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**Deworming at school**

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There are at least two types of deworming: mental and physical. Mental deworming involves getting rid of parasites that may sap your intellectual energies. Reading good stuff and writing about it can be seen as mental worming, which I usually practice. But this article is about physical deworming.

Education is not – and should not be confined to – reading and writing alone. Good education involves ensuring both the mental and physical health of children. That is one reason why schools should also serve as centres of recommended medication and vaccination. There is a nation-wide deworming programme that needs our attention. Since there is too much politics in our mainstream media, we hardly get to know about good activities and developments taking place, and some outstanding international and national organizations that lead such programmes for better health and education in our society.

Evidence Action (EA) and Interactive Research and Development (IRD) are two such organizations whose primary concern is better health service delivery. Countries such as Pakistan badly need some reshaping in their health systems. A good health system should not work in isolation; it should strive to promote integrated care for all its citizens. For that, we need improved health infrastructure that is vital for better access and quality of health services. The problem that under-resourced countries face is that governments alone are mostly unable to bridge the gap between demand and supply of medical care, both preventive and therapeutic.

EA and IRD’s activities include expansion of vaccine coverage and offering integrated health services for TB and other diseases. One of their flagship programmes is school-based deworming. For this purpose, close coordination is achieved with the government at different tiers of governance. Luckily in Pakistan, irrespective of the political party in power, the government machinery is helpful in its implementation of the deworming programme. Schools – both private and public – are galvanized and teachers get training to administer deworming tablets to children of five to 14 years of age. Mostly the worms that infect children are soil transmitted and require immediate treatment.

Moist and warm climates where hygiene is poor and sanitation facilities are not up to the mark, children are more likely to get affected by worms that hinder children’s growth. This stunted growth may be a result of a child’s nutrient uptake that worm infections hamper. Anemia and malnourishment are also common among children infected with worms. Many parents keep complaining about their child’s mental and physical development without realizing that they are common among children infected by worms. Though parents don’t want to see their child’s health at risk, when it comes to deworming there are misplaced apprehensions.

Mothers feel concerned when their children feel too tired to focus on their studies or to perform physical tasks, but the same mothers tend to be apprehensive when it comes to deworming. Pakistan is already perched on one of the lowest ranks on the UN’s Human Development Index (HDI) and the WHO classifies Pakistan as a high burden country for worm infections in children. Hence there is a need for a nationwide deworming campaign with the help of the government. IRD collaborated with Evidence Action’s Deworm the World Initiative, and Indus Hospital was ready to join hands.

When the WHO-recommended survey was conducted in 2016, samples were collected to analyze types of worm infections. After the survey, Evidence Action and IRD devised a programme for schoolchildren to raise awareness about hygiene, sanitation, and worm infections. Then Evidence Action coordinated with the government and the IRD to provide deworming medication to every consented school with the help of WHO global drug donation programme. Though worm infections are not widespread throughout Pakistan, children in northern districts are particularly vulnerable to worm infections. The same applies to Karachi where high prevalence of worm infections affects children.

Evidence Action and IRD proposed a nationwide programme for the school-based deworming approach. This approach utilizes existing educational infrastructure to deworm school age children with a pill, and school teachers conduct drug administration. Such mass drug administration is a low cost and impactful method especially in underdeveloped and under resourced communities. So, now what are the challenges that have prompted the writing of this article? The deworming campaign will take off this week in Islamabad and, so far, cooperation from the Federal Directorate of Education (FDE) and Private Educational Institutes Regulatory Authority (PEIRA) appears to be forthcoming.

A major challenge – just like in polio vaccination – is achieving the targeted coverage in the population. That means not only giving pills to all children enrolled in government and private schools but also to school-age children who may not be registered in any schools for various reasons. Cooperation from head teachers in schools will play a crucial role as a certain level of community mobilization helps enhance coverage for medication. The schools where head teachers and teachers take it upon themselves to promote and raise awareness about the importance of deworming, community members and parents show more willingness to send their children for medication.

After community mobilization, next is the government’s commitment to display its resolve to public health, especially to the health of children. Even private schools show better cooperation when the government is willing to go an extra mile. Though the current government is already showing commitment, an involvement from the high ups will surely boost the campaign. Just like in the polio campaign, there is a need to dispel the impression that the drug is harmful in any way; it is absolutely not. All speculations must stop and the government should use state media to broadcast messages promoting the deworming campaign.

There is a need to introduce life-skills based instruction at all levels of education in the country. Life-skills involve not only personal hygiene and some civic sense but also a responsibility to be a conscientious citizen of society – a citizen who can make decisions about the efficacy of science in countering diseases, both mental and physical. Science does not claim to be a panacea to all ills, and it also recognizes its limitations. The present Covid-19 pandemic is a case in point. Evolution spurred the virus to action, and science was not slow in responding to the challenge. Abracadabra and mantras are not treating Covid, science is.

Due to a lack of trust in science resulting in the refusal of many parents to administer polio vaccines, Pakistan is one of the last two countries where polio still infects children. Though worm infections are not as devastating as polio, they have their harmful effects on children. Malnutrition in children, especially in those belonging to lower socio-economic strata, keeps them lagging behind in their performance. Now, it is up to our parents and teachers to make sure that each child in the targeted district gets medication.

The deworming week’s activities were already in full swing last week. We must appreciate the government officials who are making it possible, and the partners including Evidence Action, the IRD and Indus Hospital which are all working tirelessly to improve healthcare in our society. Indeed, despite prevalent cynicism in society, there are organizations and people who are offering hope to us. Let it be a successful campaign, which will kick off in Punjab and KP followed by GB and Sindh in the coming weeks and months. And to all parents and professionals involved in this campaign, society owes you a big thank you.

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