



Global Standards for Health Promoting Schools

Concept Note

This is a joint project with WHO and UNESCO to develop global standards for Health Promoting Schools (HPS) which will serve as a common framework for the two sectors in both health and education based on a common understanding, shared values and tools to implement a HPS approach in countries.

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1. BACKGROUND

Promoting the health of children and adolescents: A good investment

Global data on mortality and morbidity of children and adolescents reveal that children and adolescents have significant needs for health promotion, prevention and health care services. According to the WHO Global Health Estimates, over 1.7 million children and adolescents aged 5-19 years died in 2016. Most of these deaths occurred due to causes that could either have been treated or prevented (e.g. road injury, drowning, self-harm or diarrhoeal diseases). [1] At the same time the burden of Noncommunicable diseases (NCDs), and their risk factors, continues to grow within this population. [2, 3] For example, the prevalence of obesity has grown significantly from less than 1% in 1975 to nearly 6% among all girls (50 million) and 8% among all boys (74 million) globally. [4] Additionally, one quarter of disease burden could be linked with environmental risks such as air pollution, unsafe water, sanitation, inadequate hygiene, chemicals. [5] Children and adolescents are too often exposed to risks, which may have severe health consequences during adulthood.

Health and education are the two cornerstones of human development.

Tedros Adhanom Ghebreyesus
Director General, WHO
October 2018
Official Launch Event UNESCO
Chairs Global Health & Education

Ensuring healthy children and adolescents requires that appropriate measures are taken from early childhood development and sustained throughout adolescence and adulthood. Early consideration of child and adolescent health by implementing interventions that reduce/eliminate risk exposure will contribute to the developmental phases and produce healthy active adults. [6] Effective measures to protect and promote the health of children and adolescents are those that are equitable, sustainable and reach large numbers of the population.

Schools as key settings to promote health

Globally, over 90% of children in the primary school age, and over 80% of children in the lower secondary school age are enrolled in school. [7] By promoting healthy behaviour from early childhood through the school setting, it would benefit not only the children themselves but also their families, peers and wider communities.

We must ensure the right to quality education for all, because these two goals – health and education – go hand in hand.

Audrey Azoulay
Director General, UNESCO
December 2017
The World AIDS Day

In addition, schools are strategic platforms for delivering preventive health care services and these services are considered as an extended arm of primary health care. Therefore, schools provide an efficient and effective way to reach large numbers of the population. [8]

At a global level, a number of school-based initiatives have been launched to promote the health of children and adolescents. In 1995, WHO launched its Global School Health Initiative with the purpose of encouraging the adoption of the Health Promoting School (HPS) approach worldwide. [9, 10] HPS is one that constantly strengthens its capacity as a healthy setting for living,

learning and working. Six key features of HPS is 1) Healthy school policies, 2) Physical school environment, 3) Social school environment, 4) Health skills and education, 5) Links with parents and community, 6) Access to (school) health services. [10]

In 2000, at the World Educational Forum, WHO, UNESCO, UNICEF and the World Bank jointly launched the “Focusing Resources on Effective School Health” (FRESH) Initiative to enhance the quality and equity of education. The FRESH framework consists of four pillars: 1) Health related school policies, 2) Safe learning environment, 3) Skill-based health education, and 4) School-based health and nutrition services. The FRESH framework and its partners have helped raise awareness on the need for multi-sectoral policies that involves education, healthcare, water, sanitation, agriculture, and food security among others. HPS standards and indicators have been developed in different countries and research work has demonstrated the relevance of such frameworks. [11]

Key challenges in the implementation and upscaling of the HPS initiatives

The strategic role of schools in promoting the health of children and adolescents has been widely acknowledged worldwide, and more than 40 European countries, Australia, the Asia-Pacific region and more than 30 African countries have also implemented HPS initiatives. [12, 13]

There is limited evidence on the area of effectiveness of the HPS approach. However, some finding from a systematic review shows that interventions using the HPS approach have positive effects on students health including reducing body mass index (BMI), levels of physical activity, fruit and vegetable consumption, prevention of cigarette use, and prevention of being bullied. [14] The same review shows that there was no evidence of effectiveness for fat intake, alcohol use, drug use, mental health, violence and bullying others. The review does not draw any conclusions as to the effectiveness of HPS approach in improving academic achievement of students. [14]

It is important to note that this review was conducted around HPS key features, which are broad and provide room for interpretations in terms of intervention e.g. policies, standards, programmes, projects, which makes it difficult to evaluate the effectiveness of HPS approach. [14]

In 2015, WHO convened an expert meeting to review the school-based interventions and the HPS initiative at global level. Experts have identified eight major barriers for an effective implementation of HPS initiative [15]:

- Lack of policies, guidelines, scale up plans, policy implementation;
- Insufficient lobbying and advocacy for HPS and school health activities;
- Insufficient amount of and timeliness of budget allocation;
- Lack of coordination among related ministries and stakeholders (e.g. UN bodies, NGOs and academic institutions);
- Lack of technical capacity on human resources and training;
- Lack of quality and quantity of resources for implementation;
- Lack of monitoring and evaluation, as well as insufficient data and evidence for promoting HPS and school health interventions;
- Cultural barriers to implementation.

These barriers have been identified and discussed not only from the health sector perspective but also from the education sector. Thus, these challenges are pertinent to health and non-health sectors. However, the delivery platform for the initiative remains with schools and the core business of schools is focused on educational outcomes and not necessarily reducing health issues. From the education sector perspective, education about health and well-being could be part of the school

curriculum [16] but those are low priority in most countries. This is accentuated by the fact that school staff, mainly teachers, are not aware of their role in health promotion and education. [17] Moreover, the increasing social demands on schools render it difficult to uptake new workloads for school staff.

Furthermore, the current barrier is how the education sector perceives the health sector, and that schools are seen as “settings” for the delivery of services or information. From an educational point of view, schools contribute to health by: i) creating the conditions for pupils’ achievement through the school environment, with proven health benefits later in life; and ii) acquiring health competencies and promoting health literacy, with the aim of empowering young and future generations to make healthy decisions.

Therefore, there is a need to reconcile the understanding of the role of school in promoting youth health.

Towards a new HPS initiative: Making every school a Health Promoting School

Based on the previously mentioned barriers and the WHO call to “make every school a health promoting school” [18], WHO and UNESCO are collaborating on the development of global standards for HPS.

Standards will serve as a common framework for the two sectors both health and education in achieving those goals based on a common understanding, shared values and tools to implement a HPS approach in countries.

The standards are intended to support schools in developing their health and well-being policy on the one hand, and to give the means to improve and evaluate the policy at a national/regional level on the other hand.

The approach for developing these standards will consider the following:

- life-course to ensure investment in early childhood secure benefit of the first and second decade of life;
- equity to ensure no one is left behind;
- culturally and gender sensitivity to consider context;
- intersectoral for active engagement of key sectors;
- existing organizational cultures of educational sector;
- “whole-school-approach” that ensures that the entire school community share a common vision; and
- mutually beneficial for health and education.

This project will also support Member States in the implementation of their Sustainable Development Goals (SDGs) agenda. For the health sector, the priority areas and indicators are outlined under the WHO’s 13th General Programme of Work (GPW13) by 2023 [19] and specifically the following targets:

- # 17: Decrease in the number of children subjected to violence in the past 12 months;
- # 22: 25% relative reduction in tobacco use among persons aged 15+;

- # 23: 7% relative reduction in the harmful use of alcohol, as appropriate within the national context;
- # 25: Halt and begin to reverse the rise in obesity (5-19 years);
- # 28: Reduce suicide mortality rate by 15%;
- # 29: Reduce the number of global deaths and injuries from road traffic accidents by 20%
- # 32: Increase coverage of the HPV vaccine among adolescent girls by up to 50%;
- # 38: Reduce number of new HIV infections per 1.8 million (2017) 1,000 uninfected population, by sex, age, and key populations by 73%; and,
- # 39: Increase coverage of 2nd dose of measles containing vaccine (MCV) to 90%.

2. THE DEVELOPMENT OF THE GLOBAL STANDARDS

The global standards for HPS will build on the available evidence and good practices of school-based health promotion. The plan is to develop standards for the six key features of HPS and provide guidance on their implementation afterwards. The standards will consider the larger environment of children and adolescents in their schools, families and communities, i.e. their life ecosystems.

Vision

Make every school a health promotion school

Key objectives

1. Generate scientific evidence on effective HPS interventions and standards
2. Produce a set of global standards for HPS based on the scientific review, which can be adapted to low and middle-income countries and high-income countries and contexts (crisis/war/disaster settings)
3. Develop a common monitoring and evaluation framework for the standards
4. Develop a guidance resource for the implementation of the standards based on the scientific review
5. Avail a web-platform for the HPS standards
6. Technical support for Member States in the adaptation and application of global standards for HPS

Target users

The global standards of HPS are intended for primary and secondary schools and the main target users are:

1. Members of the school community (school management, teaching and non-teaching staff, pupils, parents, school boards and educational NGOs/charities)
2. Organizations and government agencies concerned with child and adolescent health. These may include UN organizations, Ministries of Health, Ministries of Education, parent organizations, etc.

Key deliverables

As part of the projects three key deliverables will be developed to support country implementation:

1. A list of core set of global standards that can be adapted to the country/setting context
2. Implementation guidance to support the adaptation and operationalization of the standards to country/setting context
3. A web platform will be further developed to support implementation
4. A monitoring and evaluation framework to support the integration of the web platform

- Capacity building of Member States to apply the standards to make every school a health promoting school

Partners

A joint WHO/UNESCO task force led by departments of Maternal, Newborn, Child and Adolescent Health (MCA)/ Prevention of Noncommunicable diseases (PND) in WHO and Health & Education (HAE) in UNESCO will drive this project forward.

The WHO members of the working group include all relevant departments (e.g. Vaccines and Biologicals (IVB), Reproductive Health and Research (RHR), HIV/AIDS (HIV), Public Health, Environment and Social Determinants (PHE), Management NCDs, Disability, Violence & Injury Prevention (NVI), Mental Health and Substance Abuse (MSD), Nutrition for Health and Development (NHD)) and all six regional offices, on specific inputs as needed to drive time bound deliverables. The task force will seek inputs from external advisory group that will include other UN H6 agencies such as UNAIDS, UNFPA, UNICEF, UN Women and World Bank and contributors from universities, international networks, institutions, international and regional Civil Society Organizations (CSOs) such as International Union for Health Promotion and Education (IUHPE), Schools for Health in Europe Network Foundation (SHE network), International School Health Network (ISHN), and representatives from all six WHO regions representing the education and health sectors in order to ensure relevance of the standards for all the stakeholders and the civil society.

Methods

The process will include seven steps and timeline that are depicted below.

<i>Tentative Timeline</i>	<i>Provisional Steps</i>	<i>Expected Deliverables</i>
Oct 2018 to Feb 2019	STEP 1 Results of the literature reviews of existing <ul style="list-style-type: none"> evidence guidelines and standards framework for monitoring and evaluation 	Evidence review report based on the literature reviews including recommendations of <ul style="list-style-type: none"> the framework of standards including standards, core set of indicators the key implementation principles
Mar to May 2019	STEP 2 Consultation including the expert consultation meeting (May 2019) to verify and improve <ul style="list-style-type: none"> the relevance of the standards, indicators implementation principles 	The framework of standards The key implementation principles
Jun to Sep 2019	STEP 3 Production of the draft document the global standards for HPS Production of the draft implementation guidance	The draft document of the global standards for HPS The draft implementation guidance
Oct to Dec 2019	STEP 4 <ul style="list-style-type: none"> Regional consultation meeting to verify and improve 	The second draft document of the global standards for HPS The second draft implementation

	<ul style="list-style-type: none"> Pilot test the global standards for HPS in crisis/war/disaster settings, low and middle income countries and high income countries 	guidance
Jan to Mar 2020	STEP 5 Finalization of the standards, indicators, implementation guidance	The document of the global standards for HPS The implementation guidance
Apr to Jun 2020	STEP 6 Development of the web-application	Web platform for the global standards for HPS
Jul to Dec 2020	STEP 7 Capacity building of focal points of Member States to utilize the standard	Scale-up of the global standards for HPS
2021 and onwards	STEP 8 Technical assistance to countries in the implementations of standards	Scale-up of the global standards for HPS

A set of standards will be identified through the literature covering the 6 key features of HPS

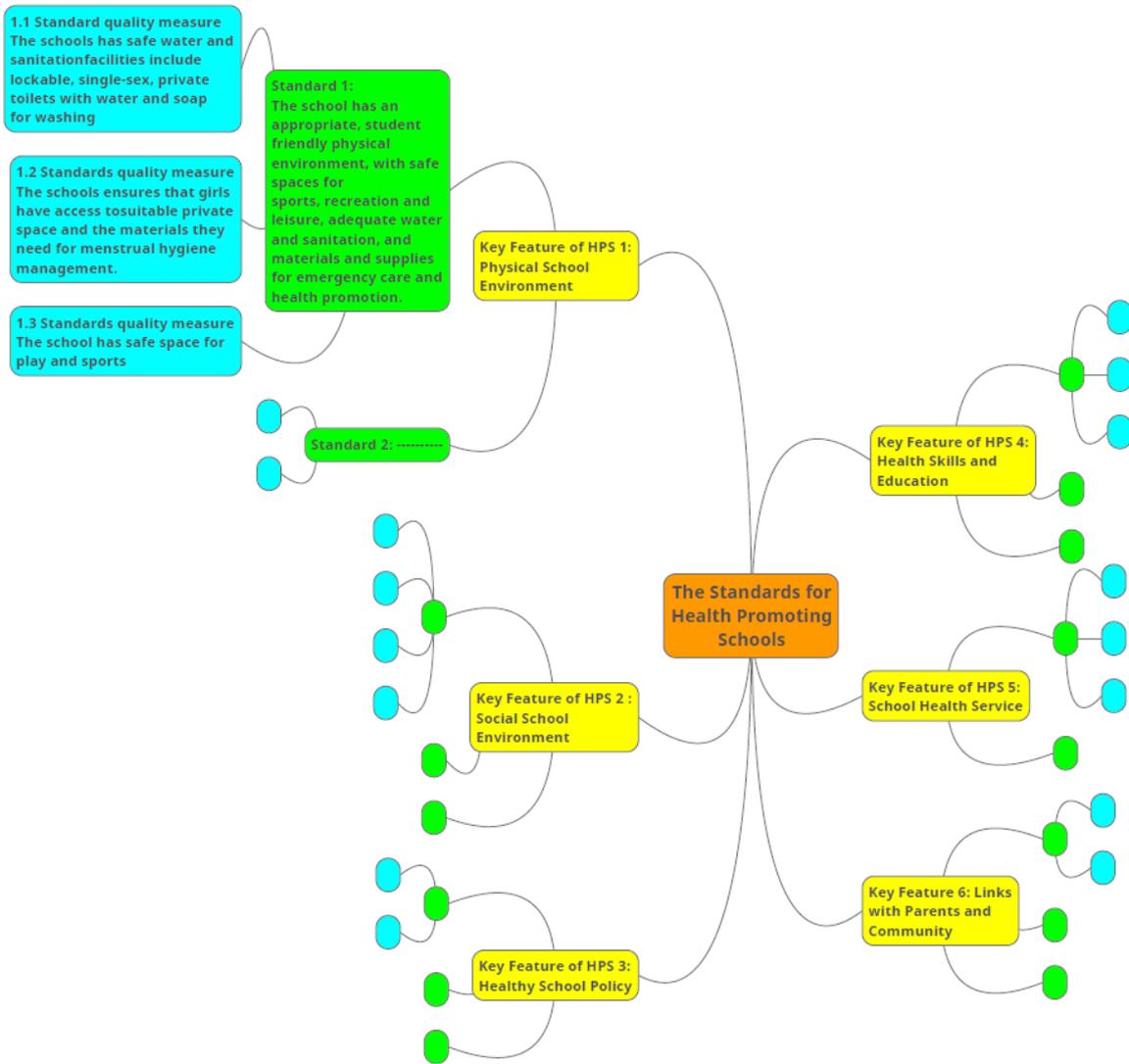
- Healthy school policies (e.g. Leadership, institutional capacity)
- Physical school environment (e.g. Safe playgrounds, Safe clean gender separate latrines)
- Social school environment (e.g. Anti-bullying environment, Equity)
- Health skills and education (e.g. Life skills education)
- Links with parents and community (e.g. Community involvement mechanisms)
- Access to (school) health services (e.g. School based health service, Linkage between school and Primary Health Care (PHC))

Under each key feature, a core set of school level indicators will be informed by the results of the literature review (Figure 1).

These school level indicators will be described as the core set of HPS indicators that can be applied in various cultural and socio-economical contexts. Based on these common core indicators relevant for all countries, three pathways for implementation of the standards will be defined depending on the context:

- political instability e.g. emergency countries war/disaster settings
- low and middle-income countries
- high income countries.

Figure 1: Hypothetical Example Standards at School Level



3. REFERENCES

1. World Health Organization. *Global Health Estimates (GHE)*. 2016, [cited 2018 24 September]; Available from: http://www.who.int/healthinfo/global_burden_disease/en/.
2. World Health Organization. *Fact Sheet Children: reducing mortality*. 2016 7 September 2016]; Available from: <http://www.who.int/mediacentre/factsheets/fs178/en/>.
3. US National Cancer Institute, World Health Organization. *The Economics of Tobacco and Tobacco Control. National Cancer Institute Tobacco Control Monograph 21*. [cited 2017 10 May]; Available from: <https://cancercontrol.cancer.gov/brp/tcrb/monographs/21/index.html>
4. NCD Risk Factor Collaboration (NCD-RisC). *Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults*. *Lancet*, 2017. **390**(10113): p. 2627-2642.
5. World Health Organization. *Don't pollute my future! The impact of the environment on children's health*. 2017 [cited 2018 24 September]; Available from: <http://www.who.int/ceh/publications/don-t-pollute-my-future/en/>.
6. World Health Organization. *Consideration of the evidence on childhood obesity for the Commission on Ending Childhood Obesity 2016* 2016 [cited 2018 24 September]; Available from: http://apps.who.int/iris/bitstream/10665/206549/1/9789241565332_eng.pdf.
7. UNICEF. *Statistics Education*. [cited 2018 24 April]; Available from: <https://data.unicef.org/topic/education/primary-education/>.
8. World Health Organisation. *Health Promoting School: an effective approach for early action on NCD risk factors*. 2017 [cited 2018 24 September]; Available from: <http://www.who.int/healthpromotion/publications/health-promotion-school/en/>.
9. World Health Organization. *What is a health promoting school?* [cited 2016 21 August]; Available from: http://www.who.int/school_youth_health/gshi/hps/en/.
10. World Health Organization. *Local Action Creating Health Promoting Schools*. [cited 2018 24 September]; Available from: http://www.who.int/school_youth_health/media/en/sch_local_action_en.pdf?ua=1.
11. Albert Lee et al, *The Hong Kong Healthy Schools Award Scheme, school health and student health: an exploratory study*. Forthcoming *Health Education Journal*, 2018.
12. Stewart Brown S. *What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen, WHO Regional Office for Europe 2006* [cited 2018 7 May]; Available from: http://www.euro.who.int/_data/assets/pdf_file/0007/74653/E88185.pdf.
13. WHO Regional Office for Africa. *INTERSECTORAL CASE STUDY THE HEALTHY SCHOOLS PROGRAMME IN SOUTH AFRICA*. 2013 [cited 2018 7 May]; Available from: <http://www.afro.who.int/sites/default/files/2018-02/2014-03-06-the-healthy-schools-programme-in-south-africa.pdf>.
14. Langford, R., et al., *The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement*. *Cochrane Database Syst Rev*, 2014(4): p. CD008958.
15. World Health Organization. *Global School Health Initiatives: Achieving Health and Education Outcomes, REPORT OF A MEETING Bangkok, Thailand, 23–25 November 2015* 2017 [cited 2018 24 April]; Available from: <http://apps.who.int/iris/bitstream/handle/10665/259813/WHO-NMH-PND-17.7-eng.pdf;jsessionid=2C38FBBB0C431ABAC999C5D3269B0E1C?sequence=1>.

16. Vartiainen, E., et al., *The effects of a three-year smoking prevention programme in secondary schools in Helsinki*. Eur J Public Health, 2007. **17**(3): p. 249-56.
17. Jourdan D, S.O., Diagne F, Carvalho GS. , *The future of health promotion in schools goes through the strengthening of teacher training at a global level*. Promot Educ. , 2008. **15**(3): p. 36-8.
18. World Health Organization. *Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation* . . 2017 [cited 2018 19 July]; Available from: <http://apps.who.int/iris/bitstream/10665/255415/1/9789241512343-eng.pdf?ua=1>.
19. World Health Organization. *Thirteenth general programme of work, 2019-2023, Report by the Director General*. 2018 [cited 2018 15 June]; Available from: <http://www.who.int/about/what-we-do/gpw-thirteen-consultation/en/>