



Making every school a health-promoting school

Implementation guidance

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ISBN (WHO) 978-92-4-002507-3 (electronic version)

ISBN (WHO) 978-92-4-002508-0 (print version)

ISBN (UNESCO) 978-92-3-100458-2

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Suggested citation. Making every school a health-promoting school: implementation guidance. Geneva: World Health Organization and the United Nations Educational, Scientific and Cultural Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Foreword

Around the world, schools play a vital role in the well-being of students, families and their broader communities.

The closure of many schools during the COVID-19 pandemic has severely disrupted education, prevented an estimated 365 million primary school students from having school meals and significantly increased the rates of stress, anxiety and other mental health issues. Experience tells us that, in some parts of the world, when schools close for more than a few weeks, early and forced marriage, early pregnancy, child labour and domestic violence increase.

The right to education and the right to health are core human rights and are essential for social and economic development. Now, more than ever, it is important to make all schools places that promote, protect and nurture health; that contribute to well-being, life skills, cognitive and socioemotional skills and healthy lifestyles in a safe learning environment. Such schools are more resilient and better able to ensure continuity in education and services, beyond the delivery of literacy and numeracy.

The idea of health-promoting schools was first articulated by WHO, UNESCO and UNICEF in 1995. Yet, few countries have implemented it at scale, and even fewer have made the institutional changes necessary to make health promotion an integrated, sustainable part of the education system. In 2015, experts in health-promoting schools identified the lack of systematic support, limited resources and a common understanding and approach as major challenges.

No education system can be effective unless it promotes the health and well-being of its students, staff and community.

Every education system should have institutionalized policies, mechanisms and resources to promote health and well-being in all aspects of school life, including the teaching curriculum and school governance based on participatory processes that are inclusive of the broader community. This requires that education systems be re-oriented towards a systematic approach to health-promoting schools and allocation of resources, so that each level of governance has the infrastructure and the means to implement policies and programmes for better education, health and well-being.

The Global Standards for Health Promoting Schools provide a resource for education systems to foster health and well-being through stronger governance. Building on a large body of evidence, eight global standards are proposed, while the accompanying Implementation Guidance details 13 implementation areas, associated strategies and a process that will enable country-specific adaptation. In addition, case studies illustrate how health promotion in schools is being implemented in low- and middle-income countries.

Application of these global standards could improve the health and well-being of 1.9 billion school-aged children, adolescents and staff worldwide, delivering a triple dividend for students today, the adults of tomorrow and the generation of children to come.

Join our effort and let's "Make Every School a Health-promoting School".

Dr Tedros Ghebreyesus
Director-General
World Health Organization

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Director-General
UNESCO

Acknowledgements

WHO and UNESCO are grateful to all those who contributed to this document.

Development of this document was coordinated by Valentina Baltag and Faten Ben Abdelaziz at WHO, and by Yongfeng Liu and Emilie Sidaner at UNESCO.

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The UNESCO internal working group comprised Jenelle Babble, Chris Castle, Christophe Cornu, Mary Guinn Delaney, Joanna Herat, Xavier Hospital, Patricia Machawira and Tigran Yepoyan.

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Additional contributions were received from Sally Beadle, Ariana Stahmer and Arushi Singh (UNESCO).

The external advisory group consisted of Joyce Acolatse (Ghana), Habib Benzian (United States of America), Chris Bonell (United Kingdom of Great Britain and Northern Ireland), Orana Chandrasiri (Thailand), Anastasiya Dumcheva (Ukraine), Adel M.A. Ebraheem (Egypt), Javier Gállego Diéguez (Spain), Sameh Hrairi (Tunisia), Oshan Sharma Kattel (Nepal), Otilie Lamberth (Namibia), Yinghua Ma (China), Neha Sharma (India), Cheryl Walter (South Africa) and Mildred Wisile Xaba (Eswatini).

The members of the United Nations interagency Technical Advisory group were Oya Zeren Afsar (United Nations Children's Fund), Michele Doura (World Food Programme), Fatima Hachem (Food and Agriculture Organization of the United Nations), Petra Tenhoope-Bender (United Nations Population Fund), Hege Wagan (UNAIDS) and Maria Cristina Zucca (United Nations Environment Programme).

The members of the Centre for Adolescent Health project advisory group were Israt Jahan Baki, Helen Butler, Andrea Krelle, Lisa Mundy, George Patton, Jon Quach, Nicola Reavley and Sachin Shinde. The communications specialist was Molly O'Sullivan, and the administrative team consisted of Laura Griffith and Charmaine Sambathkumar. Bill Reid, Creative Studio, Royal Children's Hospital, Melbourne, assisted with the figures.

The participants in the global consultation were Jean-Patrick Le Gall, who organized the consultation and analysed the results, adolescents and youth, teachers, school principals and representatives of governments, organizations (civil society, private sector and academic) and donor agencies.

Administrative support was provided by Luis Enrique Madge Rojas and Gersende Moyse.

Financial support was given by the Children's Investment Fund Foundation and the Bill & Melinda Gates Foundation.



Abbreviations and acronyms

HPS	health-promoting schools
HSS	healthy school strategy
PISA	Programme for International Student Assessment (OECD)
UKS	<i>usaha kesehatan sekolah</i> (school health programme in Indonesia)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestinian Refugees in the Near East
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Glossary

Area (implementation): In this implementation guidance, a thematic statement describes an area of implementation, and each area has a matched set of strategies, which are action-oriented statements that contribute to implementing the area. Some areas contain additional descriptive statements of quality implementation of the area.

Capacity development: the process through which individuals, organizations and societies as a whole unleash, strengthen, create, adapt and maintain capacity over time to set and achieve their development objectives. It includes training and other learning activities as well as improvements in systems to create conditions for applying new knowledge, practising new skills, improving performance and ensuring sustainability.

Community of practice: "Group of people who share a passion for something that they know how to do and who interact regularly to learn how to do it better" (1)

Comprehensive (health services): the extent to which the spectrum of care and range of services respond to the full range of health problems in a given community. Ideally, comprehensive services address all health areas relevant to their student population, including: positive health and development; unintentional injury; violence; sexual and reproductive health, including HIV; communicable disease; noncommunicable disease, sensory functions, physical disability oral health, nutrition and physical activity; and mental health, substance use and self-harm. The term "comprehensive" is used in this document consistent with the WHO guideline on school health services (2).

Deep learning: A method of learning in which knowledge is not only memorized and understood but also synthesized and applied (5).

Differentiation: Use by educators of a range of teaching techniques and lesson adaptations to respond to the diversity of students' readiness, interests and learning needs.

Distributed model of school leadership (also referred to as "shared leadership"): Collaborative, interdependent leadership, including decision-making, that is shared among individuals at all levels of the school community (6).

Educational outcome: The desired learning objectives that schools, teachers and other school staff wish students to achieve, including academic achievement, the learning experience and the educational, societal and life effects of education, including school completion and employment (7).

Evaluation capacity-building: Strengthening the monitoring and evaluation capacity of individuals, organizations, communities and networks to include evaluation in order to improve results.

Governance: The rules, mechanisms, relationships and processes through which HPS activities and roles are led, managed, monitored and held to account for use of allocated resources and achievement of specified objectives.

Health: "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (8).

Health education: Any combination of learning

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