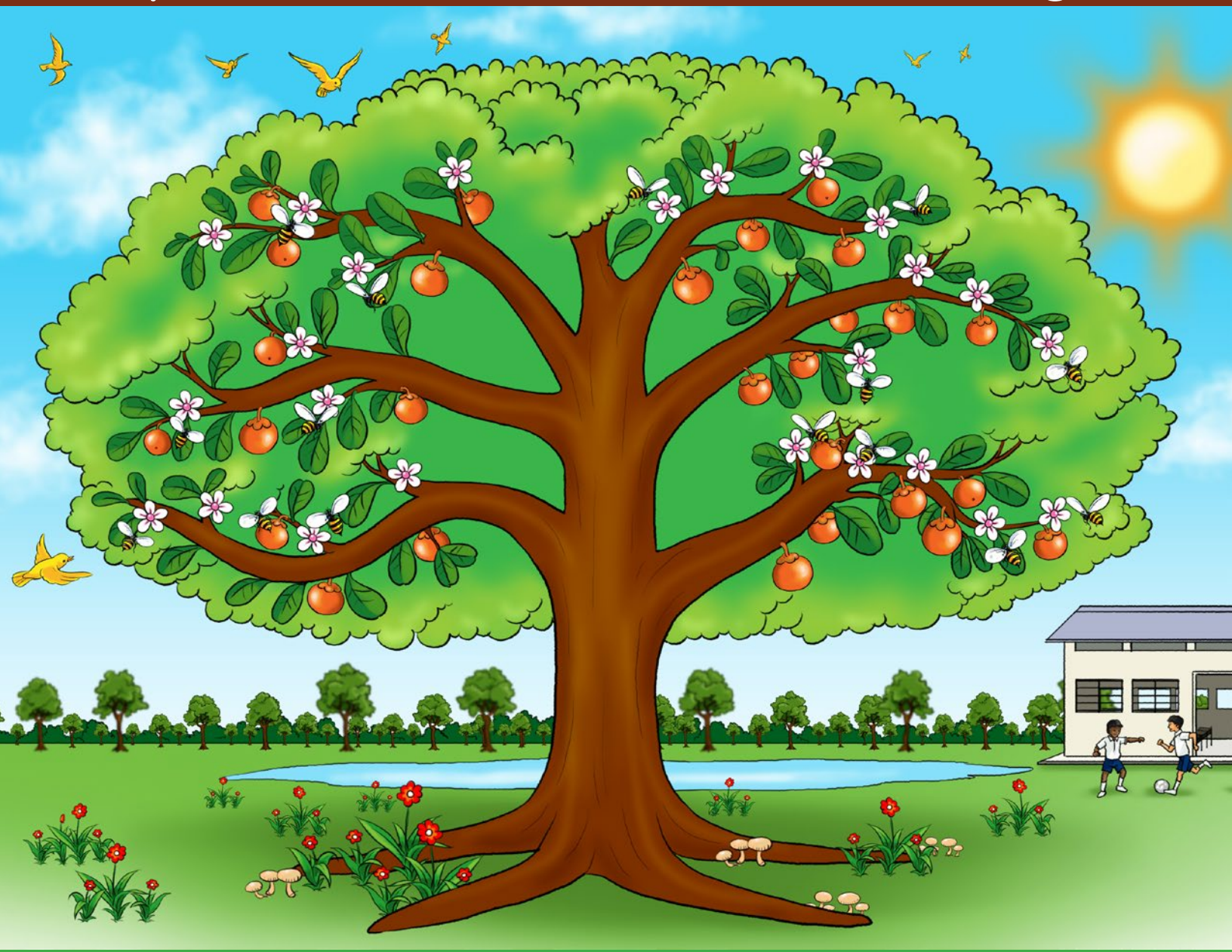
HEALTH PROMOTING SCHOOLS

Experiences from the Western Pacific Region



World Health Organization
Western Pacific Region

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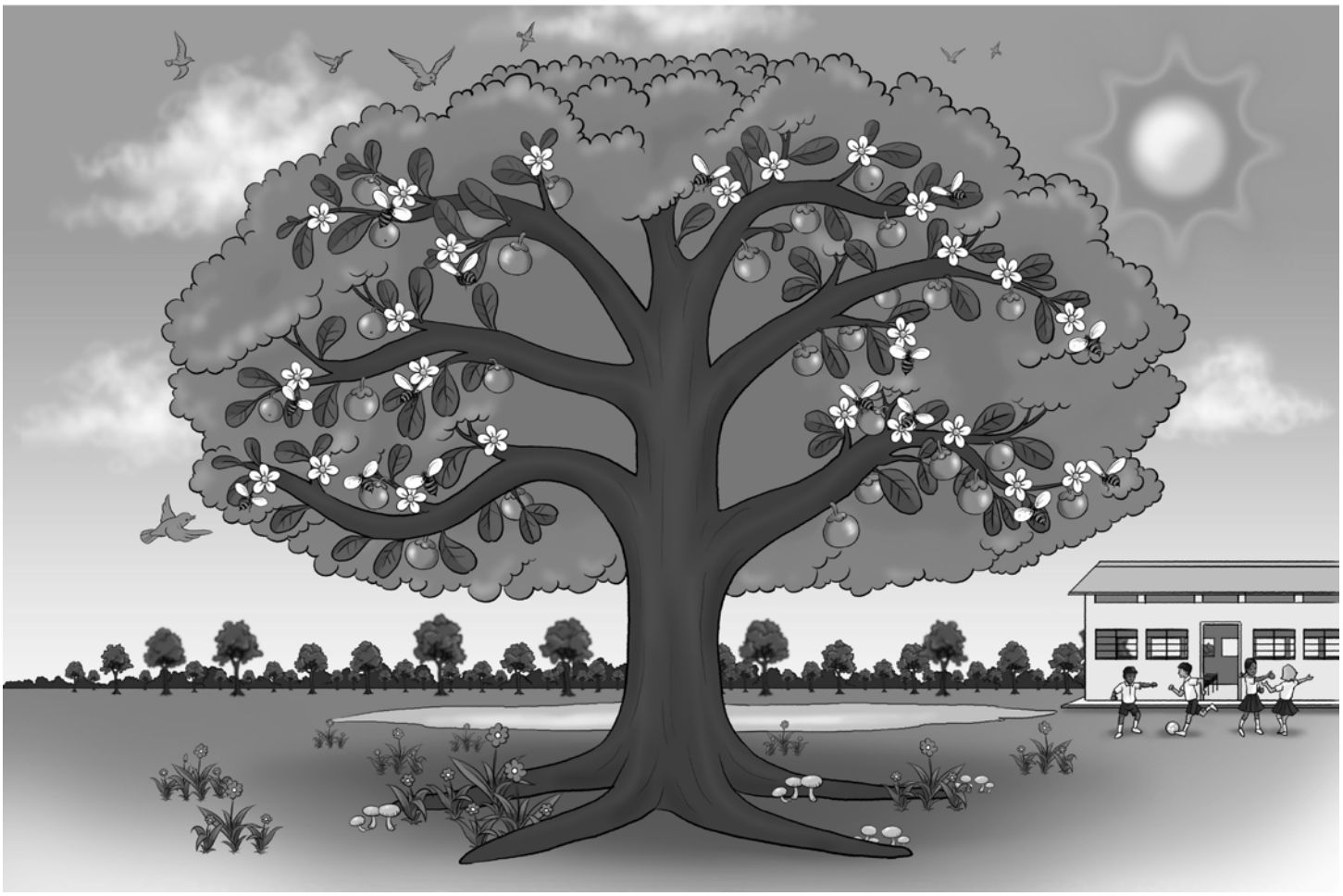

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Health Promoting Schools

At a health promoting school (HPS), all members of the school community work together to provide students with positive experiences and structures that promote and protect their health *(1)*. Good health improves school attendance and cognition and positively influences the economic and social potential of children. Moreover, school health programmes have been shown to have a huge influence on the well-being of teachers, parents, school staff and the surrounding community *(2, 3, 4, 5)*.

There are an estimated 1.8 billion children aged 5 to 19 years in the world today *(6)*. Around 66% and 89% are estimated to be enrolled in secondary *(7)* and primary schools *(8)*, respectively, thus giving schools considerable reach and potential to deliver targeted health messages and interventions to children, improving their health, well-being and academic performance. Such interventions can address the double burden of malnutrition. In many countries, undernutrition, stunting and wasting persist alongside a rise in overweight and obesity in children, which predisposes them in adulthood to life-threatening noncommunicable diseases, such as heart disease, diabetes and cancer *(9)*. Schools can also build children's resilience and develop their life skills to reduce the risk of mental health disorders, violence and injuries, engagement in substance abuse and risky sexual behaviour, all of which can impact children's full development *(10)*.

To address these public health issues, the HPS approach encourages both the health and education sectors to engage in intersectoral dialogue for the attainment of mutual goals: disease prevention, and improved health and educational outcomes.

A health promoting school is characterized by **six key factors** as indicated below *(11)*.

A health promoting school:

1. establishes and documents **school policies** that promote health and well-being;
2. provides a safe, secure, clean, sustainable, conducive and **healthy physical environment** for learning;
3. builds a secure school **social environment** that fosters positive relationships among and between students, staff, parents and the wider community;
4. strengthens **community links** through connections and partnerships among families, the community, schools, organizations and other stakeholders;
5. includes **action competencies for healthy living** in the formal and informal curricula for development of students' knowledge and life skills; and
6. facilitates access to **health–care and health promotion services**.

To introduce the HPS approach to Member States in the Region, the WHO Regional Office for the Western Pacific published the *Regional guidelines: Development of health-promoting schools – A framework for action* in 1996, and updated these in 2009 *(12)*. Based on the experiences shared by national agencies and schools involved in HPS initiatives across the Western Pacific Region, this document presents practical advice on the implementation of the key factors, as well as strategies to overcome common challenges encountered.

IMPLEMENTATION OF HEALTH PROMOTING SCHOOLS IN THE REGION:
Lessons learnt

In 2012, the WHO Regional Office for the Western Pacific conducted a survey on HPS implementation to ascertain best practices. Twelve Member States shared their experiences on national- and school-level HPS implementation: Australia, Cambodia, China, including Hong Kong SAR (China), Fiji, Japan, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines, the Republic of Korea, Singapore and Viet Nam.

Lessons learnt were drawn from these experiences. They are presented according to *eight key implementation components* adapted from Samdal and Rowling *(2)*. Implementation of these key components leads to the achievement of the six key HPS factors as presented in the diagram below.

6 KEY HPS FACTORS

1. Healthy school policies
2. School's physical environment
3. School's social environment
4. Community links
5. Action competencies for healthy living
6. School health care and health promotion

8 KEY IMPLEMENTATION COMPONENTS

1. Leadership and management
2. Preparing and planning for school development
3. Policy and institutional anchoring
4. Student participation
5. Professional development and learning
6. Relational and organizational support
7. Partnerships and networking
8. Quality assurance and sustainability

1. Leadership and management practices

- Secure political support and leadership from the health and education ministries to facilitate application of the HPS approach and guarantee the sustainability of the national HPS programme. The education and health sectors should lead the HPS programme with a shared vision and joint decision-making responsibilities. Strong leadership is a key factor for the attainment of the shared goals.

The support of leaders for the Health Olympiads Awarding Ceremony in Mongolia demonstrated high-level commitment to health. (L-R) Dr Nyunt-U Soe, WHO Representative, a student, and Dr Amarsanaa Jazag, Vice-Minister for Health. ©WHO Mongolia 2013

2. Preparing and planning for school development

- Prepare the health and education sectors for planning and implementing the HPS approach using methods that involve as many key stakeholders as possible. This builds ownership, trust and credibility among stakeholders and secures commitment for the success of the programme.
- Start by reviewing the education sector's existing models and activities, and demonstrate how the HPS programme is a "win–win" strategy. Leaders in both the health and education sectors are more likely to adopt the HPS approach if its impact on health and educational outcomes are understood.
- Design the HPS programme to have a horizontal structure, rather than a top-down approach from authorities to the school. Successful experiences demonstrate that better results are achieved when schools have genuine participation and engagement in the programme.
- Involve the school community in the identification of local health issues and programme resources. This ensures that the programme responds to the prevailing needs of the community and fosters collaboration across local stakeholders.

Schools can organize health fairs on healthy practices and create a health-enabling environment at home for families.
©WHO Cambodia 2013

3. Policy and institutional anchoring

- Articulate the joint vision, mandate and framework for the HPS programme in a written policy to secure leadership and commitment, and clarify resource allocation. A multisectoral policy promotes ownership and accountability across key stakeholders.
- Integrate the HPS approach within the education sector's strategic approach and school development plan to facilitate its institutionalization and successful implementation.
- Establish school health departments or units within education ministries to better integrate school health programmes. Cambodia, Japan, the Lao People's Democratic Republic, Malaysia, the Philippines and the Republic of Korea have school health departments or units inside education ministries that lead HPS programme implementation.
- Establish policies that promote and maintain a healthy physical and social school environment, in which students have opportunities to choose healthy food, drink safe water, participate in physical exercise, play and learn safely, and practise good hygiene, such as handwashing and toothbrushing.

When schools require canteens to provide healthy fresh fruit options, students develop healthy eating habits. ©St. Mary Primary School 2011

4. Student participation

- Design the HPS programme in a way that ensures student participation in programme implementation. This empowers students, builds their capacity to make healthier choices and enhances their connectedness to the programme. Students who feel their contributions are valued are more motivated to attend school, have better academic achievement and improved overall well-being *(2)*. Schools in Cambodia, Hong Kong SAR (China) and Singapore have student health ambassadors who act as health advocates among peers and relatives. These schools utilize an interactive approach to health education by organizing activities that promote student involvement in the HPS programme.

Tsung Tsin College, Hong Kong SAR (China)

Tsung Tsin College, a secondary school located in Tuen Mun, Hong Kong SAR (China), started implementing the HPS approach in 2002. The school formed a health education committee and participated in the 2003 Hong Kong Healthy Schools Award Scheme to measure itself against a comprehensive set of health indicators. The aim was to identify areas that needed improvement and use the findings to work on its health policies and practices. The process also enriched the relationship of the school with parents and the surrounding community.

Student health ambassadors help implement the HPS network covering 19 primary and kindergarten schools and visit homes caring for the older people and children. This promotes civic-mindedness among youth. ©Tsung Tsin College, Hong Kong SAR (China) 2012

The school strove to continue self-improvement by adopting the Assessment Program for Affective and Social Outcomes (APASO) in 2011. This was an opportunity to self-evaluate the school health situation, apply for and acquire a grant from the Quality Education Fund (QEF), and participate in the QEF Thematic Network by mentoring two other health-promoting secondary schools in the same district.

In collaboration with another primary school, Tsung Tsin formed and co-led a local network of health promoting schools in the same district, consisting of 19 primary schools and kindergartens. Student Health Ambassadors serve as helpers to the network's programmes.

The school also developed a curriculum framework with seven health themes – physical, intellectual, emotional, interpersonal, aesthetic-cultural, spiritual-moral and civic health. Following the framework, health-related topics are taught as part of the formal curriculum while health qualities are fostered through extracurricular activities and other support services.

5. Professional development and learning

- Recognize the role of teachers as core change agents and involve them in discussions about how to initiate and support HPS programme implementation in schools.
- Provide implementation guidelines, online and/or printed educational materials and training for school administrators and teachers to understand the HPS approach and implement programme elements.

Teachers from F. Ma. Guerrero Elementary School feel more confident discussing health topics with students and families and contribute to disease prevention and health promotion after training on the Urbani School Health Kit. ©University of the Philippines Open University 2006

6. Relational and organizational support context

- Support schools in designing organizational policies, structures and physical spaces that enhance teaching, learning and personal development, encourage positive interactions between people and their environment, and foster connectedness and collaboration with the community. Successful implementation of the HPS programme needs a supportive school environment from within the school and its organization and extending to the surrounding community.

Lovu Sangam school, Fiji

HPS implementation in the Lovu Sangam School in Fiji started in 2012. First, a school health committee was convened, comprised of the school head, an HPS coordinator and other teachers in charge of the various components of the WHO HPS framework. The whole school was involved in several aspects of the programme implementation.

All students undergo a general health inspection and participate in sports activities and gardening to promote self-esteem, as well as take part in a clean-class competition. Teachers act as role models by eating healthy food, supervising student lunches and encouraging the use of clean water bottles. Health education is taught from grades 1 to 8, while first aid training is offered through extracurricular activities.

A head teacher points out the main vegetable garden at a health promoting school in Fiji. Strong support from the school's management sustains HPS activities. ©WHO Fiji 2011

Health and social welfare personnel are invited to conduct regular medical check-ups and counselling, respectively.

The school also prioritizes a healthy environment. Staff took action to minimize local hazards by organizing an occupational health and safety committee and conducting regular health inspections. Other efforts included declaring the school a smoke-free zone, beautifying school grounds, improving waste management and setting up adequate play space for students. An Anti-Drug Day was also organized with neighbouring schools.

Parent and community involvement through participation in cultural and religious festivals is encouraged.

7. Partnerships and networking

- Regularly engage key stakeholders at all levels – national, provincial and local – to discuss school needs and define roles and responsibilities for HPS programme implementation. Successful implementation requires strong local partnerships and networks and must be based on a whole-of-school community approach. A multisectoral task force may be considered.
- Collaborate with external organizations. Schools must build alliances and networks with their communities and partner organizations to strengthen capabilities to undertake more relevant health activities and increase HPS programme impact.

In the Fit for School Programme implemented by the Lao People's Democratic Republic Ministry of Education and Sports, and supported by the Southeast Asia Ministers of Education Organization Regional Center for Educational Innovation and Technology (SEAMEO INNOTECH) and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), school stakeholders contribute labour and construction materials to build and maintain group facilities for daily handwashing and toothbrushing. GIZ provides technical assistance and start-up materials for daily group activities. ©GIZ Fit for School 2013

8. Quality assurance and sustainability

- Continuously assess programme implementation and outcomes and modify interventions to sustain and improve programme effectiveness and efficiency. At the national level, a comprehensive evaluation strategy for the HPS programme should include health- and education-related indicators that are already used in existing instruments of the health and education ministries. These can include school attendance and performance, number of schools selling sugar-sweetened beverages and junk food, obesity prevalence, and percentage of school staff trained in HPS. Evidence of positive outcomes helps justify and secure further resource allocations.

- Introduce HPS certification or accreditation. Hong Kong SAR (China), the Lao People's Democratic Republic, Mongolia and Singapore all have an HPS accreditation process. Schools use a checklist that can be validated by external evaluators. The instruments typically include questions about the HPS framework and have indicators for each of the six HPS factors.

- Provide additional training to HPS programme managers and implementers based on findings from the assessments to ensure that the right set of competencies are in place.

Singapore's CHERISH (Championing Efforts Resulting in Improved School Health) Award gives recognition to schools that apply the HPS approach and is based on findings from school reports and validation visits. ©Canberra Secondary School Singapore 2014

OVERCOMING COMMON CHALLENGES

Across Member States, common challenges to HPS implementation were encountered at various levels. Many of these relate to inadequate financial, human and material resources. Weak organizational structures and limited stakeholder involvement were also identified as areas of concern. Strategies to overcome these have been successfully identified and applied by HPS programme implementers. These are summarized according to implementaion level in the following table.

Challenges and successful strategies applied by Member States

CHALLENGES	STRATEGIES	IMPLEMENTATION LEVEL	
		NATIONAL	SCHOOL
Insufficient financial and material resources	• Mainstream the HPS programme in national education sector development plans.	✔	
	• Strengthen government directives and investment, particularly at the local level.	✔	
	• Encourage schools to raise funds and mobilize resources from social organizations and authorities.	✔	
	• Provide evidence and advocate to government leaders and development partners on the importance of school health programmes.	✔	✔
	• Form partnerships with state (governmental) and non-state actors (nongovernmental organizations and private sector entities, such as local companies). Companies that produce junk food, tobacco and alcohol, or that employ children, should be avoided.	✔	✔
	• Use technical working group, task force and steering committee meetings to mobilize resources from partners.	✔	✔

CHALLENGES	STRATEGIES	IMPLEMENTATION LEVEL	
		NATIONAL	SCHOOL
Different functions within the education and health sectors	• Develop and communicate guidelines for HPS implementation that demonstrate the importance and synergistic roles of the health and education sectors, especially at the school level.	✔	
	• Align HPS programme goals with school goals to increase school engagement.	✔	
	• Appoint a coordinator and establish a task force for HPS projects.	✔	✔
Limited human resources (teachers and health professionals)	• Develop tools to reduce the workload of teachers, such as templates of school notices to parents.	✔	
	• Use appropriate incentives to encourage good performance.	✔	
	• Integrate HPS activities into existing school curriculum and events.	✔	✔
Lack of skills/ knowledge of implementers on the HPS approach	• Strengthen the HPS network of officers, staff and other implementers at national, subnational and school levels, to facilitate the exchange of experience and best practices.	✔	✔
	• Strengthen capacity through lectures, workshops and/or pre-service and in-service training for teachers. Invite experts to give talks.	✔	✔
	• Develop and disseminate student learning materials in the local language.	✔	✔

CHALLENGES	STRATEGIES	IMPLEMENTATION LEVEL	
		NATIONAL	SCHOOL
Weak community and parental participation	• Conduct health education workshops, health checks and fitness activities for parents.		✔
	• Organize health fairs, festivals and cooking contests.		✔
	• Conduct community surveys/ health assessments.		✔
	• Organize health campaigns for the community.		✔
Changing political, economic and social context	• Conduct regular process and impact evaluation.	✔	✔
	• Conduct regular formal and informal feedback sessions with stakeholders on project implementation.	✔	✔
	• Recognize weaknesses (areas of ineffectiveness) in the project and proactively address these.	✔	✔
	• Continuously innovate to achieve the intended impact.	✔	✔

WAY FORWARD

An effective school health programme can be one of the most cost-effective investments a nation can make to improve educational outcomes and the present and future health of children *(10)*. This has never been more apparent than it is today. Schools are now recognized as an essential and strategic setting for the promotion of healthy environments, health and nutrition, literacy, and physical activity among school-age children and adolescents *(13)*.

The practical advice on HPS implementation from featured Member States provided here is intended to inspire other countries and schools to institutionalize the HPS approach at national, subnational and local levels. It is hoped that HPS champions and implementers will continue to share best practices, and that each country and school will consider and apply these lessons learnt to fit local realities and contexts.

All children have the right to the enjoyment of the highest attainable standard of health and the right to education *(14)*. To make this a reality, health and education sectors need to work together and change educational, social, economic and political conditions to ensure that all children are able to reach their full potential.

KEY MESSAGES

- ✓ Schools are ideal settings through which to improve children's present and future health, and their social and economic prospects.
- ✓ HPS is a cost-effective intervention for both the education and health sectors.
- ✓ Leadership, collaboration and a whole-of-community participatory approach are the foundation of a successful HPS programme.
- ✓ Monitoring and evaluation are essential for programme improvement and sustainability, and for enabling the sharing of best practices within and across countries.

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For more information you may visit our website:
http://www.wpro.who.int/health_promotion/about/health_promoting_schools/en/

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