Right to Health: An important rights for children

Global agenda for child health and well-being

The global agenda for child health and well-being is grounded in the principles of rights, justice, and equity to address the root- cause determinants of health[1]. Article 24 of United Nation Convention on Rights of Children (UNCRC)[2] gives recognition of the right of the child to the enjoyment of the highest attainable standard of health and it is the obligation of the States to strive to ensure no child being deprived of right of access to such health care services. It echoes the International Covenant on Economic, Social and Cultural Rights (ICESCR) and ICESCR article 12 provides that "The States Parties to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

The Committee on Economic, Social and Cultural Rights (CESCR) General Comment 14 explains that "right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life extending to the underlying determinants of health (Frieden: *Health Impact Pyramid*[3]).' CESCR describes the determinants of health including (not limited to):

(i) Adequate supply of safe food and nutrition
(ii) Housing
(iii) Access to safe and portable water and adequate sanitation
(iv) Safe and healthy working conditions
(v) Healthy occupational and environmental conditions
(vi) Access to health-related education and information

Certain clauses of Article 24 highlight the rights of children to health promotion as stated in Art 24 (2e) to ensure all segments of society being informed with access to education and support in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents. Under sections 2b and 2f, it emphasises the development of primary care to provide medical assistance and healthcare to children and also preventive health care respectively. At service level, child right -based approaches consider the right to health under the lens of Article 2: *non-discrimination* (all rights are to be recognised for each child without discrimination on any grounds), Article 3: *best interests* of the child should be considered in all decisions related to them, Article 6: *optimal survival and development*, Article 12: *participation* (respect form the child's views in all matters affecting them). Box 1 lists other related articles to complement Article 24, e.g., Article 27 recognises the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. Physical and mental well-being becomes a human right to enable a life without limitation or restriction. Appendix 1 lists

Child rights-based approach

Child rights-based approach is related to principles of social justice and health equity, and social justice is "fair distribution of resources" as defined by the American Academy of

[1] Goldhagen, J.L., Shendoda, S., Oberrg C., et al (2020). Rights, Justice, and equity: a global agenda for child health and well-being. *Lancet Child Adolesc Health,* 4, 80-90
[2] UNICEF. Convention on the Rights of the Child. For every child, every right. 2019. https://www.unicef.org/child-rights-convention
[3] Frieden, T.R. (2015). The Health Impact Pyramid. *N Engl J Med*, 373:1748-1754

Paediatric Policy Statement on health equity and child rights[4]. Social injustice, equity gaps is the greatest global threats to children's health and well-being. In equity can be avoided by addressing the civil-political, social, economic, cultural, and environmental circumstances in which people live. The huge differences in economic and political power between high-income and low-income countries have profound effect on health and well-being of children, and health disparity still exists across socio-economic gradients in well-developed societies including Hong Kong[5]. The violation of rights to health can result children in the poorest households in low-income countries twice as likely to die before age of 5 compared with those children in the richest households because of chronic malnutrition, less likely to receive vaccine, and less likely to have access to safe drinking water and sanitation[6]. In high-income countries, children in low-income households are at increased risk of a range of adverse outcomes including mortality, obesity, and chronic disabling conditions[7].

Under Article 23, it calls for the right of children with disability to live a full and decent life with dignity and living independently and playing an active role in community as far as possible. Rehabilitation is essential component of tertiary prevention, and the concept of choice has been inherent in the rehabilitation process by the code of Professional Ethics for Rehabilitation Counsellors[8]. Rehabilitation counsellors and clients work together to develop integrated, individual, mutually agreed-upon, written rehabilitation counselling plans that offer a reasonable promise of success and are consistent with the abilities and circumstances of clients. This has evolved into legal mandates and ethical challenges for rehabilitation professionals during the latter part of the 20th century.

Special attention is needed to ensure children's rights to health

Children's rights to health need special attention as they are more vulnerable to be violated due to their dependency on adults to meet their health needs and relying on adults for growth and development[9]. The physical and psychological effects suffered by children will generally be greater than due to their lower level of physical and mental development, and the violation of right to health would have immediate impact on a child's physical and psychological state, and long-term detrimental effects on the child's development and future capacity for autonomy[10].

Children have reduced ability to protect themselves and more vulnerable with violation of their right to health. Involving children and adolescents in decision making processes about their health should be at the health policy level. International and regional human rights instruments protecting children's rights to health have articulated the "four Ps": Participation in decision,

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[4] Council on Community Pediatrics and Committee on Native American Child Health. (2010). Policy statement—health equity and children's rights. *Pediatrics*, 125, 838–49.

[5] Lee, A., Chua, H.W., Chan, M., Leung, P., Wong, J.W.S,. Chuh, A.T.T. (2015). Health disparity still exists in an economically well-developed society in Asia. *PLoS One*, 10:6 e0130424

[6] UNICEF. Progress for children. Beyond averages: learning from the MDGs number 11. 2015. https://www.unicef.org/publications/files/ Progress_for_Children_No._11_22June15.pdf Access 20 Feb 2020

[7] Spencer, N.J., Blackburn, C.M,. Read, J.M. (2015). Disabling chronic conditions in childhood and socioeconomic disadvantage: a systematic review and meta-analyses of observational studies. *BMJ Open*, 5: e007062.

[8] Commission on Rehabilitation Counsellor Certification. 1987. Code of professional ethics for rehabilitation counsellors. *Journal of Applied Rehabilitation Counselling*, 80, 25-31.

[9] Nolan A (2010). The Child's Right to Health and the Courts. In Harrington J and Stuttaford M (eds). *Global Health and Human Rights: Legal and Philosophical Perspectives*. London: Routledge.

[10] Ibid

Protection against discrimination and neglect and exploitation, Prevention of harm, Provision of assistance for basic needs[11].

Health of children can be well-maintained if they can be prevented from exposing to risk factors and/or enhancing the protective factors (primary prevention), early identification of potential diseases or health conditions at early stage by effective screening (secondary prevention), and early treatment to restore their functional capacity (tertiary prevention). However, the child and adolescent mortality is still high in high income countries due to poor diet, physical inactivity, smoking, alcohol and misuse of drugs still accounting for substantial morbidity and mortality and child health (death), which is highly inter-related with socio-economic, behavioural and biological characteristics[12]. The most prominent factors are socioeconomic gradients, and health service features along with interventions such as changes to the physical or social environment could affect upstream (distal) factors.

The Marmot review of health inequalities in England identified the importance of linking knowledge to action to ensure all children, young people and adults maximising their capabilities and having control over their lives; and creating and developing healthy and sustainable places and communities as well as strengthen the impact of ill-health prevention[13]. There is increasing recognition that disadvantage accumulate over a person's life time, and there is a need to address the wider determinants of health in order to make progress. Policies need to consider both the people at the bottom of the health gradient and the gradient as a whole, ensuring that their impact is proportionately greater at the bottom end of the gradient. This means that a combination of targeted and universal policies is needed if progress is to be made implying a need for action across the whole of society, focusing on those social factors that determine health outcomes.

The Strategic Review of Health Inequalities in England identified six domains for action, suggesting areas where progress can be made by linking knowledge to action[14]:

- give every child the best start in life;
- enable all children, young people and adults to maximize their capabilities and have control over their lives;
- create fair employment and good work for all;
- ensure a healthy standard of living for all;
- create and develop healthy and sustainable places and communities; and
- strengthen the role and impact of ill-health prevention.

Way forward

Child Health perspectives

International Society for Social Paediatrics and Child Health (ISSOP) engaged members to generate ten elements of the global agenda through an iterative process during period 2015-16[15].

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[11] Zeldin W. (2007). Children's Rights: International Law. Washington DC: Law Library of Congress. http://www.loc.gov/law/help/child-rights/international-law.php#f9 Access 20 February, 202

[12] Sidebotham, P., Fraser, J., Covington, T., Freemantle, J., et al (2014). Understanding why children die in high-income countries. *Lancet*, 384, 915- 27. DOI: 10.1016/S0140-6736(14)60581-X

[13] Marmot ,M., Bell, R. (2012). Fair society, healthy lives. *Public Health*, 126: S4-10.

[14] Ibid

[15] International Society for Social Pediatrics and Child Health. (2019).ISSOP children on the move survey issue brief: the rights, health, and well-being of children and youth on the move. 2019. https://www.issop.org/2019/06/11/issop-children-on-the-move- survey-issue-brief

1. Provide secure child-friendly spaces for children to thrive including homes, schools, hospitals, play areas, and virtual spaces to ensure optimal growth and development. At the community level, it should include accessible transport system and building up child-friendly communities.
2. Ensure a life free of poverty- assessing adverse childhood experience
3. Promote social inclusion and non-discrimination
4. Addressing the social determinants of health
5. Responding to the increasing complexity of physical and mental health conditions- addressing the root-cause of the problems
6. Respect changing family and community structures- addressing cultural practices harming children, separation from families, sexual and reproductive rights
7. Responding to the effects of globalisation and marketing on child health- diet and nutrition, adverse marketing to children, e.g., alcohol and tobacco products, restricting direct and digital marketing to young children.
8. Framing all public and private sector policies as child health policies- addressing needs of marginalised children, community system providing children's voice in generation of policies, local children's human rights commissioners and ombudspersons to be put in place, paediatric healthcare professionals as advocates for public policies related to children's rights
9. Create opportunity for a life free of violence- including bullying, cyber violence, corporal punishment, domestic and family violence, child labour, and harmful cultural and traditional practices
10. Focus on planetary effects of climate change- promoting social awareness of the devastating consequences of climate change on children, universal and equitable to safe and affordable water.

The role of education to ensure optimal child health and well-being

In facing the challenges of COVID-19 pandemic, it is noted that the non-literate youth and adults will most likely be the hardest hit by educational, social and economic impacts of COVID-19. In the age of COVID-19, lack of connectivity has become a leading factor of exclusion[16]. One-third of students could not access remote learning solutions, while 40% of the poorest countries could not support the most disadvantaged to learn during school closures. It is critical that literacy for learners of all ages be integrated into global and national COVID-19 responses and recovery plans[17].

The Commission on Social Determinants of Health (CSDH) examined the inequitable access to health and education, and the diversity of the condition of places where people spent most of the time such as home, workplace, leisure facilities which would affect their chances of leading to a flourishing life[18]. CSDH emphasized the importance of investment during early

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[16] Stefania Giannini, UNESCO Assistant Director-General for Education. *Say No to Discrimination in Education, Join the 1960 Convention as it turns 60*. https://en.unesco.org/news/say-no-discrimination-education-join-1960-convention-it-turns-60 Access 20 February 2021

[17] Princess Laurentien of the Netherlands, UNESCO Special Envoy on Literacy for Development. *COVID-19: A wake-up call to invest in literacy.* https://thelifelonglearningblog.uil.unesco.org/2020/07/21/covid-19-a-wake-up-call-to-invest-in-literacy/ Access 20 February 2021.

[18] Commission on Social Determinants of Health. (2008). *CSDH final report: closing the gap in a generation: health equity through action on the social determinants of health*. Geneva: World Health Organisation.

years of life as this has the greatest potential to reduce health inequities by risk minimization of obesity, malnutrition, mental health and non-communicable diseases (NCD) as well as enhancement of physical and cognitive development)[19].

A positive culture for health would facilitate higher level of health literacy helping individuals to build up the personal, cognitive and social skills which determine the ability of individuals to gain access to, understand and use information to promote and maintain good health[20]. School is an important setting in helping students to achieve health literacy[21]. Programme experiences and research findings worldwide suggest that adolescents need accurate information about their health and development, life skills in order to avoid risk-taking behaviours, counselling services, acceptable and affordable health services, and a safe and supportive environment[22]. The teaching of health emphasising on critical thinking would help them to understand the issues of 'why', 'when', 'where', 'what', and 'how' in relation to school health services[23]. Health literacy influences health behaviour and the use of health services with impact on health outcomes and on the health costs in society, and advancing health literacy will progressively allow for greater autonomy and personal empowerment, and the process of health literacy can be seen as a part of an individual's development towards improved quality of life[24]. Health literacy is not simply the ability to read, basic literacy and numeracy skills with their associated cognitive development are fundamental requirements for health literacy[25].

Evidence has suggested that the way the school is led and managed, the experiences of students in participation and how they are treated by teachers at schools, and how school engages local community and parents; build many protective factors for health and reduces health risk behaviours[26]. The school health promotion programmes shown to be effective in changing health behaviours were more likely to be complex, multi- factorial and innovative in many

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[19] Early Child Development Knowledge Network of the Commission on Social Determinants of Health. (2007). *Early child development: a powerful equalizer*. Geneva: World Health Organization.

[20] Nutbeam D (2000). Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3): 259-267.

[21] St Leger LH (2001). Schools, health literacy and public: possibilities and challenges. *Health Promotion International*,16(2): 197-205.

[22] WHO (1999). *Programming for Adolescent Health and Development: Report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health. WHO Technical Report Series, 886.* WHO.

[23] Lee A and Cheung MB. School as Setting to Create a Healthy Learning Environment for Teaching and Learning Using the Model of Health Promoting School to Foster School-Health Partnership. *Journal of Professional Capacity and Community* 2017; 2(4): 200-214. https://doi.org/10.1108/JPCC-05-2017-0013; Lee A (2009). Health Promoting Schools: Evidence for a holistic approach in promoting health and improvement of health literacy. *Applied Health Economics and Health Policy*, 7(1): 11-17.

[24] Sørensen K, Van den Broucke S, Fullam J, Doyle G, Pelikan J, Slonska Z, Brand H (2012), Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12:80

[25] Protheroe J, Woolf MS, Lee A (2011). Health Literacy and Health Outcomes. In: Begoray DL, Gillis D, Rowlands G. Eds. *Health Literacy in Context: International Perspectives.* New York, USA: Nova Science Publisher.

[26] Blum R. McNeely C. & Rinehart P. *Improving the odds*: *The untapped power of schools to improve the health of teens*. Center for Adolescent Health and Development, University of Minnesota, 2002; Patton G. Bond L, Carlin J, Thomas L. Butler H, Glover S, Catalano R. & Bowes G.. Promoting social inclusion in schools: A group-randomized trial on student health risk behaviour and well-being. *American Journal of Public Health,* 2006; 96: 9; Stewart-Brown, S. *What is the evidence on school health promotion in improving school health or preventing disease and specifically what is the effectiveness of the health promoting schools approach?* Copenhagen: WHO, 2006.

domains (curriculum, school environment and community) and long duration[27]. Evidence has been gathered extensively about what schools actually do in health promotion using the Health Promoting School frame work)[28].

If school would provide a comprehensive education and social experience for students, it would maximize both the educational and health benefits. St Leger and Nutbeam explored how the relationship between health and education would be linked by mapping the structure of school health promotion from both health and education perspectives[29]. The mapping has shown the increasing co-incidence of school related outcomes, school based intervention and inputs affecting the education and health outcomes of students (Table 1). Review by The Institute of Public Health of Ireland has also shown education as important social determinants of health [30]. It calls on improved understanding of the relationship between education and health to identify appropriate and effective interventions for health improvement of students (Appendix 1-executvie summary).

Rule of Law perspectives

Law can exert a powerful influence on health by structuring, perpetuating, and mediating the risk factors and underlying conditions known as the social determinants of health: education, food, housing, income, employment, sanitation, and health care[31]. If law is all over, a health-in-all-policies approach is not enough to shed light on the place of law in a social determinants framework. The impact of law can operate at the population level, "law in all behaviours" as a powerful tool for securing and advancing health and equity. It can also set and defend the norms and standards of good health, to establish and strengthen resilient health systems, and to hold actors and institutions accountable. Children's rights to achieve optimal health should be enhanced by addressing the determinants of health and equitable access to appropriate health care.

The intersection of health and rights, justice and equity should be the key principles to promote better child health and well-being. The right to education is under increasing threat today and it needs buttressing by every mean – legal, financial, social and political. With the strong linkage between health and education, it becomes a logical step to strengthen the synergistic actions between education and health. There is a strong need for paradigm shift toward education approach for health improvement of our children to ensure their rights.

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[27] Steward-Brown, S. (n26)

[28] Lee A., Lo ASC, Li Q., Keung MW, Kwong CM. Health Promoting School: An Update. *J Applied Health Economics and Health Policy* 2020; Apr 15: 1–19. https://doi.org/10.1007/s40258-020-00575-8; Lee A, St Leger L., Moon A.S. Evaluating Health Promotion in Schools meeting the needs for education and health professionals: A case study of developing appropriate indicators and data collection methods in Hong Kong. *Promotion and Education* 2005; 20(2): 177-186: Marshall B, Sheehan M., Northfield J., Carlisle R. and St. Leger L. School-based health promotion across Australia. *Journal of School Health,* 2000; 70 (6): 251 – 252; Rogers E, Moon AV, Mullee MA, Speller VM. and Roderick PJ, Developing the "health-promoting school" – a national survey of healthy school awards. *Public Health* 1998;112: 37-40

[29] Lawrence St. Leger, Don Nutbeam (2000). A Model for Mapping Linkages Between Health and Education Agencies to Improve School Health. *Journal of School Health*, 70 (2), 45-50

[30] Institute of Public Health (2008). *Health Impacts of Education: a review*. The Institute of Public Health in Ireland ISBN 978-0-9559598-1-3.

[31] Burris, S. (2011). Law in a social determinants strategy: a public health law research perspective. *Public Health Rep,* 126 (suppl 3): 22–27

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Box 1 Related articles to Right to health for children

Related articles

Article 5: evolving capacities

Rights of parents to provide guidance to the child considering her or his evolving capacity

Article 17: access to information

Ensure accessibility of information from a diversity of sources

Article 18: parental capacities

The state shall ensure parents have the capacity to fulfil the rights of their children

Article 19: protection from violence

Protection from maltreatment, and implementation of prevention and treatment programmes

Article 23: disabilities

Right to special care, education, and training to achieve dignity and greatest degree of self-reliance

Article 25: review of treatment

Entitlement to have placement of children in care evaluated regularly

Article 27: standard of living

Right to a standard of living adequate for physical, mental, spiritual, moral, and social development

Article 28: education

Right to free primary education, accessible secondary education, and no corporal punishment

Article 29: education

Right to optimal development of the child's personality, talents, and mental and physical abilities

Article 32: protection from exploitation

Protection from work that threatens his or her health, education, or development

Article 39: recovery of child victims

Right to care and social reintegration for child victims of armed conflict, torture, and other forms of violence

Box 2. UN Conventions on the Rights of the Child

Economic rights

- Adequate standard of living
- Social security
- Protection from economic exploitation

Cultural rights

- Respect for language, culture, and religion
- Abolition of traditional practices likely to be prejudicial to a child's health

Social rights

- Life, survival, and development
- Best possible health and access to health care
- Education
- Play
- Family life or alternative care
- Family reunification
- Fullest social inclusion for disabled children
- Support for parents to ensure protection of children's rights

Protective rights

- Promotion of a child's best interests
- Protection from abuse and exploitation
- Protection from armed conflict
- Protection from harmful drugs
- Protection from trafficking
- Rehabilitative care post-abuse or post-neglect

Civil and political rights

- Heard and taken seriously
- Freedom from discrimination in the exercise of rights
- Freedom of religion, association, and expression
- Privacy and information
- Respect for physical and personal integrity
- Freedom from all forms of violence, torture, or other cruel, inhuman, or degrading treatment
- Due process of the law
- Recognition of the importance of treating the child with respect within the justice system
- Not to be detained arbitrarily

Table 1. Mapping Linkages between Health and Education (St Leger and Nutbeam, 2000)

Health Perspective	Education Perspective
Health Goals ● promote physical and mental wellbeing ● reduce morbidity and mortablity rates now and in the future in CVD; cancers; injury and mental illness	***Education Goals*** ● autonomy ● independence ● citizenhood
School Related Outcomes	
Lifelong Learning ability to develop knowledge and skills appropriate to life stages and life events ● parenthood ● management of chronic diseases ● coping with stressful life events	***Lifelong Learning Skills*** ● ability, capacity, and commitment to engage with formal education and training opportunities ● learning from life stages and life events
Competencies and Behaviors health-enhancing actions ● regular physical activity ● balanced diet ● non-smoking ● appropriate use of alcohol	***Competencies and Behaviors*** ● literacy ● numeracy ● problem solving
Specific Cognate Knowledge and Skills accessing and using health information and services ● social and political skills ● health literacy ● consumer health skills	***Specific Cognate Knowledge and Skills*** ● in sciences, languages, social sciences, creative arts, and technology
Self Attributes ● enhanced self-esteem ● management of interpersonal relationships	***Self Attributes*** ● personally and socially responsible attitudes and practices
School-Based Interventions	
Classroom Teaching and Learning ● the formal health curriculum ● biological and behavioral focus	***Classroom Teaching and Learning*** ● integration ● coverage ● time allocation ● skills development
Creating a Supportive Physical Environment ● areas for play and physical activity ● school buildings that are light and safe ● upholding occupational health and safety standards	***Creating a Supportive Physical Environment*** ● students, staff and parents enhancing school facilities ● acknowledging student art and cultural creations
Creating a Supportive Social Environment ● setting a climate to support mental health ● encouraging students to discuss area-related health issues	***Creating a Supportive Social Environment*** ● care, trust and friendliness ● encouraging students initiatives and participation
Implementing School Policies ● food choice ● mandatory reporting - child abuse - infectious diseases ● safety ● drugs	***Implementing School Policies*** ● discipline ● equity ● safety (physical and emotional)
Providing School Based Health Services ● screening ● immunization	***Providing School Based Health Services*** ● basic first aid ● personal relationship counseling
Collaborating with Parents and Local Community ● parent organizations ● local government ● health agencies	***Collaborating with Parents and Local Community*** ● parent and teacher organizations ● service organizations

Inputs	
Curriculum Products ● topic specific ● behaviorally oriented ● emphasis on outcome evaluation	**Curriculum Products** ● integration of themes and topics ● influenced by teaching and learning theories and practices ● emphasis on process and outcome evaluation
Professional Development for teachers, school health and welfare personnel ● building health knowledge and confidence ● creating awareness of health issues and health issues and health resources	***Professional Development*** for teachers, school health and welfare personnel ● developing skills in teaching and learning processes ● understanding health within age-related community and social contexts
Public Policy and School Organizational Practice ● rules and regulations eg, infectious diseases, child abuse priorities ● health and safety requirements	***Public Policy and School Organizational Practice*** ● rules and regulations - to enhance school ethos - to uphold discipline and relationship standards ● priorities and time allocation for the health curriculum

Appendix 1

Health Impacts of Education
a review

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1. Introduction

1.1 A shared responsibility for health

People's opportunities for health are strongly influenced by the social and economic conditions in which they live. These opportunities are encapsulated in a social determinants approach to health which recognises that a broad range of factors at local, national and global level have important influences on health. As most of these factors are outside the direct responsibility of the healthcare sector, building greater awareness amongst the non-health sector of the impact of their policies and practices on health is vital in working to create better health.[1,2]

1.2 Education as a social determinant of health

Education is an important social determinant of health. For the population as a whole, greater levels of education help to create wealthier economies. However the benefits of education go far beyond economic ones. Education can impact positively on levels of social engagement, an important factor in generating more cohesive, safer and healthier societies. At an individual level, the knowledge, personal and social skills provided through education can better equip individuals to access and use information and services to maintain and improve their own and their family's health.

Improved understanding of the relationship between education and health will help to identify where intervention is most appropriate and effective in improving both individual and population health.

1.3 Inequalities in education and health

Access to and participation in the education system are prerequisites to achieving the health benefits that education can provide. While the percentage of the population across the island of Ireland participating in education for greater lengths of time has increased substantially over the last 20 years some groups within the population continue to be more disadvantaged educationally.

Many of the root causes of inequalities in education mirror those of health inequalities, a term used to describe the unfair distribution of health in society. Health is not experienced equally by all people; a strong social gradient exists between the average years of good health enjoyed by those in higher socioeconomic groups and those in lower groups.[3,4] Improving educational outcomes amongst the most disadvantaged groups has the potential to make a positive impact on health inequalities.

1.4 Research methodology

An initial scan of selected literature established a framework for this document and this was followed by a review of the international literature on the topics identified. A particular focus was placed on accessing relevant data and research from the Republic of Ireland and Northern Ireland.

1.5 Diagram showing links between education and health

The diagram below illustrates the relationship between education and health. It shows that education and health are influenced by broad social and economic policies as well as specific education and health policies. Personal, social and economic factors play a role in determining the health outcomes of education. The diagram also shows the interdependent nature of the relationship between education and health, indicated by two way arrows.