

Global School Health Initiatives: Achieving Health and Education Outcomes

REPORT OF A MEETING

Bangkok, Thailand, 23–25 November 2015



**World Health
Organization**

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List of abbreviations

FRESH	Focusing Resources on Effective School Health
HPS	Health Promoting School
IEC	Information, education and communication
JC-GSHR	Japan Consortium for Global School Health Research
LMICs	Low- and middle-income countries
NCDs	Noncommunicable diseases
NGOs	Nongovernmental organizations
NTDs	Neglected tropical diseases
PCD	Partnership for Child Development
SEAMEO	Southeast Asian Ministers of Education Organization
SEAMEO TROPMED Network	SEAMEO Tropical Medicine and Public Health Network
SHN	School health and nutrition
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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Executive Summary

The WHO School Health Technical Meeting was held in Bangkok on 23–25 November 2015 to consolidate what had been learned from regions and countries since the last WHO Technical Meeting on School Health in 2007 and to renew commitments and scale-up of the institutional capacity of the health and education sectors to achieve health and educational outcomes especially low-resource settings.

More than 60 experts from a wide variety of geographical and professional backgrounds participated in the meeting. All the participants confirmed that successful activities and good practices varied depending on economic, social, demographic, and geographical factors. The types of programmes that were working in low-resource countries were identified: deworming; school lunches; immunization; health screening weight and height measurement; eyesight and hearing; water, sanitation and hygiene (WASH). Successful programmes for the prevention of Noncommunicable diseases (NCDs), such as programmes on physical activity, healthy eating (increasing vegetable and fruit intake, control of sugar and fat intake), oral health, and tobacco use were reported from high-resource countries.

The factors in successful implementation of school health programmes were identified; ownership by government; existing national policies and prioritizing school health programmes; involvement of all relevant ministries (e.g., ministries of health, education, agriculture, finance) and local government; financial and/or technical support by donor agencies; participation of children and communities including parents and guardians; allocating appropriate funding; ownership by school principals and/or teachers; scheduling interventions as official school activities; allocating focal teachers and providing teacher training; including school health in the curriculum of teacher training institutions; setting culturally appropriate menus for school lunches including using locally available food. The identified factors related to barriers of implementation of school health programmes were lack of policies, guidelines, scale up plans, policy implementation; insufficient lobbying and advocacy for school health and nutrition (SHN) programmes, and lack of political and legal support for implementation on SHN activities; insufficient amount of and timeliness of budget allocation; lack of coordination among related ministries and stakeholders (e.g. United Nations (UN) bodies, non-governmental organizations (NGOs) and academic institutions); lack of technical capacity on human resources and training; lack of quality and quantity of resources for implementation, monitoring and evaluation, as well as insufficient data and evidence for promoting SHN activities; and cultural barriers to implementation, especially reproductive health programmes.

The meeting concluded with the following nine points, recognized as key factors for implementing school health programmes successfully with limited human and financial resources; 1) establish systems for collecting better data, monitoring, reporting, providing evidence and utilizing evidence to make policy and implementation plans; 2) strengthen inter- and intra-ministerial cooperation and collaboration among all stakeholders at all levels; 3) strengthen advocacy at all levels for moving from policy to implementation; 4) ensure sustainable funding, better costing, long-term financing plans and procedures; 5) establish the health education curriculum as a home for all topics; 6) develop institutionalized human resource, such as pre-service and in-service training for teachers, health personnel and government staff; 7) promote a comprehensive approach; 8) collaborate with all stakeholders at all levels (including the private sector); 9) promote the engagement of parents, students and teachers.

1. Background

Childhood and adolescence offer opportunities for health gains through both prevention and early clinical intervention. Preventive interventions undertaken in developmental phases often have greater benefits than interventions to reduce risk and restore health in adults¹.

Due to a decline in the number of deaths in earlier childhood in many countries, Non-communicable diseases (NCDs), injuries and mental health are the emerging priorities in the global child health agenda². Estimated 1.2 million adolescents died in 2015, over 3000 every day, mostly from preventable or treatable causes. Road traffic injuries were the leading cause of death in 2015. Other major causes of adolescent deaths include lower respiratory infections, suicide, diarrhoeal diseases, and drowning³. The global disease burden due to NCDs affecting children in childhood and later in life is rapidly increasing, even though many of the risk factors can be prevented⁴. For example, obesity rates in the world's children and adolescents increased from less than 1% (equivalent to five million girls and six million boys) in 1975 to nearly 6% in girls (50 million) and nearly 8% in boys (74 million) in 2016. Combined, the number of obese five to 19 year olds rose more than tenfold globally, from 11 million in 1975 to 124 million in 2016⁵. Moreover, globally, almost 25 million younger adolescents smoke tobacco - one in every 10 girls and one in every 5 boys. Additionally, almost half of the adolescents - both girls and boys - are exposed to second-hand smoke in public places⁶.

Although significant numbers of school-age children are unfortunately not in formal education, the compulsory school years provide an easy entry point to engage this age group and embed healthy life style for lifetime health promotion⁷ i.e., a school is an ideal setting for promoting health, because behaviours and routines are developed and established during childhood, and students' acquired knowledge and experiences enhance the lives of other family members⁸. Additionally, health education is already a part of the school curriculum⁹.

Various global initiatives such as the Global Strategy for Women's, Children's and Adolescents' Health¹⁰ and the Commission Ending Childhood Obesity⁷, the World Health Organization (WHO) Global Action Plan for the Prevention and Control of NCDs 2013-2020¹¹, and Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development¹² acknowledge the critical role of schools in providing the foundation for ensuring a healthy growth of children and adolescents.

WHO launched its Global School Health Initiative in 1995 with the purpose of spreading Health Promoting School (HPS)* approach worldwide^{13,14}. The general direction of WHO's Global School Health Initiative is guided by the Ottawa Charter for Health Promotion (1986); the Jakarta Declaration of the Fourth International Conference on Health Promotion (1997); and the WHO's Expert Committee Recommendation on Comprehensive School Health Education and Promotion (1995)¹⁵.

Afterwards, a critical moment in the current global school health movement came in 2000 at the World Education Forum, where WHO, United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF) and World Bank jointly organized a strategy session on raising the educational sectors' awareness of the implementation of an effective school health, hygiene and nutrition programme as part of a major strategy to achieve Education for All. As part of this session, they jointly launched Focusing Resources on Effective School Health (FRESH); a FRESH framework to enhancing the quality and equity of education. The FRESH framework is a starting point for developing effective school health policies, programmes and services.

The latest WHO School Health Technical Meeting was held in 2007 to draw upon existing evidence and practical experience from regions and countries and individual schools in promoting health through schools¹⁶. At the meeting, the consensus on the core components of effective school health programmes – policy, skills-based health education, a supportive social and physical environment, community partnership and health services, such as WHO HPS's key features. Moreover, five key challenges were identified; the need to continue building evidence and capturing practical experience in school health; the importance of improving implementation processes to ensure optimal transfer evidence into practice; the need to alleviating social and economic disadvantage in access to and successful completion

* WHO defined Health Promoting Schools (HPS) as "A health promoting school can be characterized as a school constantly strengthening its capacity as a health setting for living, learning and working". The Key feature of HPS is to 1) Engage health, education, and community leaders, 2) Provide a safe, healthy environment (physical and psychosocial), 3) Provide health education, 4) Provide access to health services, 5) Implement health promoting policies and practice, 6) Improve the health of community.

of school education; the opportunity to harness media influences for positive benefit, and the continuing challenge to improve partnership among difference sector and organizations¹⁷.

2. Objectives

The WHO School Health Technical Meeting was held in Bangkok on 23–25 November 2015 to consolidate what has been learned from regions and countries since the WHO Technical Meeting on School Health in 2007 and to renew commitments and scale-up of the institutional capacity of the health and education sectors to achieve health and educational outcomes.

To increase the implementation and effectiveness of school health programmes in low- and middle-income countries (LMICs), it is therefore essential to examine not only what works, but also why it works. In particular, the contextual variations such as education resources available to schools; the buy-in by policy makers, schools, families and communities; and, the social environment in schools, all of which are recommended to be addressed in order to achieve best practices in HPS. It is also imperative to identify the barriers to and opportunities for uptake of interventions that have been proven effective and evaluated with methodological rigour.

To ensure equity, which is a focus of school health promotion, attempts must also be made to ascertain if students from disadvantaged groups who are more in need of school health services have been provided with school health programmes¹⁷.

Therefore, the main objectives of the meeting were to:

- Identify achievements from school health initiatives: what works and why;
- Identify lessons learnt from school health programmes: the barriers and opportunities;
- Identify strategic recommendations to address the barriers and optimize the opportunities;
- Identify emerging health issues that are being encountered in schools;
- Renew commitments on school health for all children, ensuring health equity and equal opportunities for education.

At the end of the meeting, participants:

- Identified interventions that have been proven to be effective and evaluated with methodological rigour, contributing factors that led to successes and taking country variations into consideration;
- Identified barriers to the uptake and effective implementation of evidence-based interventions in LMICs;
- Provided strategic recommendations for actions in LMICs to address the barriers;
- Identified emerging health issues in schools.

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