HEALTH-PROMOTING SCHOOLS


Convened by the World Health Organization
Regional Office for the Western Pacific
Shanghai, China
4-8 December 1995
World Health Organization
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INTRODUCTION

Background

The Working Group on the Development of Health-promoting Schools was convened in Shanghai, China from 4 to 8 December 1995. Its primary purpose was to consider the outcomes of a year-long process of work on health-promoting schools in the WHO Western Pacific Region, in particular the finalization of guidelines, and to provide guidance on future planning with respect to health-promoting schools.

Health promotion is a priority issue for WHO in the Region. This is indicated in the Western Pacific Regional Office (WPRO) document New horizons in health. The concept of health-promoting schools reflects the directions set out in this document. These directions place health promotion in a holistic context in which the links between the physical, social, cultural and environmental factors which impact on health, are reflected. In keeping with this orientation, the strategies employed in health-promoting schools emphasize a human-development approach as distinct from a disease-centred one. They engage communities in understanding their own health needs and in the task of improving their level of health and well-being.

New horizons in health proposes three life-stage themes. It is in relation to the first of these themes, Preparation for life, which focuses on health promotion issues particularly relevant to infancy, childhood and youth, that health-promoting schools have their most immediate application. This issue is dealt with in greater detail in the body of the report.

While many countries and areas in the Region have had health education programmes in schools, the expanded notion of health-promoting schools is of relatively recent origin. It was first discussed as a possible direction for countries and areas in the Region at a workshop on school health promotion held in Australia in December 1994 for Pacific island nations and collaborating centres for health promotion and education, and again at a workshop in Singapore in January 1995 for countries from the northern part of the Region.
The concept of health-promoting schools was regarded favourably by those present at both these workshops and a commitment was made to developing the idea further. The reports of these workshops have now been published as No. 1 and No. 2, respectively, of the Western Pacific Region Series on Health-promoting Schools.

As enthusiasm for health-promoting schools grew, countries indicated their interest in having a practical set of guidelines to support them with implementation. Draft guidelines were prepared by WPRO and distributed widely throughout the Region in July 1995. They were discussed at the XVth World Conference of the International Union for Health Promotion and Education in Japan in August 1995 and again at a WHO workshop for coordinators of health-promoting schools from Pacific island countries in Fiji in October 1995. They were also considered at several country meetings within the Region.

As the year progressed many countries were planning for and, in some cases, actually implementing health-promoting schools. Some with a track-record of health education in schools were transforming their existing programmes into the broader framework of health-promoting schools.

The culmination of the activities in 1995 was the convening of the expert working group.

**Objectives of the working group**

The objectives were specified as follows:

1. to review the progress made in establishing health-promoting schools based on *New horizons in health*, Theme I: Preparation for life;

2. to review the draft guidelines for health-promoting schools and to recommend the final version;

3. to identify priorities for the further development of health-promoting schools for the next three years and to recommend implementation strategies for these priorities;
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(4) to review the WHO document on strengthening interventions to reduce helminth infections through schools and to discuss ways that helminth reduction interventions might be used by Member States to promote the development of health-promoting schools.

Members of the working group

Members, consultants, observers, and the secretariat are listed in the Annex.
PROCEEDINGS

Opening ceremony

Mrs Xue Puying of the Division of International Organizations, Department of International Cooperation, Ministry of Health, People’s Republic of China, formally opened the meeting of the working group on behalf of her Ministry. She stressed the importance of the topic and her pleasure that such a significant meeting was occurring in China. In extending her best wishes for a fruitful meeting she also passed on the apologies of her Director-General, Professor Li Shichuo, who was unable to be present for the occasion.

Mrs Kong Lingzhi, Division of Noncommunicable Diseases of the Ministry of Health, China, and Mrs Wu Jinlan, Division of Foreign Affairs of the Shanghai Municipal Health Bureau, lent their support to Mrs Xue’s welcoming statements and expressed their best wishes for a successful outcome to the meeting. The magnitude of the task of health promotion in China, the importance of health as an issue for the younger generation and the possibilities presented by the health-promoting schools concept, were stressed by all three. The working group was informed that the following week the first national meeting on health-promoting schools was to be held in Beijing with over 100 people participating.

The opening address by Dr S.T. Han, Regional Director, WHO Western Pacific Region, was delivered by Dr Rosmarie Erben, Regional Adviser in Health Promotion, WHO Western Pacific Region. Dr Han’s address referred to the way the concept of health-promoting schools reflects the approach to health promotion contained in the document New horizons in health. It is a holistic and comprehensive approach. Its various elements can be linked together to produce a result which, like a mosaic, is greater than its individual parts. These elements include students, teachers, parents and others who make up the school community. They also include the curriculum, the social ethos of the school, the physical environment, the health services and the wider community.

Dr Han referred to the importance of the tasks awaiting the attention of the working group in advancing health-promoting schools, particularly those of providing him with recommendations on the final version of the
guidelines on health-promoting schools to be issued by the Regional Office and advice on the development of plans for future action.

Participants introduced themselves and provided information about their special areas of interest.

The working group elected Mr Peter Miria Baki, Deputy Secretary, National Department of Education, Papua New Guinea, as its chairman. Dr Chung-Yul Lee, Assistant Professor, School of Nursing, Yonsei University, Republic of Korea, was elected deputy-chairman. Dr Feng Zheng, the Director of the Institute of Parasitic Diseases, Chinese Academy of Preventive Medicine, was elected rapporteur.

In his capacity as Director of the host organization, Dr Feng then addressed the meeting. He described the work of his Institute and provided some information about the city of Shanghai. He described the arrangements which his Institute had made to support the working group during the course of the week-long meeting.

As part of the programme a visit was arranged to the Ling Ling Road Primary School, Shanghai. The children presented demonstrations of their activities as students of a health-promoting school. The visit was also the occasion for a ceremony to declare the school officially a Health-promoting School Experimental Site in association with the WHO Collaborating Centre for Health Promotion and Education, Shanghai. The visit was a tangible demonstration of what can be achieved when school students and staff, neighbourhood representatives, city health and education officials and the WHO Collaborating Centre, work together to realize the concept of a health-promoting school.

Objective 1: Review of progress

New horizons in health and The Yanuca Island Declaration

Dr Erben introduced the document New horizons in health. The document was prepared by a task force with the particular purpose of addressing the health challenges confronting the Region in the 21st century. It was endorsed by the Regional Committee in 1994 and a revised version was produced in 1995. It is not a static document as work
continues on refining the indicators it uses to assess progress in implementation.

In preparing the document the task force took account of the fact that, while basic health infrastructure is gradually being put into place throughout the Region, new developments have been occurring for which we must be adequately prepared. An example was increasing urbanization and its effect on the environment, on lifestyles and on exposure to new forms of health risk. Economic progress of itself could pose risks to the environment and to health.

The appropriate responses cannot rest with disease control strategies. They require a change in how people operate and therefore in their understanding of what is involved in achieving good health. It is essential that people are motivated to take responsibility, as far as they are able, for improving and protecting their health and that of the communities of which they are a part.

Given these concerns the task force developed strategies based on a holistic approach to health, one which was developmental and comprehensive, reflecting the interconnections between the physical, social, cultural and environmental factors which impact on health and well-being. The task force thus rejected the approach which relied on targeting a variety of discrete health risks whose interconnections were generally not recognized.

The resulting document *New horizons in health*, stresses two major strategic directions, health promotion and health protection. It is organized around themes which reflect life stages and which provide a conceptual framework for planning purposes. The first theme is Preparation for life. The second is Protection of life which focuses on a healthy and productive adulthood. The third is Quality of life in later years.

The concept of health-promoting schools, dealing as it does primarily with children and youth, takes up the first theme, Preparation for life. However, it has relevance to the other two themes as well, in that it is envisaged that it will have a lasting effect on the health consciousness of children and their families and the other adults who are part of the school community, as well as on the surrounding neighbourhood.
Dr Erben referred to the Yanuca Island Declaration which came out of the Ministerial Conference on Health for the Pacific Islands, convened in Fiji in March 1995. This meeting endorsed the directions set in *New horizons in health*. Confirming that these directions were consistent with their own people-centred approach to development generally, the Pacific island health ministers adopted the "healthy islands" concept as the unifying theme for health promotion and health protection in the island nations of the Pacific for the twenty-first century.

The *Yanuca Island Declaration* stated that healthy islands should be places where:

- children are nurtured in body and mind;
- environments invite learning and leisure;
- people work and age with dignity;
- ecological balance is a source of pride.

Thus the Pacific island orientation reinforced the positive health promotion approach which has been evident over many years in the work of WPRO and is now becoming more prominent as support broadens. Dr Erben noted that the WHO Western Pacific Region has nominated four priority settings for health promotion - home and the family, the school, the workplace and the community (which is a locality focus, whether a village, an island, a town or a city). It is clearly into the second of these settings that health-promoting schools belong. However, this is based on the assumption that they must engage the community more broadly. They should therefore be able to extend beyond the limits of the school setting.

**The Global School Health Initiative**

Mr Jack Jones of the Health Education and Health Promotion Unit, WHO headquarters, Geneva, explained the background to the WHO Global School Health Initiative.

In the early part of the decade the (then) Division of Health Education concentrated on school health education as its main approach to school students. Several significant events led to a rethinking of this rather limited approach. One was the joint World Bank/WHO report *Investment*
in health, which urged countries to invest in school health because it was so cost-effective. A second was the decision of WHO to set up a Health Education and Health Promotion Unit within the Division of Health Promotion, Education and Communication, thus placing much greater emphasis on health promotion within its own structures. A major focus of the Unit became school health promotion and the setting-up of what developed into the WHO Global School Health Initiative.

Across the organization an analysis was undertaken of all the initiatives which directly and indirectly impacted upon schools. It was realized that schools had become a significant focus for a wide range of WHO activities, not purely those relating to health education and health promotion. At this stage WHO decided to set up an expert committee to review what was happening at school level with respect to health matters, to identify opportunities and barriers to the promotion of health through schools and to recommend future action for WHO globally in relation to school-based health promotion.

The work that went into the preparation for this expert committee included commissioning feeder papers which were summarized into three main source documents for the meeting. These concerned the status of school health, strategies to overcome barriers and to improve school health programmes and research to improve the implementation and effectiveness of school health.

WHO Expert Committee on Comprehensive School Health Education and Promotion

Dr Lloyd Kolbe of the United States of America Centers for Disease Control and Prevention, who was a member of the expert committee, discussed its findings. These included the following:

• an investment in education is an investment in health;

• the health of schoolchildren significantly affects their ability to learn;

• schools can become health-promoting environments only to the extent that they become "healthy organizations" for students and staff alike; and
• a rich knowledge base already exists on which to act, as research demonstrates that school health can simultaneously reduce common health problems, increase the efficiency of the education system, and thus advance public health, education, and social and economic development in Member States.

The recommendations will be formally considered in 1996. However, among the many important issues to which they refer are the following:

• it is important to improve and expand the investment in schooling generally;

• schools must be used more effectively as an entry point and location for health action;

• this will require national policies and legislative support (which includes ensuring the involvement of health and education ministries working cooperatively);

• the community and the school must work together to support the health and education of students;

• school health programmes must be well designed and evaluated; and

• international support is needed to support these efforts at national, local and school level.

Mr Jones described the types of follow-up strategies under consideration. They focus on three main objectives. These are advocacy to influence school health policies and support the provision of resources for school health; social support aimed at mobilizing organizational backing both within and outside WHO for school health initiatives; and empowerment to support the capacity of Member States to implement school health policies. The last objective will involve providing access to skills, knowledge and technical support.

The WHO Global School Health Initiative goal is to improve the health of students, school personnel, families and other members of the community. Its objective is to increase the number of schools which are health promoting.
Overview of developments with respect to health-promoting schools in the Western Pacific Region

Ms Barbara Spalding, consultant to the WHO Western Pacific Regional Office, presented background information relating to the overview of progress made in the Region with respect to the development of health-promoting schools.

In June 1995 the Western Pacific Regional Office circulated to all countries and areas in the Region a document which described how health-promoting schools were incorporated programmatically into the theme Preparation for life, as outlined in New horizons in health. This document referred to the fact that, at workshops held in the Region on the topic of school health, action at both the intercountry and country level was proposed to support countries and areas in their efforts to implement health-promoting schools.

Proposed intercountry activities were

- the establishment of a regional task group on health-promoting schools to support their sustainable development;
- the development of guidelines on the establishment, improvement and maintenance of health-promoting schools;
- work with national coordinators in the compilation of a resource package on the development of health-promoting schools;
- support for the establishment of subregional technical focal points and networks for health-promoting schools.

Ms Spalding pointed out that the working group was itself a response to the first of these proposals. Furthermore it had before it draft guidelines, indicating the extent of progress on the second of these proposals. Currently under development, at the request of the countries involved, was a manual on health-promoting schools in Pacific island countries, indicating progress on the third proposal. At the workshop in Fiji in October 1995, national coordinators of health-promoting schools in Pacific island countries had endorsed the idea of setting up a health-promoting schools network and had proposed the Institute of Education at
the University of the South Pacific as a possible technical focal point to support this initiative. (The report of this workshop is available as No. 3 in the current Western Pacific Region Series on Health-promoting Schools.)

Country-level activities proposed were

- establishing a national coordinating committee and formulating a national policy statement on health-promoting schools in collaboration with international organizations;

- adapting/adopting and distributing guidelines on the establishment, improvement and maintenance of health-promoting schools and establishing an award system for health-promoting schools;

- establishing health-promoting school projects in cooperation with the school community covering areas of greatest concern for physical, mental and social well-being;

- carrying out research on the health status, health needs and health behaviour of school-aged children;

- participating in a network of health-promoting schools;

- participating in a regional task group on health-promoting schools to support sustainable development;

- documenting and evaluating the development of health-promoting schools.

This document then included an invitation for countries and areas to consider specific proposals along the lines of those outlined above, which they considered might advance the development of health-promoting schools in their situation.

Responses were received from several countries indicating action taken and action planned and containing proposals for specific projects.

This information had been augmented by other material presented by countries and areas at workshops and other meetings in the Region and provided an overview of action taken to date and of future plans. In addition individual participants at the working group meeting provided
updated information concerning current developments in their own countries.

The resultant picture was one of activity on a wide front. Many countries and areas had appointed national coordinators and/or national coordinating committees. Elsewhere discussions between the health and education ministries were under way and plans were proceeding for coordinated national action. In many countries and areas within the Region, health-promoting schools were in the process of being established. In several places health curricula were being reviewed, professional development for teachers and health service personnel on health-promoting schools was being offered and various strategies put in place to encourage greater community involvement in schools, especially around health issues. One country had set up a national association of health-promoting schools.

In summing up this session, Dr Erben commented on the importance of cross-sectoral cooperation in achieving these outcomes. She acknowledged the fact that this was not always easy to achieve and stressed that it was important that countries should have the opportunity to learn from each other about what strategies were effective to a greater or lesser degree. This was an issue which needed to be considered when the topic of research was under discussion at a subsequent stage in the agenda.

Dr Erben commented on the positive response to the concept of health-promoting schools. This was demonstrated in the reports of the Sydney and Singapore workshops which had been made available to the working group and were the first two in the Western Pacific Regional Office Series on Health-promoting Schools. The series was designed to provide information to ministries, nongovernmental organizations, schools and interested individuals, on a range of issues relevant to health-promoting schools.

Dr Erben concluded by saying that, judging from the response to date, the concept of health-promoting schools was perceived to be both logical and practical. It was also perceived as an approach that should have lasting benefits because of the mutually reinforcing nature of gains in education and health, each contributing directly to the other. There were still many difficulties and challenges but the general climate of opinion in the Region
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appeared to be one of commitment and determination concerning the implementation of health-promoting schools.

**Particular issues relating to health-promoting schools**

There were several people in attendance at the working group with expertise in particular issues relevant to health-promoting schools. They made presentations on these issues as part of the background briefing provided to the working group.

**The school's physical environment and health**

Mr Uno Winblad, WHO consultant, briefed the working group on a study he was undertaking for WHO on primary school physical environments and health. This study would contribute towards the development of guidelines on the creation and maintenance of healthy school environments, with particular relevance for low-income communities. The study involved case studies in ten countries. The final report would be submitted to WHO in June 1996.

Mr Winblad stressed the importance of the school’s physical environment on the health of students and staff. This relationship was too often ignored or underestimated. Poorly designed and maintained schools could be a source of disease and ill-health. Sick children, he stated, also made poor learners.

His approach was not to prescribe solutions but to identify the key objectives to achieving a healthier school environment. The task was to provide local decision-makers with the tools they needed to take those decisions. Of prime importance was that the local people should have the understanding and the will to want to see changes occur.

Points made by Mr Winblad included the following:

- it was possible to point to recurring correlations between certain unsatisfactory physical features of a school and particular ailments afflicting students and staff, e.g. helminth infection and poor sanitation;
in schools as in the community at large, the two key health problems were diarrhoeal diseases and acute respiratory infections;

in most schools in low-income communities the biggest scope for health-related improvements was going to be in the area of water and sanitation;

even in the poorest schools there were always some measures which could be taken to create a more healthy physical environment;

there were no technical "fixes"; good design was not enough and standard designs made the mistake of assuming standard conditions;

a constructed environment, no matter how good, was finally only as useful as the purposes to which it was put; some simple learning spaces such as an outdoor shade area could be effective if utilized well.

Mr Winblad indicated to the working group the seven key objectives for a healthy school environment:

- committed and informed people
- a faecal-free environment
- safer drinking-water
- convenient hand-washing facilities
- well-lit learning spaces
- protection from the weather
- structural safety.

Given the importance of sanitation Dr Winblad discussed with the members of the working group a number of options for establishing latrines, stressing how vital it was that any options for low-income communities should reflect the resources available and therefore should be a realistic possibility for the school in question.

He also raised with members of the working group his view that in many communities consideration should be given to providing a school with a
tangible perimeter border of some kind, which would allow the school community to create a safe and clearly identifiable school territory. This not only gave greater protection to staff and students in all sorts of ways, but also increased their understanding that this was their place and they could enjoy the benefits of efforts to improve it.

**The promotion of mental well-being**

Dr Geoffrey Elvy, Short-term Professional, Mental Health and Drug Dependence, Western Pacific Regional Office, discussed the connection between schooling and students’ mental well-being. He stated that while most children make it through their youth without showing significant behavioural or academic difficulties, nearly one in five will have problems. Manifestations of difficulties took many forms but could range from learning difficulties, to problems with physical health and substance abuse, to suicidal thoughts, obsessive-compulsive disorders and psychosis.

Schools and families were often the two most influential social institutions in a child’s life. Schools could become even more important in situations where families were not coping.

Dr Elvy described mental well-being as an issue for the whole school community. Mental health knowledge, attitudes and behaviours likewise were relevant issues for all students, their parents and teachers. What he described as psychosocial problems were issues for approximately 20%-30% of students and it was important to identify who they were earlier rather than later, although this was sometimes difficult. Actual mental disorders afflicted between 3% and 12% of students and these students were likely to be recognizable by teachers as needing professional help.

Dr Elvy suggested that there was clearly a role for schools in promoting psychosocial competence. The specifics of what constituted necessary life skills could vary from culture to culture. But the following were likely to be common:

- decision-making and problem-solving
- critical and creative thinking
- communication and interpersonal relationship skills
• self-awareness and empathy with others

• skills for coping with emotions and stressors.

Linked directly to these skills were those necessary for protecting a students’ overall health. These included preventing smoking, alcohol and drug use, and improving peer relationships and relationships with parents and teachers.

Dr Elvy proposed that it was also possible to provide education on mental well-being. This would be directed towards helping students understand mental health and illness. It would also deal with clarification of values. Possible topics would be:

• thinking, feelings and behaviour

• psychological and emotional development

• the effects of stress

• successful coping strategies

• common psychological problems in youth and families

• risk factors

• how and where to seek help.

Such an approach was found to be most effective when three conditions were present. First, the content of the teaching was relevant to the student’s own life. Second, the students took responsibility for and participated in the development and implementation of activities. Third, the students had health knowledge, health-promoting values and practised health-promoting behaviour.

Dr Elvy stressed that it was essential that mental health was not overlooked as an issue for health-promoting schools. Also a school’s potential to be involved in the promotion of mental well-being should not be underestimated. It was therefore important to include mental health professionals in the ongoing consultation between teachers, parents and community members involved in health-promoting schools.
Thus when a school developed a plan to give direction to its efforts to become a health-promoting school, mental well-being should be taken into account. The school and the community environment should be assessed and consideration given to ways in which they could be more supportive of mental well-being.

Dr Elvy stressed that these were not matters which could be solely teacher and/or classroom focused. A broader approach was needed - one which took account of the relationship between the school and the community environment, as well as of any unique cultural values and identities relevant to the particular situation.

Dr Elvy described the characteristics of an effective school mental well-being strategy as follows:

- it operated at several different levels
- it was coordinated
- it provided opportunities for teachers, parents and students to acquire a greater understanding of mental health issues, and
- it incorporated provision for evaluation so that modifications could be made as necessary to improve the effectiveness of what was occurring.

**School health education to prevent HIV/AIDS and STDs**

Mr Jones made available to members of the working group a three-part resource package for curriculum planners which had been produced jointly by WHO and UNESCO in a series entitled *School health education to prevent AIDS and STD* (WHO 1994). The package comprised a teachers’ guide, a handbook for curriculum planners and a students’ activities book. It will be recommended for use in all countries in the Region.

**Working group summing-up**

The working group, at the end of this section of the programme, concluded that considerable progress had been made through WPRO, WHO headquarters and at country level with respect to health-promoting
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schools. It also recognized that considerably more work needed to occur, particularly at government level with respect to policy development.

At international level the support of WPRO was seen as an important factor in maintaining the flow of information and facilitating cross-country communication about health-promoting schools and in contributing to the developments that had occurred with respect to health-promoting schools during this past year.

Objective 2: Review of and recommendations on the finalization of the guidelines - Development of health-promoting schools: A framework for action

Development of guidelines

Professor Lawrence St Leger, WHO consultant, described how draft guidelines, Development of health-promoting schools: A framework for action, had been developed. At the first workshops on school health promotion held in Sydney in December 1994 and in Singapore in January 1995, the participants expressed interest in having guidelines. A first draft was prepared by WPRO and distributed to all countries and areas in the Region in July 1995. It was then subject to an ongoing process of feedback, review, revision and refinement, resulting in the most recent version which was the basic working document for the working group.

The six key elements

The draft guidelines proposed six key elements of health-promoting schools, namely policies, the physical environment, the social environment, community relationships, personal health skills and health services. For each of these a number of components were identified and for each of the components there were a number of checkpoints. These checkpoints were stated in the form of actions which, if they had occurred, could be regarded as providing tangible evidence of progress towards the realization of the particular component and thus towards addressing the key element in question.

This structure, from key element to component to checkpoint, provided a framework which countries and/or schools could adopt or adapt as they
desired. However, Professor St Leger pointed out that this framework was intended to be as broadly applicable and therefore as consistent as possible. This was to ensure that there was sufficient commonality from country to country in the way the concept of health-promoting schools was being applied in practice.

The working group gave detailed attention to each of the six key elements, the components and the associated checkpoints and agreed on a final version of this part of the guidelines. (The guidelines Development of health-promoting schools: A framework for action, is No. 5 in the WPRO Series on Health-promoting Schools.)

A model charter for health-promoting schools

Professor St Leger discussed with the working group the desirability of incorporating into the guidelines, as an option for countries and areas to consider, a charter for a health-promoting school. A prominently displayed charter in a school was symbolically important. It bore witness to the fact that the school in question was a health-promoting school. The process through which a charter was developed was even more important. It required the involvement of all members of the school community to prepare a statement of their philosophy and objectives in becoming a health-promoting school.

A possible model for a charter for a health-promoting school was considered and it was agreed that it should be incorporated into the final document as an option, along with the suggestion that a charter was a valuable tool and that schools were encouraged to develop one.

An award system for health-promoting schools

Professor St Leger discussed the proposition that an award system should be established to give formal recognition to the achievements of schools which became health-promoting schools. A three-tiered award system was proposed, with Bronze, Silver and Gold Award status. This system was built around assessing progress in relation to each of the six key elements, with various components or checkpoints proposed as minimum achievements which would allow a school to qualify for an award.
The working group agreed that the award system proposal should be incorporated into the guidelines for the interest of those countries and areas which would like to use the system.

**Objective 3: Recommendations on priorities for further action**

**Research associated with health-promoting schools**

A briefing was provided by Dr Lloyd Kolbe and Dr Kathy Douglas of the Centers for Disease Control and Prevention, United States of America, on the significant findings emanating from health promotion research in their country. Information was provided on how a reduction in child and adolescent morbidity and mortality could be addressed through health-promoting schools, in conjunction with specific national health priorities, e.g. HIV/AIDS and drug use. They presented a case for health-promoting schools to be based on sound research and well-established data.

A paper on research priorities was presented by Professor St Leger and Ms Spalding. This raised a number of issues as general background for the working group's consideration in looking at the research needs of health-promoting schools. Some of these issues were taken up by members of the working group in discussion, in particular the desirability of research being directed towards enhancing understanding of how to go about establishing health-promoting schools and the most effective ways of addressing the issues contained in their key elements.

The working group supported the view that elementary research skills should be transmitted to members of school communities so that they can directly experience the value of data collection, analysis and interpretation as part of the task of monitoring their own school's progress in selected areas which they view to be of high priority. They expressed concern that externally imposed research demands for schools to become research subjects should not alienate staff and students and leave them feeling that they had no control over, or understanding of, what was happening.

The working group believed that a regional database should be set up to collect baseline data which indicated:

- which countries and areas were supporting health-promoting schools;
which key government and nongovernmental organizations and personnel were responsible for health-promoting schools and for initiating and sustaining actions in relation to the six key elements of the Guidelines; and

how national coordinating committees were established, who was involved and how they operated.

The working group supported the idea of a publication in the WPRO Series on Health-promoting Schools, which addressed research and evaluation issues and priorities for developing and sustaining health-promoting schools. The publication should:

- provide case studies of health-promoting schools in action;
- identify realistic research and evaluation strategies which were able to be undertaken by schools;
- indicate key priority areas which could be researched and evaluated by groups such as government agencies, universities, schools and nongovernmental organizations; and
- detail the crucial issues of research and evaluation in health-promoting schools such as the dissemination of findings, the participation of local communities in assessing progress in achieving their objectives in relation to health-promoting schools, and respect for the confidentiality of data and their application.

Developing networks of health-promoting schools

The discussion on this topic was led by Mrs Palanitina Toelupe, a member of the working group, who explained that the idea of networking had received strong support at the Workshop for National Coordinators of Health-promoting Schools in the Pacific held in Fiji in October 1995.

Countries at this meeting recognized that while many of them had health education programmes in place, they nevertheless needed to expand the scope of their activities if they were going to develop health-promoting schools. They also recognized that the characteristics they had in common with respect to setting up and maintaining health-promoting schools, were greater than their differences. In their view they would benefit from
having the capacity to support each other, to learn from each other’s experience and to share information and resources. These were functions a network could perform.

At the same time they agreed that to be effective a network needed servicing support and expert input to ensure that the impetus could be sustained. They believed that the Institute of Education at the University of the South Pacific could provide this type of support and had proposed to this end that it should become a technical focal point for networking.

The working group indicated its support for health-promoting school networks but expressed concern that there should be a clear locus of responsibility for servicing them, along the lines of the proposals developed at the Fiji workshop. An organization providing this servicing and support function would need to be capable of contributing advice, when so requested, to countries wanting some expert input into planning on national issues and international strategy development. Some mechanism, such as a newsletter, through which countries and/or schools within a network could communicate with each other, was essential.

"Twinning" or mentoring support between schools involved in health-promotion was seen as a useful subset of networking. Schools involved in "twinning" arrangements could also be supported by a regular means of communication, such as a column in a network newsletter.

There was agreement within the working group that there should be a section on networks in the guidelines. This should refer to the fact that network support was not only an important issue for schools but also for national agencies, universities involved in teacher education for health-promoting schools, and other organizations and interested individuals involved in health-promoting schools. The intent was that a network of national representatives working with each other should be developed in the first instance, followed by a network of schools working with each other. As a common vision was established at national and local levels a third network of universities and colleges training teachers should be encouraged.

A five-year strategy plan

The working group considered the actions required at national and international level to ensure that progress was made in the development of
health-promoting schools in the Western Pacific Region. It worked on a five-year strategy plan for the period 1996-2000. This plan integrated known events on the calendar, such as scheduled meetings of relevant international organizations in the Region, with a series of proposed actions which applied both to WPRO and to countries and areas. These provided planning benchmarks by way of a general guide to action.

The working group agreed that the five-year plan should be incorporated into the guidelines document Development of health-promoting schools: A framework for action.

Objective 4: Review of the document
Strengthening interventions to reduce helminth infections through schools

Dr Yu Sen Hai, of the Health Education and Health Promotion Unit, WHO headquarters, presented to the working group the draft document Strengthening interventions to reduce helminth infections through schools.

The approach outlined in the draft document was designed to be part of a comprehensive approach to school health promotion and education. It was therefore directly related to the working group’s interest. At the same time it dealt with an issue, helminth infections and its control through effective interventions, which is of major importance in terms of its health impact in several WHO regions. The task of considering the draft document and the issues it raised provided a practical application of the concept of health-promoting schools.

Dr Yu explained that in bringing the draft document to the working group, his purpose was to seek its advice on content and presentation. The document had been compiled by WHO headquarters to bring to public attention the seriousness of helminth infection and to propose ways that action to combat helminth infection could occur through schools. Its target audience included policy-makers and programme planners at national, provincial and local levels; community leaders, school personnel, health workers and relevant groups and international agencies. It also included citizens, parents and students in areas where helminth infections occur.
The draft document was organized around the following themes:

(1) Providing information concerning the importance of helminth-reduction interventions in schools.

Under this heading detailed arguments were presented to support the following propositions:

(a) helminth infections destroy the well-being and learning potential of millions of children in countries struggling to help their people develop better lives;

(b) intestinal helminths are stunting the growth and development of millions of children in countries which must count on their development to achieve progress;

(c) schistosomiasis infects millions of young people, then causes chronic diseases in their productive years of life;

(d) foodborne trematode infection due to consumption of raw fish affects children’s liver, lungs and intestines;

(e) guinea worm disease is a risk to millions of people who are without safe water.

(2) Providing information to persuade people that helminth-reduction intervention in schools will really work.

Under this heading the following propositions were argued:

- we know how to prevent and reduce helminth infections in ways which are cost-effective;

- schools are a remarkably efficient means to prevent and reduce helminth infections;

- helminth-reduction interventions can have a positive impact on children’s health, their learning potential and their school attendance;

- helminth-reduction interventions in schools can benefit the entire community.
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(3) Planning the interventions.

This included how to undertake a situational analysis, the need to take account of political/cultural sensitivities and the importance of setting goals and objectives for helminth-reduction strategies in schools.

(4) Implementing helminth reduction interventions within various components of a comprehensive school health programme.

Under this theme a range of issues was canvassed including the following:

- school health education and how to make education about helminths relevant to the situation of the school community in terms of its health beliefs and practices;

- a healthy school environment including latrines, protecting water sources from contamination, making water safe for drinking, providing hand-washing facilities, the safe collection and disposal of waste and using technology appropriate to local conditions;

- school health services;

- school/community projects including ways of reaching families and community groups through stimulating their involvement with the school;

- engaging the staff of the school in the issue of health promotion and in particular, helminth reduction;

- nutrition and food safety.

(5) Evaluation and methods of measurement.

Under this theme the importance of ongoing evaluation was argued and consideration given to various issues relating to types of evaluation and methodology.

The working group gave careful consideration to the document’s target audiences, its principal messages and the strategies it proposed to employ at the school level. Concerted advice was prepared. In particular it was proposed that the various audiences might be more specifically targeted
and, in particular, that a version should be developed for parents and children.

The working group also suggested that the final version of the document should be supplemented by locally produced guidelines and manuals to maximize its usefulness.

The working group, in acknowledging the importance of helminth reduction as a health issue, stated that health-promoting schools would be particularly well placed to implement the measures proposed for reducing helminth infection and that the draft guidelines *Development of health-promoting schools: A framework for action* provided the appropriate organizing framework.
CONCLUSIONS AND RECOMMENDATIONS

Conclusions

At its final session the working group approved the following statement as a summary of its conclusions.

The improvement of the educational status of a community leads to a corresponding improvement in its health. A healthy individual is better equipped to benefit from formal and informal education. These two vital factors for human development – the contribution of education to health, and of health to education – come together in the school setting.

The members of the Working Group on the Development of Health-promoting Schools reiterated this fact, and therefore fully endorsed the development of health-promoting schools in the Western Pacific Region as a main strategy in translating into practice the concepts outlined in the document New horizons in health, especially under theme 1, Preparation for life.

The working group members also recognized the importance of the commitment to the creation of healthy islands as the Pacific way of implementing New horizons in health, which was made by the Ministers of Health of the Pacific island countries during their meeting at Yanuca, Fiji, in March 1995. Health-promoting schools would form an important part of the healthy islands concept.

Members of the working group acknowledged the significance of the WHO Global School Health Initiative, which had received further substantiation through the Expert Committee on Comprehensive School Health Education and Promotion in September 1995. It complemented the emphasis on schools as a setting to reach the objectives outlined under theme 1, Preparation for life in the document New horizons in health. Members of the working group agreed that both developments formed a very solid basis for action.
It was concluded that considerable progress had been made in the Region through a carefully planned approach. During two regional workshops on school health promotion, participants had recognized that the health-promoting schools concept provided a useful framework to strengthen existing activities and to bring in new partners in action for improving the health of school communities. A workshop for national coordinators of health-promoting schools from 18 Pacific island countries held in October 1995 in Fiji, had resulted in a commitment to the development of health-promoting schools.

Members of the working group highlighted that the publication series on health-promoting schools was a useful instrument for sharing the results of these workshops with a broad audience. They recognized that many countries and areas had started to develop health-promoting schools on the basis of the project outline forwarded to countries and areas in the Region in June 1995, which identified strategies for transferring the concepts of *New horizons in health* into practice. However members of the working group also identified the need for increased action at government level, and in policy developments which support health-promoting schools.

The Regional guidelines *Development of health-promoting schools: A framework for action*, which were finalized and recommended for broad distribution, would provide the necessary guidance in this process. They represented a framework to support governments, health and education officials, teachers, parents, health care workers and students in creating health-promoting schools. It was therefore recommended that countries and areas should adapt and adopt them.

Specific conclusions were reached with respect to a five-year action plan, research and networking. In describing the next steps to make the health-promoting schools work, the members of the working group found it necessary to outline major targets for each year up to the year 2000, and to include them in the guidelines. This would allow for the monitoring of progress.

With regard to research into health-promoting schools, it was considered important that it was directed towards understanding the complexities of health-promoting schools and their components and expected outcomes. In addition, it was concluded that WHO Collaborating Centres and other key institutes should be encouraged to undertake studies into the health
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behaviour of school-aged children, using WHO's standardized instruments as a basis.

The working group believed that research would enable a regional relational database to collect baseline information on the current status and establishment mechanisms of health-promoting schools in countries and areas. This should also include data on countries, ministries and other organizations and individuals involved in health-promoting schools within the Region. A document on research issues in the health-promoting schools series was considered to be necessary for a deeper understanding of how health-promoting schools operate and how they can be further strengthened.

The members of the working group acknowledged the crucial role networking would play in the establishment and continuity of health-promoting schools. To this end, members recognized the role of WHO in mobilizing networks throughout the Region. "Twinning" is regarded as an important subset of networking.

The working group's analysis and discussion of the WHO document *Strengthening interventions to reduce helminth infections through schools* produced a number of specific recommendations that will help to improve the document. Members concluded that the document was clearly written and logically presented and recognized that further work was required before it was finalized. They suggested that this information be developed in an appropriate format for parents and students. There was agreement in the working group that helminth infection was an important health issue to be addressed by schools and that schools which apply the health-promoting schools concept would be in an exceptionally good position to implement the varied interventions that are involved in helminth reduction. When used for implementation purposes the final version of the document should be supplemented by locally produced guidelines and manuals.

Members of the working group found it important that the document should focus on influencing policy- and decision-makers to raise their awareness of the importance of helminth reduction and to describe how helminth infections can be reduced through the different components of health-promoting schools.
Recommendations

On the basis of these conclusions, the following recommendations were made to the Regional Director:

(1) Further support should be given by WHO to the development of health-promoting schools in countries and areas in the Region as outlined under theme 1, Preparation for life in the document *New horizons in health.*

(2) The guidelines *Development of health-promoting schools: A framework for action* should be printed and provided to all countries and areas in the Region with the accompanying recommendation - that they be adapted/adopted by health and education ministries and other relevant groups and widely distributed and used at national, regional and local levels to support the development of health-promoting schools.

(3) The issue of health-promoting schools and the above guidelines should be incorporated into a report to the 47th meeting of the Regional Committee concerning progress towards the implementation of theme 1, Preparation for life of *New horizons in health.*

(4) WHO should develop a regional database on health-promoting schools.

(5) WHO should produce a document as part of the Health-promoting Schools Series of the Western Pacific Regional Office which addresses research and evaluation issues and priorities for developing and sustaining health-promoting schools.

(6) WHO should initiate collaboration with relevant Government departments and international agencies and organizations, such as UNESCO, UNICEF, UNFPA, the South Pacific Commission, the University of the South Pacific, WHO collaborating centres for health promotion and education and various donor agencies, in facilitating and financially supporting networks for health-promoting schools.

(7) WHO should encourage countries to facilitate the appointment of fellows with a specialist interest in health-promotion and in particular in health-promoting schools, by providing information and links with
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appropriate contacts in institutions providing summer-school courses on the topic of health-promoting schools.

(8) WHO should strongly support countries and areas in the Region in helminth control measures using the WHO document *Strengthening interventions to reduce helminth infections through schools* and the above guidelines as an organizing framework.
CONCLUDING REMARKS

The chairman, Mr Peter Miria Baki, stressed the importance of health-promoting schools and the fact that above all, the concern of the working group was with the future of the children of the Region. The working group had set out to be practical and realistic and he believed that this had been achieved. He thanked the members for their diligence and noted that the working group had been most productive. He congratulated all involved on the result.

Dr Erben thanked the consultants for their contribution and the other members of the secretariat. She then made special mention of the hosts, Dr Feng and Dr Chen of the Institute of Parasitic Diseases for their excellent organization, and Mr Hu and Mr Gan of the Shanghai Health Education Institute for organizing the working group's visit to a health-promoting school during the course of the programme.

Mr Jack Jones, WHO headquarters, complimented the working group on what it had achieved and reiterated his commitment to health-promoting schools. He acknowledged the progress that had been made in the Region with respect to health-promoting schools. He congratulated all involved on the guidelines *Development of health-promoting schools: A framework for action*. He said he regarded them as a model which he would be disseminating. He thanked members for their help with the document relating to helminth interventions.

Emeritus Professor Benjamin Cabrera of the University of the Philippines closed the meeting. He thanked all those involved in its organization. He stated that he looked forward to reaping the fruits of the working group's efforts with the growth of health-promoting schools and the emergence of the benefits they, it was hoped, would bring to the school-aged children of the Region and their families.
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