



DEWORMING: A BEST BUY FOR DEVELOPMENT

Inexpensive, school-based deworming treatment improves health and school attendance in the short term, improves productivity in the long term, and even benefits untreated neighbors and siblings.



Ask children why they are not in school and you will get a variety of responses: cost, distance, and the lack of a school uniform or other necessities. Very few of them will mention intestinal worms, such as soil-transmitted helminths (STH) and schistosomes.

But rigorous evidence has shown that treating children for worms—which affect an estimated 600 million school-aged children worldwide—improves school attendance, health, and long-run productivity. While mild infections often go unnoticed, more severe worm infections can lead to abdominal pain, listlessness, iron-deficiency anemia, malnutrition, stunting, and wasting. Oral deworming drugs are extremely effective at killing most varieties of worms with a single dose, at a cost of a few cents. Rapid reinfection means that the drugs must be taken every 6–12 months to keep worm infections at bay, so finding sustainable approaches to delivering these drugs is a pressing issue.

This Bulletin describes the lessons from a series of studies evaluating the Primary School Deworming Project (PSDP), a school-based deworming program run in western Kenya between 1998 and 2008. These studies form one of the first long-term evaluations of a health and education intervention in a developing country. The verdict from this body of evidence is clear: deworming treatment is not only highly effective and inexpensive, it is easy to administer through public schools and brings benefits to children years after treatment. **With hundreds of millions of children still at risk of worm infection worldwide, providing free school-based deworming treatment is an easy policy “win” for health, education, and development.**

- **Deworming treatment improved health and reduced absenteeism.** Among children in the treatment schools, moderate-to-heavy worm infections decreased dramatically, and other health indicators, such as anemia and self-reported illness, improved. Deworming increased the attendance rate by 7.5 percentage points at treatment schools.
- **Even untreated children benefited from deworming.** Children who attended comparison schools that were physically close to treatment schools also experienced fewer worm infections and higher school attendance.
- **Deworming improved cognitive outcomes for infants who were not treated directly.** A decade later, children who had been infants when the deworming program started in their community showed cognitive gains equivalent to 0.3–0.5 years of schooling.
- **Treated students continued to benefit a decade after the program.** Young adults who had more exposure to deworming treatment as children worked more hours and ate more meals per day. Among those who worked for wages, adults who had more exposure to deworming treatment earned over 20 percent more.

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