

**WHO/HPR/HEP/96.3**

Distr.: Limited

# **RESEARCH TO IMPROVE IMPLEMENTATION AND EFFECTIVENESS OF SCHOOL HEALTH PROGRAMMES**

Prepared for:

Health Education and Health Promotion Unit  
Division of Health Promotion, Education, and Communication  
World Health Organization, Geneva  
The School Health Working Group  
The WHO Expert Committee on Comprehensive  
School Health Education and Promotion



**World Health Organization**

Geneva 1996

## **Dedication**

Mr. Stu Cohen, the primary author of this report, died shortly after submitting the final draft of this paper to the World Health Organization. This document is a fine example of Mr. Cohen's wonderful skill for taking complicated scientific research and crafting language that facilitates understanding and application. We are grateful for Mr. Cohen's contributions to WHO's Global School Health Initiative.

The World Health Organization (WHO) is a specialized agency of the United Nations with primary responsibility for international health matters and public health. WHO came into being on 7 April 1948, when the 26th United Nations member ratified its Constitution.

The objective of WHO is the attainment by all peoples of the highest possible level of health. Health, as defined in the WHO Constitution, is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Through WHO, the health professions of some 190 countries exchange their knowledge and experience with the aim of making possible the attainment by all citizens of the world a level of health that will permit them to lead a socially and economically productive life.

The World Health Assembly is the policymaking body of WHO and meets in annual session. The Executive Board, which meets twice a year, acts as the executive organ of the Assembly. WHO activities are carried out in six regions, each comprising a regional committee and a regional office. Regional committees meet in annual sessions. The Secretariat consists of a Director-General, six Regional Directors, and such technical and administrative staff as is required.

The first World Health Assembly, held in June 1948 and attended by 53 delegates from WHO's 55 Member States, approved a programme of work that listed its top priorities as malaria, maternal and child health, tuberculosis, venereal diseases, nutrition, and environmental sanitation. In 1979, the World Health Assembly unanimously endorsed the Declaration of Alma-Ata, which stated that primary health care was to be the key to attaining the goal of health for all by the year 2000.

Over the years, the WHO's programmes have responded to, and often anticipated, the major health concerns of Member countries. WHO's ninth general programme of work (1996–2001) fixes goals and targets for the organization's global health action. It focuses on lessening of inequities in health, control of rising costs, the eradication or elimination of selected infectious diseases, the fight against chronic diseases, and the promotion of healthy behaviour and a healthy environment.

Reflecting the concerns and priorities of the Organization and its Member States, WHO publications provide authoritative information and guidance aimed at promoting and protecting health, and preventing and controlling disease.

## **© World Health Organization 1996**

This document is not issued to the general public, and all rights are reserved by the World Health Organization (WHO). The document may not be reviewed, abstracted, quoted, reproduced, or translated, in any part or in whole, without the prior written permission of WHO. No part of this document may be stored in a retrieval system or transmitted in any form or by any means—electronic, mechanical, or other—without the prior written permission of WHO.

The views expressed in documents by named authors are solely the responsibility of those authors.

Promoting the health of children through schools has been an important goal of WHO, UNESCO, UNICEF, and other international agencies since the 1950s. Since the 1980s, WHO's work in school health has steadily increased. In May 1994, WHO's commitment to and support for school health was further enhanced by the creation of the Division of Health Promotion, Education, and Communication (HPR).

The Director-General of WHO charged the new Division with strengthening WHO's capacities to promote health through schools. He recognized that many WHO programmes have the capacities to provide technical support for a wide range of school-based health promotion, health education, and disease and injury prevention efforts. He also recognized that the support of many WHO programmes is needed to foster the development of integrated and comprehensive approaches to school health, and to provide leadership and direction for a Global School Health Initiative. The new Division established a School Health Team as an integral part of the Division's Health Education and Health Promotion Unit. An interdivisional Working Group on School Health was created through which WHO programmes support the Global School Health Initiative.

The Initiative is designed to improve the health of students, school personnel, families, and other members of the community through schools. Its objective is to increase the number of schools that are "health promoting schools." WHO works in partnership with other organizations to:

- revitalize and enhance worldwide support for promoting health through schools
- build on research and experience worldwide, and particularly on international, national, and local efforts to help schools become health promoting schools
- enable organizations to maximize the use of their resources
- unite the diverse school health initiatives of the United Nations family
- provide full partnership to all organizations involved

The WHO Expert Committee Meeting on Comprehensive School Health Education and Promotion in 1995 serves as the foundation for WHO's Global School Health Initiative. The overall objective of the Expert Committee was to make recommendations for policy measures and actions that WHO, its Regional Offices, other United Nations agencies, national governments, and nongovernmental organizations could take to enable schools to use their full potential to improve health. This document has been prepared to help achieve that objective.

The Global School Health Initiative is founded on partnerships, both within and outside WHO, and fosters new partnerships among organizations with capacities, constituencies, and experience that can help the world's schools become institutions for health as well as education.

WHO gratefully acknowledges the generous financial contributions to support the publication of this document from the following organizations:

- Division of Adolescent and School Health  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
Atlanta, Georgia, USA
- Johann Jacobs Foundation  
Zurich, Switzerland
- Johnson and Johnson European Philanthropy Committee  
Kent, United Kingdom

Organizations wishing to contribute to the work of WHO by supporting the Global School Health Initiative and anyone desiring further information about the Initiative should contact: Dr. Desmond O'Byrne, Chief, Health Education and Health Promotion Unit (HEP), Division of Health Promotion, Education and Communication (HPR), WHO, Geneva, Telephone: (41 22) 791 25 78; FAX: (41 22) 791 07 46.

# **WHO Expert Committee on Comprehensive School Health Education and Promotion**

Geneva, 18–22 September 1995

## **Members**

Ms I. Capoor, Director, Center for Health Education Training and Nutrition Awareness, Ahmedabad, India

Dr D. Hopkins, Institute of Education, University of Cambridge, Cambridge, England

Dr L.J. Kolbe, Director, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, GA, USA (Chairperson)

Dr D.O. Nyamwaya, Director, Health Behaviour and Education Department, African Medical and Research Foundation, Nairobi, Kenya

Mrs K. Sanguor, National Coordinator for School Health and Environment Education, Ministry of Education, Manama, Bahrain

Dr Ye Guang-Jun, Director, Institute of Children's and Adolescents' Health, Beijing Medical University, Beijing, China

## **Representatives of Other Organizations**

Aga Khan Foundation

Dr K. Bartlett, Geneva, Switzerland

International Union for Health Promotion and Education

Dr M. Rajala, Vanves, France

Education International

Mr E. Jouen, Deputy Secretary General, Brussels, Belgium

United Nations Children's Fund (UNICEF)

Dr B. Dick, New York, NY, USA

United Nations Educational, Scientific, and Cultural Organization (UNESCO)

Ms A. M. Barthes, Paris, France

## **Secretariat**

Mr S. Cohen, Deputy Director, Health and Human Development Programmes, Education Development Center, Inc., Newton, MA, USA (Temporary Adviser)

Mr J.T. Jones, Health Education and Health Promotion, World Health Organization, Geneva, Switzerland

Dr I. Kickbusch, Director, Division of Health Promotion, Education and Communication, World Health Organization, Geneva, Switzerland

Ms H. Macdonald, Health Education and Health Promotion, World Health Organization, Geneva, Switzerland

Dr N.P. Napalkov, Assistant Director-General, World Health Organization, Geneva, Switzerland

Dr D.J. O'Byrne, Chief, Health Education and Health Promotion, World Health Organization, Geneva, Switzerland (Secretary for the WHO Expert Committee)

Ms C. Vince-Whitman, Senior Vice-President, and Director, Health and Human Development Programmes, Education Development Center, Inc., Newton, MA, USA (Temporary Advisor)

## **Other Expert Committee Documents Available from WHO (HPR/HEP)**

*Promoting Health Through Schools. Report of the WHO Expert Committee on Comprehensive Education and Promotion, Geneva, 18–22 September 1995*

*The Status of School Health (WHO/HPR/HEP/96.1)*

*Improving School Health Programmes: Barriers and Strategies (WHO/HPR/HEP/96.2)*

# Contents

<b>1. Introduction</b>	<b>1</b>
1.1 Research to Practice: Some Examples	3
1.2 Major Questions for Research to Improve the Implementation and Effectiveness of School Health Programmes	4
1.3 Selected Research Findings	6
1.4 Types of Research and Progress in the Field	7
1.5 Common Themes	8
<b>2. What Indicators Can Be Used in Planning, Implementing, and Monitoring School Health Programmes?</b>	<b>9</b>
2.1 Indicators of Health Status	9
2.2 Indicators of Learning Ability, Attendance, and Learning Achievement	11
2.3 Indicators of Behaviours Affecting Health	13
2.4 Indicators of the Quality of the Physical and Psychosocial Health Environment	15
2.5 Indicators of School Health Programme Implementation	16
2.6 Priorities for Future Research	17
2.7 Improving the Use of Data	18
<b>3. What Is the Health Status of School-Age Children and the Nature of the Health Risks They Face?</b>	<b>19</b>
3.1 Causes of Mortality and Morbidity	19
3.2 Priorities for Future Research	20
3.3 The Need for Simple Tracking Systems	21
<b>4. In the Face of the Well-Known Under-Representation of Girls in School, What Are the Factors that Reduce Their Enrollment?</b>	<b>22</b>
4.1 Research to Guide Practice	22
4.2 Priorities for Research	24
<b>5. How Can Countries Assess the Infrastructure Available to Develop and Sustain School Health Programmes?</b>	<b>24</b>
5.1 Situation Analysis	25
5.2 Rapid Assessment and Action Planning Tool	25
5.3 Developing a Rapid Assessment and Action Planning Tool (RAAPT) for School Health Infrastructure	26
5.4 Priorities for Future Research	27
<b>6. What Kinds of Research Can Guide Practice on School Health Environment, Health Education, and Health Services?</b>	<b>27</b>
6.1 Introduction	27
6.2 School Health Environment	27
6.3 School Health Education	28
6.4 School Health Services	29
6.5 Priorities for Future Research	30

<b>7. What Is Known About the Cost-Effectiveness of School Health Programmes and About Health-Problem Specific Interventions That Can Be Delivered Through Schools?</b>	<b>31</b>
7.1 The Research Base	31
7.2 Cost-Effective Interventions for Specific Health Problems and the Role of Schools	32
7.3 Potential Costs and Benefits of a Comprehensive School Health Programme in the USA	33
7.4 Priorities for Future Research	33
<b>8. What Is Known About the Diffusion of Innovations in School Health Programmes?</b>	<b>34</b>
8.1 An Example of Successful Diffusion	37
<b>9. Conclusions</b>	<b>38</b>
9.1 Research Is Needed About the Impact of School Organization on Health	38
9.2 Improving the Connection Between Research and Practice	39
<b>Acknowledgments</b>	<b>40</b>
<b>Sources</b>	<b>41</b>
Annex 1: Indicators of Children's Health Status	47
Annex 2: Surveillance Activities for a National School Health Programme (USA)	49
Annex 3: Health Behaviour in School-Age Children (HBSC)— A WHO Cross-National Survey	55

## 1.0 Introduction

... Given what is known about the probable effect of health and nutrition interventions for learning and attendance, and given the relatively modest cost of a carefully designed, carefully targeted program, the implication for education planners is clear: More investment in child health and nutrition will pay off well for education ... Under a broad range of assumptions, these cost-benefit analyzes suggest that appropriate health and nutrition interventions in the schools are likely to prove to be a very high-yield investment.

— D.T. Jamison & J. Leslie, 1990

The Ottawa Charter for Health Promotion, adopted in 1986 at the First International Conference on Health Promotion, states: "Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members." The Charter calls upon the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion."

The Charter is one important step in the march toward realizing the goal of "Achieving Health for All by the Year 2000" that was first enunciated at the WHO/UNICEF meeting in Alma Ata in 1978 (1). Progress has been further enhanced by fully integrating Health for All in the broad development goals of the United Nations. Specifically, with regard to promoting the health of children, the World Summit for Children adopted on 30 September 1990 a Plan of Action noting that:

As today's children are the citizens of tomorrow's world, their

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_30662](https://www.yunbaogao.cn/report/index/report?reportId=5_30662)

