WORLD HEALTH ORGANIZATION
Regional Office for the Western Pacific

HEALTH-PROMOTING SCHOOLS

Report of the Workshop for National Coordinators of Health-promoting Schools in the Pacific

Convened by the World Health Organization Office for the Western Pacific and the Institute of Education, University of the South Pacific Suva, Fiji

2-6 October 1995
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INTRODUCTION

Scope and objectives of the workshop

The concept of “Healthy Islands” as the unifying theme for health promotion and health protection in the island nations of the Pacific for the twenty-first century was adopted by the Conference of Ministers of Health of the Pacific Islands in March 1995. In the Yanuca Island Declaration the Ministers endorsed the concepts reflected in the WHO Western Pacific Region document New horizons in health. The Declaration saw healthy islands as “places where children are nurtured in body and mind”.

The school is a key setting in the development of health in young people. The health-promoting schools concept is a global school health initiative which offers a holistic approach to addressing all of the factors that influence the health of young people. It involves students, teachers and other members of the school community, parents and the wider community. It provides for coordinated action with respect to the curriculum, the school’s physical and social environments, school health services and of course those policies and practices of the school which impact on health.

In October 1995 a workshop was convened in Fiji for national coordinators of health-promoting schools in the Pacific. This reflected the strength of the interest among Pacific island countries in this concept since it was initially introduced at a workshop on Health Promotion in Schools in the Pacific Island Countries, held in Sydney the previous December. On this occasion participants had indicated their interest in establishing health-promoting schools in their respective countries and, in many instances, the appointment of a national coordinator was an important step in this process.

Between the workshop in Sydney and that in Fiji ten months later, there had been a number of important developments within the Region in relation to health-promoting schools. There had been further inter-country meetings and also national meetings in several countries. Draft
guidelines on health-promoting schools had been drawn up the WHO Western Pacific Regional Office and widely circulated, and several countries had initiated specific projects around health-promoting schools.

The importance of cooperation between the education and health sectors had been recognized as had the importance of international support such as that being offered by WHO in the Region.

The Fiji workshop was intended to advance the work occurring in Pacific island countries and specifically to:

- Review draft guidelines *Development of health-promoting schools: A framework for action* and a paper setting out research priorities for health-promoting schools;

- Formulate an action plan for national implementation of health-promoting schools;

- Develop a manual to guide and support the establishment of health-promoting schools in each country;

- Formulate an action plan for establishing an effective Pacific island schools network.

**Participating countries and organizations**

The workshop was attended by participants from seventeen countries and areas from the south and east of the WHO Western Pacific Region, namely American Samoa, Cook Islands, Fiji, Kiribati, Northern Mariana Islands, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

Also represented were UNESCO, UNFPA, UNICEF, Education International, The South Pacific Commission, Foundation of the Peoples of the South Pacific, the South Pacific Action Committee for Human Ecology and the Environment, the Australian Sports Commission, the
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Victorian Health Promotion Foundation and the WHO Regional Training Centre for Health Development

A full list of the Workshop participants, representatives, observers and secretariat members is attached as Annex 1.

The workshop was funded by the World Health Organization, Regional Office for the Western Pacific.
Welcoming addresses

Mr Apisalome Tudreu, Permanent Secretary for Health and Social Welfare, Fiji, welcomed the workshop participants on behalf of the Minister for Health and Social Welfare (Hon. Seruwaia Hong Tiy). Mr Tudreu identified the school as a key setting for the healthy development of young people by providing knowledge and skills and access to school-based health services. He pointed out that counselling and parent education personnel, environmental health officers, nutritionists and, sometimes, speech therapists were now part of school health teams. Mr Tudreu pointed out that the workshop would have to address concerns beyond traditional causes of morbidity and mortality and consider emotional, psychological and learning problems, and social and environmental risks. The workshop would also have to consider unintentional injuries and lifestyle concerns, particularly tobacco, alcohol and drug use, sexual behaviours and dietary habits. Mr Tudreu believed one of the tasks of the workshop was to translate the New horizons in health concepts into practice, contributing to the Healthy Islands theme endorsed by the Health Ministers' Yanuca Island Declaration. He also recognized that the success of school health promotion was dependent on collaboration between health and education. He was pleased that the Family Life Education programme had been re-introduced into some secondary schools in Fiji.

Mr Esekia Solofa, Vice-Chancellor of the University of the South Pacific, also welcomed the workshop participants. Mr Solofa expressed concern at the new regional strategy for development, formally adopted at the recent South Pacific Forum meeting. The main reason for his concern was that the strategy was divided into two sections, development and support, with health and education being relegated to the support sector. He expressed the view that no real development could take place if people were health-handicapped or educationally short-changed. Mr Solofa believed that this workshop, and others like it, now had the
critical role of ensuring that health and education continued to develop, in order to make economic development possible.

Dr Sung-kyu Ahn, WHO Representative in the South Pacific, delivered the welcoming address of Dr Sang Tae Han, Regional Director, WHO Regional Office for the Western Pacific. Dr Han welcomed the country coordinators and representatives of international and regional organizations and the representatives of universities in the Region. He particularly thanked the University of the South Pacific for hosting the workshop. The workshop participants were reminded that the unifying theme of the Yanuca Island Declaration was Healthy Islands where children were nurtured in body and mind, where environments invited learning and leisure, where people worked and aged with dignity and where ecological balance was a source of pride. Health-promoting schools made an important contribution to healthy islands and WHO was pleased to collaborate with countries in the Region in this endeavour. It was noted that the concepts of *New horizons in health* were being supported with the commitment of governments throughout the Region and were influencing policy and planning at government level. *New horizons in health* particularly advocated collaboration across sectors. This was exemplified by the coming together of representatives of health and education in this workshop for the joint preparation of a health-promoting schools manual.

In her welcoming remarks, Dr Rosmarie Erben explained that exciting developments had taken place in the Region since the first workshop on school health promotion in December 1994, which had been organized by WHO in collaboration with the National Centre for Health Promotion at the University of Sydney and which had a focus on Pacific island countries.

WHO had provided an outline of a project proposal for the development of health-promoting schools under the theme of “Preparation for Life” within the *New horizons in health* approach. The objective was that each country should undertake to establish health-promoting schools. Already many countries had expressed their wish to collaborate with WHO in this endeavour. This would require adequate infrastructure and policies. It was hoped that participants in the workshop would together identify areas of work and then initiate action in their respective countries. Dr Erben reminded participants that a start could be made on a small scale with the full awareness that each project, however modest, was part
of a dynamic network that would provide a basis for better health and quality of life.

Prior to commencing the formal proceedings the participants elected Mrs Gavula Vuatalevu chairman and Mr Malakai Ofanoa Vice-Chairman. Mrs Cecilia Short was elected rapporteur and Mr Jeffry Chun co-rapporteur.

During the course of the workshop all those in attendance made afternoon visits to two schools which the Fiji Ministry of Education had designated as pilot health-promoting schools. The first was to Adi Cakobau, an all-Fijian girls’ rural secondary school, while the second was to Suva Grammar, a large multi-racial co-educational urban secondary school. The school committee coordinators explained to the groups how they were implementing their action plans. Guided tours followed, in which participants gained valuable insights into a health-promoting school in action. Such knowledge was of particular value to the national coordinators, in setting up schools in their own countries and areas. The school visits were accompanied by traditional Fijian hospitality which, like the insights gained from the schools’ experiences as health-promoting schools, was much appreciated.

Introductory statements

Dr Rosmarie Erben introduced the health promotion programme which formed the basis for the work with countries and areas in the Western Pacific Region. The health promotion programme had been endorsed by the forty-fourth session of the Regional Committee in September 1993. The health promotion programme highlighted individual action for health, balanced by support for healthy living to be given by the community and government. Everyday settings such as the home, school, workplace, or even the entire community, city or island, were the framework for such action. Intersectoral collaboration, including with nongovernmental organizations and the private sector, was important to the programme.

The health promotion programme was further developed in the light of the document *New horizons in health*, which focused on health
promotion and health protection. *New horizons in health* outlined a proposal for new approaches to health issues in the Region, in which the emphasis was shifted from a disease orientation towards one of positive health and human development. It stressed the role of the individual, the family, and the community in taking responsibility for health matters, and of the public sector in providing the appropriate support for this. External factors such as the environment were recognized as being significant in health and human development.

The document was strongly endorsed by the forty-fifth and the forty-sixth sessions of the Regional Committee. Against this background the Conference of Ministers of Health of the Pacific Islands, during their meeting in Yanuca Island, Fiji, in March 1995, had adopted the concept of “Healthy Islands” as the unifying theme for health promotion and health protection in the island nations of the Pacific for the twenty-first century.

The development of health-promoting schools was proposed by the Western Pacific Regional Office of WHO as being directly pertinent to the theme, “Preparation for Life”, which was one of three basic themes underlying *New horizons in health*. This theme related to the lifestages of infancy, childhood and adolescence. Health-promoting schools were primarily targeted at this group with their concern with the health of children and young people. However, if effective they would also reach into the homes and communities which surrounded schools and would thereby influence the families of these children and young people and the wider communities of which their schools were a part.

Dr Erben also linked these regional developments to WHO’s Global School Health Initiative, which aimed at creating a productive bridge between the health and education sectors in pursuit of joint health and education goals. An Expert Committee on Comprehensive School Health Education and Promotion had met in September 1995 and had laid the operational foundation for the Global School Health Initiative. This Initiative would unite the diverse activities and programmes within WHO which encouraged the development of health-promoting schools, as well as those of United Nations sister agencies and other relevant organizations. A concerted effort was needed between governments, WHO, the rest of the United Nations family and the donor community to put the Initiative into full operation.
Dr Michael Booth provided an overview of the principles and concepts of health-promoting schools (see Annex 2 for the full text of the presentation). Dr Booth reminded the workshop participants that the first responsibility of schools was to provide quality education for young people, but also pointed out that school health promotion activities frequently supported, and did not detract from, the social and educational objectives of schools. He described the health-promoting school concept as based on a holistic view of health which recognizes the different physical, social and mental dimensions of health. It was guided by the principles of equity of access to school education among different population groups and between genders; empowerment through the development of knowledge and skills among students; and inclusiveness by ensuring that the whole school community and the wider local community were fully engaged in developing and implementing school activities.

Dr Booth suggested that it would be helpful to understand the health-promoting school model as consisting of six key elements: the formal curriculum; the school ethos or social environment; the physical environment; the policies and practices of the school; school health services; and the school-home-community interaction. Although it might be helpful to think in terms of the different elements, in practice they should be as thoroughly integrated as possible. Indeed, a central feature of health-promoting schools was that all health-related activities should be integrated and coordinated.

Reports from international and regional agencies

Mr Allan Kondo, UNESCO Population Education Adviser on the UNFPA Country support Team based in Suva, informed the workshop participants that in the Pacific, to his knowledge, most of the health promotion in schools through UNESCO was being done through UNESCO-executed population education projects funded by UNFPA. He explained that population education examined the effects of population change on quality of life, including health. UNFPA did not provide health education materials per se but focused on issues such as the impact of family size on health and quality of life. He pointed out that population size had an impact on determinants of health such as
food, the quality of the environment, pollution, the ability of the land to support agriculture and the health of mothers on children. UNFPA is now concentrating more on reproductive health which, for schools, had greatest relevance for teen pregnancy and sexually transmitted diseases among youth. Mr Kondo also pointed out that UNFPA recognized the many cultural barriers to effective sexuality education and attempted to address them.

Adi Davila Toganivalu, Ms Jacqui Badcock and Ms Jane Paterson informed the workshop participants of the work of UNICEF in that part of the Region. They explained that UNICEF worked in close cooperation with national governments, nongovernmental organizations, other UN agencies, communities, families and individuals to identify and address the needs of children through advocacy and resource mobilization. UNICEF was currently managing four programmes in the Pacific Region. The Social Mobilization for Child Survival and Development Programme was intended to empower children, families and communities to enhance the development and participation of children and to monitor progress in human development. The Child Health Programme focused on immunization to eradicate polio and neonatal tetanus, to control measles and diarrhoeal diseases and to reduce mortality associated with acute respiratory infections. The Food and Nutrition Programme would address undernutrition, vitamin A deficiency and maternal anaemia and would promote breast-feeding and food security. The Basic Education Programme would expand support for early childhood development, increased participation in primary education (including reduced drop-out rates) and nonformal education.

Mrs Taiora Matenga-Smith informed the workshop participants that the South Pacific Commission had programmes on community health, fisheries, household food security, women, statistics and population, economics, technology advice, youth, and publications and translation services. The community health programme’s goals included promoting developments that enhanced the health of island peoples, strengthening health and nutrition services, preventing and controlling communicable and noncommunicable diseases, and coordinating, collaborating and liaising with other agencies. Nutrition and health services focused on networking and the development of resource materials (posters, games, videos, flipcharts and newsletters) related to noncommunicable diseases. Statistics and population publications provided information on regional health and demographic data. The Community Education Training
Centre (CETC) involved training in a broad range of areas relevant to health, and placed particular emphasis on the role of women in the community. The Pacific Island AIDS and STD Prevention Program was intended to assist Pacific island countries to minimize the incidence of sexually transmitted diseases and AIDS by collecting and adapting information and education materials produced in other countries, by providing technical assistance and advice, by advocacy, by networking through publications and by the provision of grants.

Mr Patrick Narayan of Education International, informed the workshop participants that Education International represented teacher unions throughout the world and dealt primarily with international organizations in order to foster educational objectives through collaboration and joint initiatives. Education International implements its objectives through the member teacher unions. On behalf of Education International, Mr Narayan expressed strong interest in the outcome of the workshop and in supporting in the development of health-promoting schools in the Region.

Ms Verona Lucas and Mr Etika Rupeni of the Foundation for the Peoples of the South Pacific (FSP) described the mission of FSP and its current projects. Mr Rupeni said that FSP represented a family of organizations with a primary focus on empowerment of peoples of the South Pacific in all aspects of life, particularly health, education and environmental issues. FSP (Fiji) was a member of a family of organizations working under the banner of FSP International. FSP worked on projects of concern to individual countries, and on regional and multicountry projects with a focus on training. Relevant projects include Nutrition and Health Improvement for Schools (Kana Project) and Capacity Building Support for Community Schools in Fiji.

Mr Isoa Korovulavula of the South Pacific Action Committee for Human Ecology and the Environment (SPACHEE) described the organization’s main strategy as improving communication and coordination between nongovernmental organizations interested in environmental management, research and education. SPACHEE was active in producing educational materials on environmental issues for secondary schools and the public. It employed a multidisciplinary approach intended to influence awareness, understanding and concern for the environment as the home of the people and to increase knowledge, skills
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and motivation and commitment for working towards care for the environment.

Mr Brian Minikin, Coordinator of the Australian South Pacific 2000 Sports Programme, was working with South Pacific Forum member countries to increase participation at the 2000 Olympics. The programme included social skills development and an emphasis on healthful participation in competitive and non-competitive sports. Mr Minikin pointed out that the rationale supporting the initiative clearly recognized the economic, health and social benefits associated with an active sports programme. The components of Aussie Sport included a number of programmes ranging from early childhood development through to youth leadership, some of which had a specific target group focus such as those programmes for girls. Mr Minikin also pointed out that sports programmes could provide an effective way to deliver other health messages like the avoidance of smoking. He told the workshop participants that the Australian South Pacific 2000 Sports Programme, with the support of WHO, was funding Sportstart programmes in the Region and several countries had already become involved.

Ms Jan Ritchie of the University of New South Wales, Australia, and Mr Peter Thompson of the Victorian Health Promotion Foundation, Australia, described the Health in the Pacific project which their organizations were undertaking in partnership with the Macfarlane Burnet Centre for Medical Research with the financial support of AusAID. The project involved the Cook Islands, Kiribati, Niue, Samoa and Tuvalu and was in the process of being developed and piloted.

Mr Thompson explained that the Victorian Health Promotion Foundation was funded by a proportion of a tax on tobacco and was particularly active in developing health-promoting schools in Victoria and in promoting organizational health.

Country reports

Mr Jeffrey Chun informed the workshop participants that in American Samoa there were presently three pilot schools, each of which had chosen a priority for action. All three had instituted tobacco-free school policies. The focus of the schools was on positive role modelling. Staff-
wellness programmes had been instituted and included increased availability of healthy food for students and staff and physical activity programmes. A new health curriculum ("Know your Body") had been adopted to enable young people to be assertive, develop refusal skills, communicate and make health-enhancing decisions.

Mrs Cecilia Short stated that the Cook Islands already had many activities under way, including health education curriculum in primary and secondary schools. The secondary school curriculum placed an emphasis on the development of decision-making skills among students with regard to urgent health-related and personal development issues. Plans for the future involved enhancing current programmes and strengthening activities related to the school environment, and the involvement of parents in maintaining healthy school communities.

Adi Naituyaga and Mrs Gavula Vuatalevu pointed out that the delivery of health promotion and health care had always been coordinated through the Ministries of Health and Education in Fiji. Health Education was an examinable subject in primary schools and health education was integrated across the curriculum in secondary schools. The Ministry of Education had nominated a health-promoting schools national coordinator and two pilot health-promoting schools had been established. The pilot school activities had received a very positive reception from all involved. A national strategy was currently being developed to bring all secondary schools into the health-promoting schools programme by the year 2000.

Mr Timau Tira reported that on Kiribati school health policies had not been generally reviewed nor had substantial attention been given to the safety of the school environment. Another programme however had attempted to foster school/home/community interaction with some success. Health education was integrated across other subjects, particularly Environmental Science. Mr Tira reported that coordination of school health services needed to be improved.

Mr Roy Fua and Ms Celeste Anderson reported that the Commonwealth of the Northern Mariana Islands had concentrated particularly on the involvement of parents and the wider community in deciding on the areas of focus for health. The education sector had recently adopted and modified some health education units like the Teenage Health Teaching Modules, and had designated some schools as smoke-free. High teacher
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turnover was one of the most significant resource problems. Smoking and betel nut use were important health problems. The Department of Public Health was involved in immunization programmes and in promoting school lunch programmes. A weekly radio programme focused on nutrition and HIV/AIDS in an effort to provide education to the wider community. The social service unit was also providing education on teenage pregnancy. Sports and recreational activity programmes were being encouraged for children outside school hours.

Ms Eonmita Rakinmeto reported that in the Republic of the Marshall Islands, the Ministry of Education had implemented the Teacher-Child-Parent (TCP) curriculum for Years 1-8. TCP involved communication between teachers, students and parents and included units on food and nutrition, mental and emotional health, population health, community and environmental health, and exercise and fitness. A video on school gardening was presently in production and teachers received monthly in-service training on health and nutrition. School health services included screening by the school nurse for vision, hearing, skin infections and normal growth. Screening and various wellness programmes were available for teachers and parents to encourage the development of healthy habits among those adults likely to serve as role models to the students. The school food service was being examined by the Ministries of Health and Education for nutritional value and balance. Counsellors were available in secondary schools.

Mr William Eperiam and Mr Weldis Welley reported that, in the Federated States of Micronesia, health promotion activities had been under way for a long time, but not the present model. Health education had been in place and the Teacher-Child-Parent programme was being implemented. Traditionally, parents had taught their children about health, but it was recognized that new approaches might need to be adopted to meet changing demands. Health and Nutrition was one of the key curriculum areas and the newly-revised science curriculum included components on health. Although health and education had formerly been in one government portfolio, they were presently separate, resulting in reduced interagency cooperation. There was no systematic school health promotion programme in place, but it was hoped that the present workshop would provide the impetus for change.

Mr Eston Thoma of the Republic of Nauru reported that health and education had been split into separate portfolios in 1990 with the
consequence that school visits by the community health units and other programmes had been reduced and presently received less support than previously. He said that the health-promoting schools concept was not well known. Important priorities on Nauru were the supply of fresh water and the provision of first aid resources to schools. Greater cooperation between the health and education sectors was also an important priority. Community forums and awareness programmes to educate parents were planned for the near future.

Ms Jieni Mitimeti reported that there was one high school and one primary school on Niue. The schools were implementing policies on not allowing food sellers to sell unhealthy foods in schools. Health examinations were available for all students. HIV/AIDS programmes were taught to forms 5 and 6 students in high schools until recently. The need for greater involvement of parents in the schools and for the provision of education for parents was well recognized. It was also felt that there was insufficient cooperation between the health and education sectors. The activities described above had been in place for some time, but in order to more fully implement health-promoting schools, there was an urgent need for planning and coordination of health promotion activities. It was hoped that the Education Department would take the leading role, with the Health Department acting in support.

Dr Stevenson Kuartei of the Republic of Palau reported that a programme was being developed by the primary care unit in the Ministry of Health, and the Ministry of Education. A recent assessment had shown that health programmes for children and adolescents were sporadic compared with programmes addressing other phases of the life cycle. Fully subsidized health services and education were available in Palau for school-aged children, making it a fertile ground for the Comprehensive School Health Programme which was presently being drafted and was due for implementation in 1996. This would include screening for communicable diseases; immunization status and physical, cognitive and emotional dysfunction. It would also include provision of first aid, dental care, the development of health curricula, coordination of health promotion programmes, inservice training for school nurses and teachers, and sports training. Other objectives included the creation of advisory committees and the development of disease prevention projects.

Mr Pepa Koka and Ms Pauline Doonar informed the workshop participants that Papua New Guinea generally had poor health status.
However, a great deal was being done to address the challenges. The
Child Survival Program was presently under way. With 1995 being
designated as the Year of Health Promotion, this had generated
awareness in the country at large, including amongst schools. The
Ministry of Education and the Ministry of Health had agreed to
collaborate with WHO in the development of health-promoting schools.
A National Interim Coordinating Committee for Health-Promoting
Schools (NICC) had recently been formed and involved many
government sectors and a WHO adviser. The NICC was developing a
Health-Promoting Schools Guide; introducing the health-promoting
schools concept to the Curriculum Development Division and to schools
through workshops, and was developing a health-promoting schools
draft policy. The NICC had also established five trial health-promoting
schools. Plans for the future included a review of the health education
curriculum; inservice training for teachers on health-promoting schools
and the development of a video on health-promoting schools.

Ms Silia Pausisi and Mr Sakaria Taituave reported that, in Samoa, 1995
marked the transition from school health education to “health-promoting
schools”. The Department of Health had conducted annual inservice
training for teachers since 1982. The health-promoting schools concept
was not new to Samoa, as the elements had been understood as part of
school health education, although activities had been fragmented. The
Department of Education was working to strengthen the health
curriculum which had been developed initially in 1987. School health
policies focused on teachers as role models (e.g. discouraging teacher
smoking and drinking) and school canteens were also being targeted to
follow policies on healthy food provision. Water supply, general
sanitation and buildings were being reviewed for suitability. Basic skill
development (e.g. first aid) was being encouraged. Although school
nurses usually visited once per month, those visits were not always
regular. Health inspectors checked the school environment. The major
problem was appropriate coordination of all of the current activities.
Future plans were to re-establish the School Health Education
Committee as the Health-Promoting School Committee, to conduct
surveys of health-promoting school activities and teacher and student
health practices, to establish pilot schools and to introduce health-
promoting school components of pre-service teacher education.

Mrs Neitire Manu reported that in Solomon Islands a non-compulsory
curriculum was available for primary schools. No in-service training
was available for teachers, so health education was often overlooked. Teaching manuals had been developed and would be introduced in 1996. The Ministry of Health and Medical Services officers, especially nurses, conducted school health visits.

Mrs Elisapeta Vavega described conditions in Tokelau. School education was compulsory until the age of 16 years. Health education was introduced in the first year and had personal hygiene, understanding the body and nutrition as the major topics. Dental programmes and regular screening were available. The curriculum would be reviewed in the near future.

Mr Malakai Ofanoa and Mrs Lakai Koloamatangi reported that health education was not new in Tonga, having always been a part of school education. Health education was compulsory in primary schools and in Forms 1 and 2 in secondary schools as a separate subject (Health Studies). The curriculum had been reviewed by the Curriculum Development Unit in 1993. Schools participated in several competitions on World Food Day and school gardens and healthy school compound projects were always active. Parent education programmes (particularly on nutrition) had been very successful. The Aussie Sports programme for primary schools had been adopted recently. A key aim was to extend the impact of the school-based programmes into the home and community. A broad range of school health services was available, including immunization and dental care. The health and education ministries were coordinated at a national level.

Ms Vinaka Ielemia reported that, in Tuvalu, health education was presented in Social Science and Environmental Science and was conducted from Class 1 to Form 2. The school health committee included members of local government, nongovernment agencies, teachers and parents. The committee determined school health policy and practice on maintaining a healthy environment. The community health nurse was responsible for health service delivery which included conducting physical examinations, immunization programmes and dental care and maintaining sanitary conditions. Most activity took place on the main island with much less on the outer islands. Tuvalu had a strong interest in implementing health-promoting schools.

Ms Marina Laklotal reported that, although no projects were yet under way in Vanuatu, the Ministry of Health was committed to implementing
the New horizons in health approach and had recently held workshops to this end. Pilot schools were to be selected and activities relating to health-promoting schools would commence during 1996. The Ministry of Education had nominated a National Coordinator for Health-Promoting Schools who would be a member of the health-promoting schools coordinating committee. A “Healthy Schools, Healthy Villages” programme would be implemented in the near future. A recent publication, Health, Nutrition and Agriculture, was being used in primary schools and a new book on understanding sexually transmitted diseases was in preparation. Community health nurses provided school health services such as immunization programmes, dental care, and environment and sanitation programmes.

Workshop process

In addition to the exchange of information between countries and the presentation of reports from international agencies, the major part of the workshop was taken up by open discussion and meetings in small groups to consider the issues contained in the workshop objectives. The results of the work group sessions were presented and discussed in plenary feedback meetings. The work group sessions were directed towards addressing the following issues:

Work Group 1: Getting Started: Establishing Health-Promoting School Committees.

The participants were asked to consider the following questions:

• To what extent do health-promoting school committees already exist in Pacific island nations?

• Who should participate in committees in order to achieve comprehensive support?

• How often should committees meet?

• What should their functions be?

• What goals and objectives might be set?
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- What are the potential barriers?
- How might committees be facilitated?

The work group discussed these questions in the context of both national coordinating committees and committees operating at the school level.

**Work Group 2: Getting Started: Issues and Strategies.**

The participants were asked to consider the following questions:

- How might a committee's formation and functioning be facilitated?
- What are the information needs of committees?
- How can these be met?
- How are priorities for action established?
- What factors need to be taken into account in setting priorities?
- What are the roles of a national coordinator?

**Work Group 3: What Activities and Initiatives Might be Taken Over the Next Two to Three Years to Advance the Development of Health-Promoting Schools?**

Participants were asked to consider this question in terms of the six key elements of health-promoting schools.

The Open Discussion Sessions addressed the following issues:

- A Pacific island definition of health-promoting schools;
- The development of national strategies. The workshop participants were asked to respond to four questions on this issue.
  - what do you consider are the next important steps to be taken in your country at the national level?
  - what resources and support do you perceive to be urgently required?
how do you intend to select the initial schools to participate in the introduction of health-promoting schools?

how do you intend to evaluate and document the development of health-promoting schools in your country?

- Identification of research priorities relevant to the development of health-promoting schools in the Region;

- Discussion of a proposal to establish a Western Pacific Regional Health-Promoting Schools Network;

- Consideration of the proposal by the Australian Association for Health-Promoting Schools for "twinning" of Australian and Pacific island schools. (The proposal is enclosed as Annex 3).

Feedback from work group sessions

Feedback from Work Groups 1 and 2

This is summarized here and has been incorporated into a draft health-promoting schools manual which is being prepared by the University of the South Pacific at the request of participants. It was broadly agreed that, at both national and school level, opportunities to build on existing structures should be sought, rather than new committees being created unless they were genuinely needed.

At the school level

- The establishment of health-promoting school committees is a feasible and useful approach. Such committees are not presently widely established in schools in the WHO Western Pacific Region.

- Many schools already have several committees. Each school needs to determine which of the existing committees might be best placed to assume the responsibility for the health-promoting school developments or if a new committee needs to be established.

- Health-promoting school committee participants should include: the principal or vice-principal; school nurse/health officer; head of each department, parents and/or Parents' and Teachers' Association
representatives; at least one student representative; a representative of the national or local public health service; and representatives of influential community groups (e.g. church, youth and women's groups). The workshop participants agreed that a smaller committee would be most effective, coopting those with special expertise as necessary.

- The committee should meet regularly.

- The potential functions of the committee would include:

  - establishing overall and specific health-promoting school policies;

  - conducting a needs assessment among students, staff, parents and the local community;

  - setting priorities for action on the basis of the findings of the needs assessment;

  - developing an action plan to address the identified priorities, including identifying needed and available resources;

  - integrating the health plan into the school culture;

  - coordinating health services in the school;

  - monitoring and evaluating progress;

  - giving recognition to those who participated in creating a health-promoting school.

- The committee's functioning could be facilitated by:

  - leadership from the school and participation by a broad group;

  - regular meetings and adherence to goals and objectives;

  - commitment and leadership from the chairperson.
• The information needs of the committee are likely to include:
  
  – an appreciation of relevant government policies;
  
  – data on the health status and health behaviours of students;
  
  – perceived needs of parents, teachers and students;
  
  – availability of human and material resources.

• These information needs may be met through a number of avenues, which include:
  
  – liaison with appropriate government authorities;
  
  – participation of parents, students and teachers on the committee.

• In setting priorities for action the committee should consider:
  
  – what is achievable;
  
  – interests of parents and the local community;
  
  – costs and available resources, including corporate sponsorship.

The workshop participants felt that it would be particularly useful to have a simple, friendly document describing the mutually supportive relationship between the education and health sectors, as an advocacy tool. The participants expressed the wish that WHO take a supportive role in the development of the document by the Institute of Education of the University of the South Pacific.

At the national level:

• The establishment of a National Health-Promoting School Committee is a feasible and useful approach. Where appropriate, there may also be a case for state/provincial/district level committees.

• Committee participants should include: at least one senior official from the Ministry of Education and one from the Ministry of Health; a senior public health officer; a nutritionist; an environmental health
officer; a curriculum unit officer; a legal officer; and representatives of youth groups, religious or traditional culture groups and women’s groups. It was suggested that recruitment to the committee would best be conducted by a national health-promoting schools’ coordinator, either situated in or seconded from the education sector.

- The committee should meet regularly.
- The functions of the committee would include:
  - fostering community support;
  - policy development;
  - the establishment of performance standards;
  - coordination of national programme implementation;
  - identification and provision of training/professional development needs;
  - monitoring progress at the national level.
- The committee’s functioning could be facilitated by:
  - fostering good organizational practice e.g. setting clear goals and objectives, role clarification, ensuring clear communication among committee members and between the committee and the community and
  - making use of opportunities provided by international agencies while continuing to foster the development of self-reliance locally.
- The information needs of the committee are likely to include:
  - national data on morbidity and mortality, prevalence of health behaviours;
  - data on health curriculum resources and implementation, the quality of the schools’ physical environment, the policies and
practices of schools, health service delivery, involvement of parents and the community in schools;

- an understanding of the beliefs and perceptions of teachers, parents and students;

- an understanding of which groups or organizations are engaged in various activities (i.e. an activity map);

- an understanding of approaches and interventions that work and of those which do not work;

- an understanding of the available technical and human resources.

• These information needs may be met through a number of avenues, which include:

  - accessing relevant statistics from existing collections;

  - conducting local surveys and using other needs assessment strategies;

  - establishing information sharing networks between schools.

• In setting priorities for action the committee should consider:

  - the severity and prevalence of health problems;

  - national health goals and targets;

  - costs and available resources;

  - cultural mores;

  - the political climate.

• The profile of the national health-promoting schools' coordinator would include:

  - being experienced in the content and practice of health education and health promotion, and in the delivery of training;
- possessing well-developed administrative, organizational, group management, communication and leadership skills;
- a demonstrated ability to acquire funding;
- having good networks in both the health and education sectors.

• The role of the national health-promoting schools coordinator would include:
  - to chair and manage the national committee;
  - to establish local/national networks among schools and supporting organizations;
  - to act as the national contact for the Western Pacific Health-Promoting Schools Network.

Feedback from Work Group 3

This section summarizes feedback from Work Group 3 which resulted in proposals being made in relation to each of the six key elements:

(i) The formal curriculum

• Deliver special health education classes and integrate health education across other subjects in the curriculum;
• Hold health observance days: promote local, natural foods; no smoking;
• Poster and speech competitions, school exhibitions, song and poetry composition, dance programmes;
• Peer health groups;
• Exercise competitions, stretching in class;
• Group projects involving parents, teachers and students.
(ii) School ethos

- Counselling for students, particularly primary students;
- Sports and recreation which encourage cooperation and participation, not competition;
- Inservice training for teachers on communication and interpersonal skills;
- School exchange programmes;
- Introduce health-promoting school concept in basic teacher training;
- Encourage students to speak at committee meetings;
- Organize panel discussions and debates on health issues;
- Non-alcoholic, smoke-free social functions for teachers;
- Provide for conflict resolution; do not tolerate violence.

(iii) Physical environment

- Well-ventilated classrooms, good lighting;
- Clean water supply, proper drainage;
- Planting trees, recycling, composting, vegetable gardens;
- Safe equipment in playgrounds;
- No Smoking signs;
- Community support for the purchase of furniture, equipment, fence the school compound;
- Students taking responsibility by cleaning facilities or painting murals;
Proceedings

- "Adopt a school" projects (community or large organization helps to maintain school);

(iv) Policies and practices

- Existing policies reviewed and updated in consultation with Parents and Teachers Association, school health committee, national advisory committee;
- Policies are clearly written and well-communicated;
- Both teachers and students implement health-related policies and practices by development of reward/penalty system;
- School health calendar developed;
- Incentives for teachers and parents to quit smoking, lose weight;
- Regulations enforced;
- Teachers encouraged to act as positive role models.

(v) Health services

- Vision and hearing checks;
- Speech therapy;
- Special education for those with a learning disability;
- Attention to spiritual health;
- First aid kits and training for students, teachers, parents and bus drivers;
- Counselling;
- Blood chemistry checks;
- Effective immunization programmes;
• Dental care services;
• Disaster response training
• Encourage full use of available health resources;
• Make full use of traditional groups like women’s groups, church groups;
• Encourage health workers to visit school regularly;

(vi) School/home/community interaction
• Study and understand community culture, mores, values;
• Parents encouraged to act as teachers’ aides;
• Principal and teachers to conduct outreach to parents;
• Well-known community members invited to address school;
• Traditional nights organized to promote health-promoting school activities;
• Sports days organized by the Parents and Teachers Association (walkathon, traditional sports);
• Regular meetings held of health-promoting school committee with the community;
• Informal education provided for parents out of school hours.

Feedback from open discussion sessions

Pacific island health-promoting school definition

The following definition was offered for group discussion:

“A health-promoting school is one that integrates Pacifically essential mechanisms to improve, promote and maintain the physical, social,
emotional and ethical/spiritual well-being of all members of the school community within their own environments.”

Agreement on the definition was not reached. It was decided to pursue the development of the definition at future workshops.

**National implementation strategies**

This section reports the results of open group discussion on the development of national strategies to develop health-promoting schools. The workshop participants were asked to respond to four questions:

(i) What do you consider are the next important steps to be taken in your country at the national level?

The responses included:

- Advocating health-promoting schools to senior managers in the Health and Education Ministries;
- Identifying people in schools and in other sectors who are interested in implementing or supporting components of health-promoting schools;
- Establishing preliminary national health-promoting school committees;
- Identifying goals and setting objectives for national health-promoting schools committees;
- Identifying a national health-promoting schools coordinator, preferably from the education sector;
- Surveying health behaviours among students;
- Identifying the initial schools to become health-promoting schools;
- Organizing training for teachers on health-promoting schools.
(ii) What resources and support do you perceive to be urgently required?

The responses included:

- Networks to connect with international agencies;
- Financial support for training;
- Literature and statistics on health status and the prevalence of health behaviours of young people;
- Partnerships with other sectors of government;
- A sympathetic relationship with the media;
- Sources of technical support/assistance;
- Support materials, particularly locally-relevant videos on health-promoting schools for use with parents, community groups and the local media.

(iii) How do you intend to select schools for the introduction of health-promoting schools?

Responses included:

- According to location and accessibility;
- According to health status (approaching the schools with the poorest health status);
- By requesting schools to volunteer;
- By drawing up a representative selection (rural/urban, by gender, poor/rich).
(iv) How do you intend to evaluate and document the development of health-promoting schools in your country?

Responses included:

- Use the proposed WHO Regional guidelines, Development of health-promoting schools: A framework for action, with appropriate modifications to suit country specifics;
- Conduct baseline and follow-up surveys of health-promoting school activities;
- Conduct professional development evaluations;
- Seek regular feedback from visiting school health services;
- Develop a check list of achievements according to objectives;
- Undertake biomedical, sensory and cognitive screening;
- Develop a mechanism to ensure sustainability (e.g. ensure that one person is not made responsible for all activity);
- Keep records of meetings/Prepare a progress chart/Prepare a video or photo essay of progress;
- Keep records of awards for health-promoting school achievements;
- Compare achievements/health status across countries.

Identification of research priorities

The working paper Research Priorities for Health-Promoting Schools was discussed in open session. Workshop participants identified the most pressing research priorities as:

- The collection of data on the health behaviours of school-aged children. It was agreed that the WHO Health Behaviour in School-aged Children survey would be a useful starting point from which a locally adapted study could be mounted. The workshop participants agreed that a prevalence survey would be helpful in defining the most
pressing health problems, as the first step in monitoring trends in health behaviours and as an advocacy tool. It was proposed that this matter should be pursued further by Dr Michael Booth (University of Sydney) and Associate Professor Adrian Bauman (University of New South Wales) in cooperation with WHO Western Pacific Regional Office and the Institute of Education of the University of the South Pacific. Consultation with key people from countries and areas in the Region would be sought prior to any firm decisions being taken on these issues.

- The collection of data on health-promoting school activities. Examples would be the existence in schools of health-promoting school committees, the development of school strategic plans, evidence of achievement in engaging parents and the wider community.

- Identification of the effectiveness of different interventions.

**Regional network for health-promoting schools**

The potential benefits of establishing a regional network for health-promoting schools were identified as:

- increasing a feeling of belonging;

- the potential for the network to be a voice on health issues in the Pacific;

- the provision of opportunities to learn from other countries through visits;

- the dissemination of information to schools and communities.

It was agreed that the Institute of Education at the University of the South Pacific would be an appropriate coordinator of such a network. Organizations that might be added to the network would include the University of Sydney, UNFPA, Education International, Foundation for the Peoples of the South Pacific, the Victorian Health Foundation, the Pacific Region Education League and the University of New South Wales.
Proposed “twinning” of schools

It was proposed by the Australian Association for Health-Promoting Schools that schools in Australia and schools in the Pacific islands be paired or “tinned” (see Annex 3). Twinning was a form of networking which could combine elements of mentoring if the arrangement was between a more experienced health-promoting school and a less experienced one or it might simply provide mutual support and information exchange between two health-promoting schools.

The proposal was well received, but clarification was sought on what would be involved, what it would cost and who would benefit. The participants agreed that if the project does go ahead, it should take place between Pacific islands or between schools on the same island (such as larger schools with smaller schools), not just between schools in Australia and on some islands.
Conclusions and proposals

Conclusions

In order to foster the continued development of health-promoting schools in Pacific island countries, the WHO Workshop for National Coordinators of Health-Promoting Schools was held at the University of the South Pacific in Suva, Fiji, 2-6 October 1995. Representatives of both education and health ministries from seventeen Pacific island countries provided a broad range of expertise, experience and ideas. The workshop participants also benefited from the inclusion of other international and regional organizations which contribute to education, health and environmental protection in the Pacific and welcomed the assurance of their partnership in the development of health-promoting schools.

The WHO Western Pacific Region document *New horizons in health* identified as one of three lifestage themes for health action, "Preparation for Life." This provided a focus on the well-being of children and young people and the development of lifestyles amongst them which were conducive to health. Health-promoting schools were particularly relevant to this theme.

The concepts of *New horizons in health* were adapted to the needs of the Pacific island countries in the Yanuca Island Declaration on Health in the Pacific in the 21st Century. In this document *Healthy Islands* have been identified as places where children were nurtured in body and mind and in which environments invite both learning and leisure.

The need for the development of appropriate guidance and support for the implementation of health-promoting schools was a focus of the discussions of the work groups and plenary sessions. Participants have agreed to continue the collaboration between the education and health sectors, taking into account the varying stages of implementation of health-promoting schools in their countries. On the basis of their professional experience and because of commonalities in their cultures, the workshop participants recognized the importance in the Pacific island context of the school-home-community interaction. Greater similarities
than differences amongst countries were identified, suggesting opportunities for greater sharing of resources, ideas and experiences.

As the country reports testified, health-promoting schools concepts and principles were already being applied in schools in the Pacific islands. What was needed however, was the enhancement and integration of these programmes and activities. Participants recognized the desirability of greater coordination of school health promotion activities.

There was general support for draft guidelines prepared by the Western Pacific Regional Office, *Development of health-promoting schools: A framework for action*, and in particular the listing of components and related checkpoints for each of the key elements of health-promoting schools. This approach was seen as useful as a tool for countries to adapt and use as part of the monitoring and evaluation process for their schools and as a guide for appropriate action.

A list of components and checkpoints could also serve as a basis for devising award systems for countries wishing to give recognition to schools for their efforts. There was general agreement that such a system should not be competitive, but should be developed as a means of acknowledging the achievement of schools in implementing the various components of health-promoting schools.

In order to facilitate the successful implementation of the health-promoting schools concept, participants supported undertaking research in three priority areas. The first was the collection of accurate data on the prevalence of ill health and important aspects of the health-related lifestyles of children and young people. The second was the extent of the development of health-promoting schools. These data would assist in determining priorities for action and would also constitute the first step toward monitoring progress. The third area of research considered to be of high priority was the identification of the most effective ways of implementing health-promoting schools in the Pacific.

The workshop also considered that the preparation of a manual to support countries in developing health-promoting schools was a high priority. Participants agreed that such a manual would be useful for Pacific island countries and made considerable progress in outlining its contents which would include:
Conclusions and Proposals

- the establishment of national and local health-promoting school committees;

- practical actions the committees may encourage to foster the development of health-promoting schools and

- monitoring and evaluating procedures to ensure sustainability.

During the discussion of national implementation strategies, it was recognized that country specific action had to be taken. However, it was also recognized that there were some common strategies that each country could apply, such as:

- advocating for health-promoting schools and gaining support for them to be implemented in an integrated and holistic way;

- establishing a national coordinating committee and appointing a national coordinator, preferably from the education sector;

- identifying schools to become the initial health-promoting schools in any particular country and

- developing monitoring and evaluation procedures.

Every country expressed support for and commitment to the establishment of a Pacific Health-Promoting Schools Network. It was agreed that the Institute of Education at the University of the South Pacific could provide a suitable focal point for coordinating the network and that Universities and other agencies in the region could be invited to contribute to the network.

Proposals

It was proposed that:

- national health-promoting schools committees should be developed and national focal points identified;

- a manual for health-promoting schools in Pacific island countries should be prepared and used as a basis for practical action nationally and in schools;
• surveys of health-related lifestyles and school-based activities should be undertaken;

• records and progress charts should be kept to monitor progress and to ensure sustained action;

• national networks and a Pacific island countries network should be created to support the implementation of health-promoting schools;

• international organizations and donor agencies should collaborate in their efforts to support the development of health-promoting schools in the Pacific region in the context of the development of “Healthy Islands”.
Annex 1

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Annex 2

Health-promoting schools: Principles and concepts

Michael L. Booth, Ph.D.

The primary responsibility of schools is to provide the best possible educational experience for children and young people. As social institutions, schools also have a responsibility to provide education in a safe, secure environment which protects and promotes the well-being of the students and other members of the school community. Unfortunately, the limits to the responsibilities of schools for the well-being of students and staff are often unclear and the subject of debate. However, when thoughtfully implemented, school health promotion activities do not detract from, but frequently support the realization of the educational and social objectives of schools.¹

The health-promoting school concept is based on an holistic view of health which recognizes the different physical, social and mental dimensions of health and is based on the fundamental principles of: equity of access to school education among different population groups, and between genders; emphasis on empowerment through the development of knowledge and skills among students; and inclusiveness, ensuring that the whole school community, parents and the wider local community are fully engaged in developing and implementing school activities. The health-promoting school concept has rapidly gained credibility over the last decade and now provides a widely-accepted model for the development of schools into social institutions which actively promote the health of students and staff.²
Identifying the characteristics of a health-promoting school

Many of the documents on the theory and practice of health-promoting schools identify three key domains: the formal curriculum (including classroom activities and health education); school ethos (including the physical and social environments and the policies and practices of the school); and, the school-home-community interaction (including school health services). In this paper, however, health-promoting schools are characterized under six domains: the formal curriculum; school ethos (the social environment); the physical environment; the policies and practices of the school; school health services; and, the school-home-community interaction. An essential caveat to any attempt to describe different domains within the health-promoting school concept is that, in practice, these domains of activity should be as thoroughly integrated as possible. Indeed, a central feature of health-promoting schools is that all health-related activities be integrated and coordinated.

The formal curriculum

The formal health curriculum has several important functions. It should provide sufficient information to allow students to make informed choices about their health as young people and as adults. The formal curriculum should also foster the development of a range of skills relevant to physical and psychosocial health: cognitive (e.g. decision-making), physical (e.g. abilities to participate in physical and other recreational activities) and interpersonal (e.g. self-assertion, communication). Finally, the formal curriculum should support aspects of intrapersonal development including personal values, positive self-concept and resilience.

The characteristics of an effective curriculum is a topic of vigorous debate. There does appear to be some consensus, however, about the key features. An effective school health curriculum should offer learning experiences appropriate to the cognitive and social development of students throughout the students' school life (kindergarten to the final year). It is widely accepted that a spiral curriculum (one in which the same topics are revisited throughout school life) is also more effective than only addressing each health issue once or twice. A minimum of 50 hours of classroom-based health education per year is widely recommended and teaching should involve a mixture of teacher- and learner-centred (e.g. group discussion, role play) strategies. The formal
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health curriculum should address a wide range of topics such as growth and development, interpersonal relationships, health behaviours and lifestyle, personal choices and safe living. A topic of particular debate is whether the syllabus should be integrated across other subjects (or key learning areas), or if health education should be presented as a separate key learning area. There are advantages to both approaches with the greatest advantage flowing from a combination of the two. Because many teachers involved in delivering classroom health education have received little or no pre-service training in the area, comprehensive in-service training should be available and accessible.

School ethos

Within the health-promoting school model 'school ethos' is frequently used in a very comprehensive way to encompass the whole school environment including the physical environment, social relations, organizational structure, policies and practices and daily activities in schools. In other cases it is ascribed a more limited meaning, reflecting the quality of the social interactions within the school community. The latter meaning will be employed here in order to emphasize the importance of school ethos as a separate area of interest.

There are two separate, interrelated aspects of school ethos: school climate and classroom climate. School climate refers largely to relations among staff (e.g. openness of communication, responsiveness to suggestions for change, collegial atmosphere and mutual helpfulness) whereas classroom climate refers to relations among students and between staff and students. There is considerable evidence that a positive classroom climate is directly related to student outcomes (e.g. academic achievement, inquiry skills, satisfaction). There is also strong evidence from the WHO Health Behaviour among School-aged Children study of an inverse relationship between liking school, intention to continue with further education, and self-rated school achievement and a range of health-compromising behaviours. Although the relationship between participation in health behaviours and established classroom climate measures does not appear to have been examined, the findings suggest that a positive classroom climate is related to healthier behaviour.
Annex 2

Physical environment

The school physical environment includes the safety and state of repair of school buildings (e.g. adequate heating and lighting, absence of asbestos), adequate water and sanitation, hygienic food service, adequate play and recreation facilities and equipment, sufficient shade areas and areas conducive to quiet study or social interaction. The contribution to health of a physical environment that is safe, hygienic and meets (at least) the basic needs for physical comfort, for work and for play is considered self-evident.

School policies and practices

School policies represent guidelines and indicators for the day-to-day activities of school life. For example, schools may have policies on wearing hats and sunscreen while outside, on the types of food available through the school food service, on the use of protective equipment while playing sport, on student involvement in decision-making, and on dealing with violence or with distressed students. Policies are much more likely to be effective if they are influenced by wide consultation with all members of the school community (staff, students and parents), if they are clearly written and well-communicated and if they are consistently enforced.

The health-related practices of a school represent the actual day-to-day activities of school life, regardless of whether or not they are supported by policy. It would not be uncommon to find that many schools implement health-related practices in the absence of any written or widely agreed policy and that many written policies fail to be consistently implemented. The organizational structures which may foster the development of relevant written policies and encourage their consistent application are outlined below.

School health services

The health-promoting schools model suggests that a broad range of services may contribute to the health of students and staff through: prevention of infectious diseases; screening and early detection of physical diseases or disorders, intellectual dysfunction and emotional disturbances; treatment in school or referral to other practitioners or agencies; management of medications and other treatments for chronic
diseases like asthma; detection of and intervention in cases of neglect or abuse; provision of critical incident care; and, participation in classroom and other school activities. Most of the health professions (physicians, community or school health nurses, dentists, counsellors, social workers and public health professionals) may participate in the delivery of health services in schools and may contribute to health promotion activities in schools. Teachers play a critical role in identifying apparent health problems and in bringing them to the attention of health specialists, but they cannot be expected to detect all significant problems.

The health-promoting schools model, although identifying health services as a potentially important contributor to health in schools, has paid scarce attention to the resource implications, efficacy, cost-effectiveness or acceptability of population screening and prevention programmes for many of the health problems that may confront young people. Research and development in this area is clearly needed.

School-home-community interaction

The attitudes toward health and the health-related behaviours of parents are among the most powerful influences over the health and the health behaviours of young people. The long-term impact of efforts by the school to encourage and support young people in making healthy choices for themselves are much less likely to be successful if parents do not actively encourage the behaviour or if they engage in less-healthy behaviours themselves. Fostering the involvement and support of parents is critical to making healthy choices easier for adolescents. The provision of information on healthy lifestyles to parents through school meetings or through students may also assist parents to adopt healthier lifestyles for themselves and their families.

There are many government agencies and non-government agencies, professional and community organizations which are able to provide assistance and support to schools. They may provide teaching resources, special school health promotion programmes, participation in classroom activities, financial support or other material assistance. Schools may also be able to interact with community-based sport and recreational organizations to enhance the range of activities available to students. Beyond greater involvement in schools by parents and community agencies, schools may be developed as 'community centres', more intimately integrating them into the wider community.
Organizational structures

It is necessary to consider the school both as a defined organization and as a unit of a larger less-well defined system in order to identify the organizational structures (and the key functions they perform) that are likely to support sustained progress. Within the school, a committee or team with a responsibility for the health of the school community is essential. This team should include school staff from many, if not all learning areas, student representatives and parents. The functions of the team may include: Identification of the health needs of staff and students, setting priorities for action based on broad consultation within the school, the development of a school health plan, delegation of responsibility for elements of the plan, communication of the plan to the whole school community, professional development of teachers, identification of required resources and sources of support, and as a point of contact with other schools in the region, local (community groups, local government) and state/national organizations (National Heart Foundation, Health Promoting Schools Association). Assessment of the organizational structures may simply involve a checklist of these items.

Although they are not commonly identified as an element of health-promoting schools, aspects of the broader system within which schools function may be critical to sustained progress. A public commitment to healthy schools from the Ministers for Education and Health and effective collaboration between the two portfolios are invaluable. Public, ministerial commitment should infiltrate the state education department and manifest as policies, management practices and resource allocations that are genuinely supportive of efforts at the school level. Contributions from the health sector need to be based on thoughtful consultation with the education sector and an appreciation of the primary goals of schools and of the many demands placed upon them.

Summary

The health-promoting school model represents a comprehensive and potentially fruitful approach to health promotion which attempts to address (in a systematic, integrated fashion) knowledge and skill development, the physical and social environments, influential policy and practice, health services and the wider community. It is consistent conceptually with the most recent principles of health promotion and appears to be acceptable to many schools and school systems.
References


Annex 3

Proposal for a "twinning" project for the WHO Western Pacific Region

It is proposed that a "twinning" project be instituted in the WHO Western Pacific Region. The Australian Health-Promoting Schools Association is initiating this project to link Australian schools with schools in the rest of the Region. Through this project, school communities working towards being health-promoting schools will have the opportunity to be linked in a "buddy" system.

It is anticipated that the benefits would be:

- enhanced awareness by a school of its unique health concerns;
- the identification of the similarities and differences in the health problems in each school and differing ways these are addressed;
- the provision of opportunities for student participation in communication about their school community;
- sharing of scarce resources;
- greater understanding of the diversity of social, physical and cultural environments and their impact on health;
- the opportunity to become part of a network of schools that are working towards a common purpose.