different levels of education.

in subsequent international instruments. The Convention against Discrimination in Education was adopted by the General Conference of United Nations Educational, Scientific and Cultural Organization (eleventh session) in 1960. The Convention on the Rights of the Child (adopted by the UN General Assembly in 1989) calls for education to be directed to the “development of the child’s personality, talents and mental and physical abilities to their fullest potential”, and for children to be prepared for “responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples”. In 2007, the UN General Assembly Special Session on Children issued a Declaration on Children, evaluating progress achieved and reaffirming commitment to the World Fit for Children compact, the Convention and its Optional Protocols (UNICEF 2007a, 2009a). In spite of these international legal instruments, unequal access to education opportunities remains a persistent challenge in policy and practice.

Education as a human right was asserted in the Millennium Declaration of 2000 and was linked to the attainment of the human rights to dignity, freedom, non-discrimination and a basic standard of living. The second Millennium Development Goal (MDG) is notable in this regard: to achieve universal primary education for girls and boys by 2015. The third Millennium Development Goal addresses gender equality specifically, to “promote gender equality and empower women”, and has the target of eliminating gender disparity in primary and secondary education “... at all levels of education no later than 2015.”

**Education and health linkages in schools.** The Millennium Development Goals emphasize the links between education and health for human development. Yet, intersectoral work in this area is not new. Hygiene, health promotion, oral health, and nutrition were introduced in school curricula in the early 1900s (WHO, 1999). Recognizing these linkages, various initiatives exist to promote education and health in schools. These initiatives include the following: Focus Resources on School Health (‘FRESH’), created by UNESCO; Child Friendly Schools, created by UNICEF; School Health and Nutrition created by the World Bank; and the World Health Organization’s Health Promoting Schools.

**Health Promoting Schools.** The World Health Organization’s intersectoral efforts in the education sector have typically focused on the health of pupils and students in schools. The Ottawa Charter for Health Promotion

(WHO, 1986) moved school health beyond curriculum interventions to address the determinants of health for school-goers. In the early 1990s, WHO, the European Network of Health Promoting Schools (currently Schools for Health in Europe) and other partners launched the Health Promoting Schools (HPS) movement. This movement embraced a view of health and well-being in which teachers, pupils/students, families and communities contributed to innovative efforts on health promotion, focusing on the areas indicated in Table 2.

The work by the HPS movement has helped establish solid evidence on the mutual benefits of joint action between the health and education sectors. Yet, an assessment of HPS in 2007 showed that education inequities have been a key challenge, slowing progress in improving pupils’ health and educational outcomes, creating social and economic disadvantages, and preventing access to education or school completion (WHO-JSHC, 2007).

**The economic perspective.** Education’s contribution to the economy has been well established. Various economists have developed models of human capital development’s relationship with economic growth. The Organization for Economic Co-operation and Development reports that “a country able to attain literacy scores 1 per cent higher than the international average will achieve levels of labour productivity and GDP per capita that are 2.5 per cent and 1.5 per cent higher, respectively, than those of other countries.” (OECD, 2006:155.) The World Bank’s programme on the economics of education has suggested that each year of schooling attainment “boosts long-run growth by 0.58 percentage points”, but that quality matters as well for economic growth. Finally, economic studies have shown how individuals gain. *The Case for Investment (2011-2014)*, launched by the Global Partnership for Education (2011) cites several examples of economic returns on educational investments. The report indicates that each additional year of schooling raises individual earnings by about 10 per cent. It also estimates that “171 million people could be lifted out of poverty if all students in low-income countries left school with basic reading skills – equivalent to a 12% cut in global poverty”.

**Stakeholders in the education sector.** Governments play an important role in the provision of public sector education and in the regulation and supervision of privately run and funded educational services. Commonly, it is the central authorities that design and implement policies to ensure

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