HEALTHY SCHOOLS – A GLOBAL PERSPECTIVE

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Abstract

WHO promotes school health programmes as a strategic means to prevent important health risks among youth and to engage the education sector in efforts to change the educational, social, economic and political conditions that affect risk. Schools can contribute to improving the health and well-being of children and young people. School offers many opportunities for children and young people to develop a positive outlook on life and a healthy lifestyle. Health promoting schools contribute to schools achieving their main goals – the provision of good education and clear standards and fewer dropouts.

Key-words: **Healthy Schools, Health promoting**

Childhood and adolescence offer huge opportunities for health gains through both prevention and early clinical intervention. Preventive interventions undertaken in developmental phases often have greater benefits than interventions to reduce risk and restore health in adults. In this respect, schools represent a very attractive setting for health promotion. Most children and young people attend school, professional educators are in place, and most school communities are microcosms of the larger community, providing opportunities for children to develop and practice the skills necessary to support a healthy life-style [1]. In response to this opportunity, the precepts of contemporary health promotion have been synthesized into the ‚health-promoting school' model, which is guided by a holistic view of health and by the principles of equity and empowerment [2]. Although there are different conceptions of the model, the key components are: the formal curriculum, the social climate, the physical environment, the policies and practices of the school, school health services, and the school-home-community interaction [3]. The health-promoting school model offers a comprehensive, systematic approach to health promotion in the school setting, which is widely accepted internationally. An effective school health programme can be one of the most cost effective investments a nation can make to simultaneously improve education and health. WHO promotes school health programmes as a strategic means to prevent important health risks among youth and to engage the education sector in efforts to change the educational, social, economic and political conditions that affect risk. Schools can contribute to improving the health and well-being of children and young people. School offers many opportunities for children and young people to develop a positive outlook on life and a healthy lifestyle. Health promoting schools contribute to schools achieving their main goals – the provision of good education and clear standards and fewer dropouts. They offer a structured and systematic plan for the health, well-being and the development of all pupils and of teaching and non-teaching staff [4].

Health promotion in a school setting is important because health and education are intrinsically linked which means:

- healthy children are more likely to learn effectively;
- education plays an important role in economic prosperity and staying healthy later in life;
- promoting the health of school staff can lead to greater work satisfaction and reduced absenteeism;

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Received: 7.05.2019, accepted: 15.05.2019, published: 24.05.2019
Citation: Nicolescu R. Healthy Schools – a Global Perspective. Journal of School and University Medicine 2019;6(2):14-19

- actively promoting health in schools can aid schools and policy makers alike in reaching their academic, social and economic targets .

Working together to make their schools better places in which to learn and work, pupils and school staff take action to benefit their physical, mental and social health. In the process, they gain knowledge and skills that improve the outcomes of education [4].

In this respect, the most complex global action is the **Global School Health Initiative**, launched in 1995 by WHO, which aims to mobilize and strengthen health promotion at the local, national, regional and global levels [5].

What is a health promoting school? A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working [5].

A health promoting school:

- Fosters health and learning with all the measures at its disposal.
- Engages health and education officials, teachers, students, parents, health providers and community leaders in efforts to make the school a healthy place [6].
- Strives to provide a healthy environment, school health education, and school health services along with school/community projects and outreach, health promotion programs for staff, nutrition and food safety programs, opportunities for physical education and recreation, and programs for counselling, social support and mental health promotion [7].
- Implements policies and practices that respect an individual's well-being and dignity, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements [7].
- Strives to improve the health of school personnel, families and community members as well as pupils.
- Works with community leaders to help them understand how the community contributes to, or undermines, health and education [5]

Health promoting schools focus on:

- Caring for oneself and others [6]
- Making healthy decisions and taking control over life's circumstances [6]
- Creating conditions that are conducive to health (through policies, services, physical / social conditions).
- Building capacities for peace, shelter, education, food, income, a stable ecosystem, equity, social justice, sustainable development.
- Preventing leading causes of death, disease and disability: helminths, tobacco use, HIV/AIDS/STDs, sedentary lifestyle, drugs and alcohol, violence and injuries, unhealthy nutrition [6]
- Influencing health-related behaviours: knowledge, beliefs, skills, attitudes, values, support [5]

The goal of WHO's Global School Health Initiative is to increase the number of schools that can truly be called "Health-Promoting Schools". The strategic plan of this initiative includes:

- Research to improve school health programmes .
- Building capacity to advocate for improved school health programmes .
- Strengthening national capacities**:**collaboration between health and education agencies
- Creating networks and alliances for the development of health-promoting schools: regional Networks have been initiated in Europe, Western Pacific and Latin America. A global alliance has been formed to enable teachers' representative organizations, worldwide, to improve health through schools. The alliance includes Education International, Centers for Disease Control and Prevention, Education Development Center, UNESCO, UNAIDS and NGTZ [5]

The WHO School Health Technical Meeting, held in Bangkok on 23–25 November 2015 consolidated what had been learned since the last WHO Technical Meeting on School Health in 2007 and renewed commitments of the institutional capacity of the health and education sectors to achieve health and educational outcomes especially low-resource settings. All the participants confirmed that successful activities and good practices varied depending on economic, social, demographic, and geographical factors. The types of programmes that were working in low-resource countries were identified: deworming;

school lunches; immunization; health screening weight and height measurement; eyesight and hearing; water, sanitation and hygiene (WASH). Successful programmes for the prevention of Noncommunicable diseases (NCDs), such as programmes on physical activity, healthy eating (increasing vegetable and fruit intake, control of sugar and fat intake), oral health, and tobacco use were reported from high-resource countries [8].

The factors in successful implementation of school health programmes were identified:

- ownership by government;
- existing national policies and prioritizing school health programmes;
- involvement of all relevant ministries (e.g., ministries of health, education, agriculture, finance) and local government; financial and/or technical support by donor agencies;
- participation of children and communities including parents and guardians;
- allocating appropriate funding;
- ownership by school principals and/or teachers;
- scheduling interventions as official school activities;
- allocating focal teachers and providing teacher training;
- including school health in the curriculum of teacher training institutions;
- setting culturally appropriate menus for school lunches including using locally available food [8].

The identified factors related to barriers of implementation of school health programmes were:

- lack of policies, guidelines, scale up plans, policy implementation;
- insufficient lobbying and advocacy for school health and nutrition (SHN) programmes, and lack of political and legal support for implementation on SHN activities;
- insufficient amount of and timeliness of budget allocation;
- lack of coordination among related ministries and stakeholders (e.g. United Nations (UN) bodies, non-governmental organizations (NGOs) and academic institutions);
- lack of technical capacity on human resources and training;
- lack of quality and quantity of resources for implementation, monitoring and evaluation, as well as insufficient data and evidence for promoting SHN activities;
- cultural barriers to implementation, especially reproductive health programmes [8]

The meeting concluded with the following nine points, recognized as key factors for implementing school health programmes successfully with limited human and financial resources:

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

The following six actions were identified as important for follow-up in collaboration with WHO Headquarters and regional offices as well as other development partners:

1. Organize regional forums for reporting progress (every two years);
2. Follow up with regard to the Asian regional NTD statement (with WHO Headquarters, and the South-East Asia and the Western Pacific regions);
3. Increase understanding of how different cultures and various diversities affect the development, implementation and maintenance of school health programmes and approaches;

4. Conduct a situation analysis and prepare country profiles (African countries);

5. Set up a school health technical expert group;

6. Advocate for the importance of comprehensive and integrated school health programmes and packages (including development of integrated package) [8]

In addition, the following five actions were identified as being needed to undertake in collaboration with academia:

1. Ensure that decision-makers pay attention to school health by producing research evidence;

2. Distribute and promote the regional statement on NTDs;

3. Prioritize research issues that are important to country/regional contexts, including human resources development for researchers;

4. Strengthen the collection of health information and baseline data (e.g. expanding target populations from secondary to preschool and primary school children in statistical surveys, such as the Health Behaviour in School-aged Children survey and the Global school-based student health survey), and make better use of data and monitoring/reporting surveys and data sources/reports in decision-making;

5. Conduct research into the attribution of effectiveness of school-based interventions (such as the contribution of school tobacco control interventions to reductions in tobacco use among students, or identify the costs of action and inaction for school health promotion using deworming as an example) [8]

In addition to this global initiative, WHO/Europe has been developed a lot of programmes, actions and networks in school-health field in the European Region .

Every child should have every opportunity to live a healthy and meaningful life. To ensure this happens, the Member States in the WHO European Region have adopted a strategy **"Investing in children: child and adolescent health strategy for Europe 2015–2020"**. The strategy recommends adopting a life-course approach that recognizes that adult health and illness are rooted in health and experiences in previous stages of the life-course. Targeted effort is needed to break the negative cycles in childhood and adolescence such as no exclusive breastfeeding, poor early childhood development and lack of support in growing through adolescence. This will enable children and young people to develop into healthy, happy and competent individuals who can make a positive contribution to their own health and to society [9]. The WHO/Europe strategy has taken into account the challenges facing children and young people in the European Region and uses data from the **Health Behaviour in School-aged Children study (HBSC)** which looks at the health and well-being of teenagers from a health and social determinants perspective. It provides a wealth of information and analysis, presenting findings on patterns of health among young people aged 11, 13 and 15 years in 43 countries across the WHO European Region and the number of countries is growing [10].

Risk behaviours, which present the fastest growing health issues for children and adolescents, have long-term negative effects and increase the risks for NCDs in later life. NCD prevention therefore should play an important role at school. For many adolescents and school age children school health services (SHS) are the first and the most accessible point of contact with health services. Schools offer many opportunities for children and young people to develop a positive outlook on life and a healthy lifestyle and can contribute to improving the health and well-being of children and young people. **The European Network of Health Promoting Schools** was launched in 1992 and today Health Promoting Schools exist in 40 Member States of the WHO European Region [11].

Although the European Region includes countries with the lowest number of infant and child deaths in the world, it also includes countries where children are 25 times more likely to die before the age of 5. In addition, mortality varies not only between but within countries. Even high-income countries have child poverty as a risk factor for poor health and inequality is growing.

• more than half of deaths among children under five years are due to diseases that are preventable and treatable through simple, affordable, proven measures;

• annually, almost 1 million children in the Region do not receive all scheduled vaccinations

resulting in 90,000 cases of measles and 70,000 cases of rubella being reported in the past 3 years;

• a considerable proportion of children in many European countries do not meet recommended levels of physical activity [12] (1 in 3 children aged 6-9 are overweight or obese) and over 60% of children who are overweight before puberty will be overweight in early adulthood. [13]

Even though adolescence is a period of experimentation most adolescents' grow through this period in a healthy way but many challenges have to be faced and handled. The Region includes countries with the highest adolescent suicide rates in the world.

• 1 in 4 boys and nearly 1 in 6 girls drink alcoholic beverages once a week at age 15 and trends vary very much across the Region.

• 25% of 15-year-olds have had sexual intercourse, but more than 30% in some countries are not using condoms or any other form of contraception, resulting in sexually transmitted diseases and unintended pregnancies [14].

Many of today's and tomorrow's leading causes of death, disease and disability (cardiovascular disease, cancer, chronic lung diseases, depression, violence, substance abuse, injuries, nutritional deficiencies, HIV/AIDS/STI and helminth infections) can be significantly reduced by preventing six interrelated categories of behavior, that are initiated during youth and fostered by social and political policies and conditions:

- tobacco use;
- behaviour that results in injury and violence;
- alcohol and substance use;
- dietary and hygienic practices that cause disease;
- sedentary lifestyle;
- sexual behaviour that causes unintended pregnancy and disease [15]

At national level, there are some examples of good practices and successfull projects:

• The Republic of Moldova's **'Healthy Generation'** Project The Republic of Moldova has been active in supporting healthy development during adolescence and preventing adolescents' experimentation from becoming too risky. Through Project 'Healthy Generation', the country aims to provide adequate and relevant health information in the form of youth-friendly health services for adolescents. The basic philosophy of the project is that health is not only a matter for the traditional health sector providers (doctors, nurses, hospitals etc.), but requires the cooperation of many different social sectors and actors such as social workers, teachers, family and staff from youth-friendly health clinics. The project trains relevant actors – nurses, psychologists, teachers, peer educators etc., in how to use the school context in a sensitive and open way for life-skills education and the promotion of healthy choices and behaviour. And finally, they promote and advocate for a positive attitude among parents and key social actors toward youth-friendly services [16].

• The Danish Government has established and funded the **National Council for Children** to advocate involving children and adolescents in decisions that affect them. The Council supports the Danish parliament, politicians and authorities in developing effective policies for young people. The Council established a Children and Youth Panel of 2000 adolescents selected to comprise a representative sample of the national population. They fill in questionnaires at school twice a year for 3 years. Teaching staff facilitate the process. The questionnaires cover current themes on the political agenda, such as how children and adolescents experience the economic crisis, parents' divorce, the school environment and life in general. The results are presented to decision-makers to enable them to make policies sensitive to issues raised by the young people. Creating change does not necessarily require completely new systems. The National Council for Children shows how simple initiatives can result in more involvement: making children and adolescents co-authors of rules of conduct at their schools or daytime institutions; and allowing them to participate fully in meetings between parents and representatives of the social services. The Danish National Council for Children is an example of how to give children and young people a voice [17].

The preceding discussion of initiatives and models is not intended to be exhaustive. Other worthy projects and models may exist, and any exclusion from this discussion is not intended to minimize their importance. Instead, the purpose of the preceding discussion is to illustrate the diversity of programmes that exist and to emphasize that as these models have evolved, they tend to become more complex and appear to demand more from the schools and community.

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