Global Standards and Indicators for Health Promoting Schools

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IT IS NOT FOR DISSEMINTATION.

Global Standards

Acknowledgements

Contents

Key terms

These Global Standards for Health Promoting Schools (HPS) have been developed to support inter-sectoral collaboration and action for promoting health and wellbeing in schools around the world. For the purposes of this document, the glossary uses the following definitions of terms that are commonly used within the health and education sectors.

Community: Refers to school and local communities.

Component (of a standard): For the purposes of the Global Standards, this refers to a thematic, action-oriented statement that needs to be implemented to achieve the standard. Some components contain additional descriptive statements to describe quality implementation of the component.

Curriculum: "A collection of activities implemented to design, coordinate and plan an education or training schedule. This includes the articulation of learning objectives, content, methods, assessment, material and training for teachers and trainers" (1), that enables students "to develop skills, knowledge and an understanding of their own health and wellbeing and that of their community".(2) It is inclusive of planning and development as well as students' educational experience beyond the classroom (e.g., extra-curricular activities).

Deep learning: A method of learning in which knowledge is not only memorized and understood, but also synthesized and able to be applied.(3)

Distributed model of school leadership (also referred to as distributed or shared leadership): The practice of collaborative and interdependent leadership including decision-making, that is shared across multiple individuals at all levels of the school community.

Education/al outcomes: The desired learning objectives or standards that schools, teachers, and other school staff want students to achieve, including academic achievement and the learning experience, and the educational, societal, and life effects that result from students being educated including school completion and employment.(4)

Government: The body of persons that constitute a governing authority by which a country or community is administered and regulated. This includes national, subnational, and local government authorities.

Health: "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (5)

Health promotion: "Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions." (6) Its scope and activities are ideally comprehensive and multifaceted. While typically framed as prevention strategies, health promotion is also embodied within approaches with individuals.

Health Promoting School (HPS): A school that is consistently strengthening its capacity as a safe and healthy setting for teaching, learning and working.(7) Note that the Global Standards and indicators have been designed to be applicable to any whole-school approach to health within education, even if the terminology of HPS is not used (e.g., Comprehensive School Health, Healthy Learning Environments, École en Santé, Escuelas para la Salud).

Implementation: Refers to a specified set of activities conducted to establish or put in place a programme (8) or initiative. Such activities include the identification of an issue, determination of a desired outcome, planning, utilization of monitoring and feedback, collection and use of data and the collaboration of internal and external stakeholders throughout the process.(9) Particularly in schools, implementation is considered to represent a complex process of interactions between characteristics of the system, implementers and organizational context in which a program is implemented.(10)

Indicator: A variable that is used to monitor or evaluate specific and measureable progress towards the completion of an activity, output, outcome, goal, or objective.(11, 12) In the Global Standards, indicators are provided for the components of each standard. Indicators can be populated from various data sources and can be collected and reported at various levels (e.g., global, national, subnational, school).

- **Input indicator:** An indicator used to monitor human and financial resources, physical facilities, equipment, and operational policies that enable programme activities to be implemented.(13)

- **Process indicator:** An indicator used to monitor the activities carried out to achieve the objectives of a programme, including what is done, and how well it is done.(13)

- **Output indicator:** An indicator used to monitor the immediate results of various processes in terms of service access, availability, quality and safety.(13)

- **Outcome indicator:** An indicator used to monitor the intermediate results of programmes that are measurable at the population level.(13)

- **Impact indicator:** An indicator that is used to evaluate the long-term outcomes that the programmes are designed to contribute to or affect, including decreases in mortality and morbidity.(13)

Inter-sectoral collaboration: A working relationship between two or more government sectors that, in the context of HPS, aims to achieve health and education outcomes in an effective, efficient and sustainable manner.(14)

Local community: Refers to both the local (geographic) community of people living or working near the school, and to the various organizations that are external to the school itself, but that engage with students or staff who attend the school. This may include local government authorities, NGOs, faith-based organizations, private enterprises, community health services, and community groups such as youth groups or organized sports, arts and other cultural providers.

Parents: This term is inclusive of parents, caregivers, and legal guardians of students.

Resources: Any financial, information, human, or physical resources.

School: An institution designed to provide compulsory educational services to students (inclusive of primary [elementary] and secondary [junior and senior high school]).

School community: Refers to all school staff including teachers, school governance (e.g., school board members) and management staff, other school staff (e.g. administrative staff, cleaners, health professionals) and volunteers who work within the school, students, and parents, caregivers, legal guardians and the wider family unit.

School Health Services: Health services provided to students enrolled in primary or secondary education by health care and/or allied professional(s) that can be provided on site (school-based health services) or in the community (school linked health services). The services should be mandated by a formal arrangement between the educational institution and the health care providers' organization/s.(15) The term 'comprehensive' is used in this document to be consistent with the language of the WHO School Health Services guidelines.

Social-Emotional Learning: Refers to specific elements of the school curriculum, as well as "...the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions."(16) This is an inherently strengths-based approach that is intended to equip students with the personal resources that will enable them to cope better with challenging circumstances.

Stakeholder: A person, group or organization that has an interest in or may be affected by the implementation of HPS (or similar). These include individuals within the school community such as students, parents, teachers, administrative staff, HPS coordinators and principals. Outside the school, stakeholders may include local health service providers, business owners, UN agency staff, NGOs and their representatives, and ministerial staff (at district, provincial and national levels).

Standard: A statement that defines characteristics, structures, processes, and/or performance expectations.(17)

Standard statement: For the purposes of these Global Standards, this refers to the overarching descriptor of a standard.

Subnational: Refers to political-administrative units that may operate at the level of a state, region, province or municipality, district or zone. There are different levels of school governance within and across countries.

Substance use: Use or self-administration of a psychoactive substance. This may include alcohol, caffeine, tobacco, marijuana, opioids, over-the-counter medications and other licit and illicit drugs.(18, 19)

Sustainability: The degree to which an initiative is maintained over time or institutionalized in a given setting.(20)

Wellbeing: A physical, emotional, and social state "in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to [their] community."(21)

Whole-school approach: "An approach which goes beyond the learning and teaching in the classroom to pervade all aspects of the life of a school."(2) It includes a cohesive, collective and collaborative approach by all members of a school community to improve student learning, behavior and wellbeing, and the conditions that support these.(22)

Whole-of-government: The joint activities coordinated and performed by multiple sectors of government to work towards a common goal or solution.

Part 1: Background
Schools are a setting for health

Schools are increasingly regarded as a key setting for promoting the health, wellbeing, and development of children and adolescents. Globally, most children and adolescents are enrolled in school, and an increasing proportion of students continue enrolment from primary to secondary school.(23, 24) At their best, schools are a safe and secure place where students can acquire the knowledge, attitudes, behaviors, skills, and experiences that provide a foundation for becoming healthy, educated and engaged citizens. For example, schools can address the social determinants of health (e.g., gender-based violence, early marriage and pregnancy), and can promote health through rights-based programmatic initiatives (e.g., food and nutrition interventions (25), comprehensive sexuality education (26)) and through the development of peer norms and social-emotional skills (e.g., to empower students to avoid harmful substances such as alcohol and tobacco (27)).

Many students, parents and caregivers also view schools as safe places to seek advice and support, including for health concerns.(28) Schools also serve as outreach locations to deliver health services to students and the wider community, particularly in rural areas or low-resource settings.(29) Gender inequality remains a salient issue for education (30); in many regions, girls still have less access to schooling (31) and poorer learning outcomes, such as basic literacy, compared to boys.(32) However investing in healthier and better educated students, especially girls, improves the health of the next generation when young people themselves become parents.(33, 34) Schools can therefore be viewed as an important resource, not only for influencing the health and wellbeing of students and families, but also of school staff and the wider community.

The extent that health, wellbeing and education outcomes are intertwined is also appreciated, with increasing recognition from governments and school communities that health and wellbeing are intrinsic to the delivery and attainment of education outcomes and permeate all aspects of school life.(35, 36) For example, the development of social-emotional skills has been argued to itself constitute an educational objective which should be incorporated into student learning standards.(37) Better student health and wellbeing, including health behaviors such as physical activity and healthy eating, and the development of social-emotional skills, are associated with better educational outcomes such as increased school attendance, engagement, and academic performance.(38-40) Conversely, access to education, better educated students, and safe and supportive school environments are associated with better health outcomes for students which persist into adulthood.(41-46)

Newer health issues have emerged over recent decades that overtly affect school attendance and educational engagement, such as mental health disorders. Around the world, student strikes seeking greater political action against climate change and environmental pollution, a well-recognized threat to future health, are a reminder of the salience of these health issues for students. Certainly, the impact of the CoV-SARS-2 pandemic on school closures is widely anticipated to have flow-on effects on student engagement, learning outcomes and educational transitions with similarly profound impacts on wellbeing, emotional distress and mental disorder.

What is a Health Promoting School?

A Health Promoting School (HPS) is 'a school that is constantly strengthening its capacity as a healthy setting for living, learning and working.'(47) The concept of HPS embodies a whole-school approach to promoting health and educational attainment in school communities by capitalizing on the organizational potential of schools to foster the physical, social-emotional, and psychological conditions for health as well as for positive education outcomes.(48) The HPS approach has been shown to have positive effects on health including improving physical activity and nutrition, and reducing substance use and bullying.(44, 45, 49-51).

Historically, the World Health Organization (WHO) defined six key characteristics (or 'pillars') of HPS, namely: healthy school policies; healthy physical school environments; healthy school social environments; health skills and education; links with parents and school community; and access to school health services.(48, 52) However, definitions of HPS have varied.(50) In many settings, other similar whole-school approaches to health have been adopted using different names or emerged relatively independently such as comprehensive school health, healthy school communities, and school health education.

Despite variations in terminology and the evolution of these approaches, they share the essential characteristics of a whole-school approach. That is, an approach that extends beyond the delivery of a health curriculum or a discrete health intervention, to encompass the whole school curriculum, the broader ethos[1] and environment of the school, and that engages parents and families, and the wider local community.(50) While the term 'HPS' is used in this document, it is intended to be a generic term that is synonymous with any whole-school approach to health in schools.

The HPS initiative and other whole-school approaches to health in education now span multiple decades. Yet there is wide recognition that improvements in the uptake and sustainability of HPS efforts are needed, and not just in low- and middle-income countries (LMIC).(53-55) Enhancing school and national capacity, adopting an evidence-based standards-driven approach, increasing collaboration between the health and education sectors, and engaging a broader set of stakeholders (such as parents, local governments and civil society organizations) are critical to wider implementation of HPS.(7, 53, 56) There is also the need to prioritise the collection and utilisation of better-quality data (e.g., indicators) to inform decision making. (7)

In 2018, WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO) launched a new initiative that included the objective of developing and promoting Global Standards and indicators for HPS and supporting their implementation. While aspirational, this initiative is expected to serve over 2.3 billion school-aged children and adolescents and will contribute to the WHO's 13th General Programme of Work target of '1 billion lives made healthier' by 2023 and the UNESCO strategy on Education for Health and Well-being contributing to ending AIDS as a public health threat by 2030.(57, 58) The initiative also supports the UN Sustainable Development Goals agenda related to both education and health including the target that "all learners acquire the knowledge and skills needed to promote sustainable development...human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity..." by 2030.(59) The challenges and disruptions to education exacerbated by public health challenges make the need for investment in inclusive and equitable education, to address learning poverty and build human capital all the more urgent.(60)

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[1] The distinguishing character, sentiment, and guiding beliefs of HPS.

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Why have Global Standards and indicators?

There is a need to support whole-school health initiatives to bridge the gap between current practices and the aspiration of a fully-embedded and sustainable system. Support is required at the national/subnational, local, and school levels and is expected to accelerate global progress in the implementation and sustainability of a suite of health promoting actions in schools.

The Global Standards and associated indicators for HPS are intended to support this aim by:

- Providing a vision and framework to guide government efforts and support quality implementation based on the best available evidence;
- Enabling identification of areas that require additional or separate commitment, investment, resources, and stakeholder engagement;
- Supporting a consistent and data-driven approach to planning, performance monitoring, and quality improvement;
- Enabling consistency of advocacy, communication, and action while also being sufficiently broad and flexible to be adapted to specific contexts.

Who are the Global Standards and indicators for?

The Global Standards and indicators are designed to be used by all stakeholders across sectors who are involved in identifying, planning, funding, implementing, monitoring and evaluating the HPS approach at school, local, subnational, national, and global levels.

For example:

- Ministerial/government staff/officials from all sectors, especially the education, health, and associated sectors
- Policy makers from all sectors
- School principals/leaders, and administrators
- School teachers and staff
- School councils and boards
- School healthcare professionals
- Development partners (e.g., UN agencies, donors, NGOs, charities)
- Researchers and evaluators.

The Global Standards and indicators have been designed to be applicable to any whole-school approach to health within education, even if the terminology of HPS is not used.

This includes but is not limited to, for example:

- Comprehensive school health
- Healthy school communities
- Healthy learning environments
- Integrated school health and education
- Éducation Pour la Santé (EPS), École en Santé[2]
- Estrategia/Entorno Escuela Saludable, Escuelas para la Salud[2].

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[2] Selected examples in French and Spanish.

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Why invest in Health Promoting Schools?

The HPS approach and related whole-school approaches to health have been associated with considerable improvements across many different domains of student health, wellbeing, nutrition, and functioning. Whole-school approaches to health that align school policies, practice and school ethos have been shown to lead to improvements in educational engagement, social and emotional wellbeing and reductions in risk-taking behaviors in a variety of countries. (44, 45, 51) A recent systematic review showed that the HPS approach was effective at improving body mass index, physical activity, physical fitness, tobacco use and fruit and vegetable intake in students. (50) More recent randomized controlled trials have also demonstrated the benefit of whole-school approaches in countries as varied in their health and education contexts as India is from England. These multi-component studies measured a variety of health outcomes such as bullying and aggression, wellbeing, substance use and attitudes towards gender. The researchers also measured school climate and educational engagement. They demonstrated the efficiency of multicomponent whole-school approaches to enhancing both health outcomes and educational engagement (44, 51). Other systematic reviews have demonstrated the efficiency and effectiveness of school health services. (61, 62) Notwithstanding these efforts, some of which have included costings per student and school, more research investigating the impact of HPS on educational and school-related outcomes is needed, as well as evaluations about cost benefits. (49)

Delineating discrete evidence for each standard and for each possible outcome in all possible settings is difficult. Rather, these standards are based on current best evidence that the HPS system has the potential to directly improve the lives of students, with the potential to contribute to intermediate and longer term benefits to individuals, communities, and society as a whole. While more longitudinal research is needed, over time, the reinforcing links between health and education outcomes indicate that the HPS approach has the capacity to reduce inequalities in health and educational outcomes.(38, 39) For example, evidence indicates that poor health (e.g., anaemia, anxiety) and exposure to adverse experiences known to affect health such as interpersonal violence interferes with school attendance and learning (e.g., Fry et al. (63); Dalsgaard et al. (64)). In many cases, specific health problems can be prevented or treated (e.g., malnutrition, vision impairment, diarrhoeal diseases). An approach such as HPS which embodies elements of health promotion, prevention, and early intervention and referral has the capacity to address disparities in equity that contribute to many health issues.

Figure 1 summarizes how investment in whole-school approaches such as HPS can achieve intermediate and longer term benefits for health and education. Beyond affecting students, schools and local communities, the combined effect benefits government and community stakeholders.
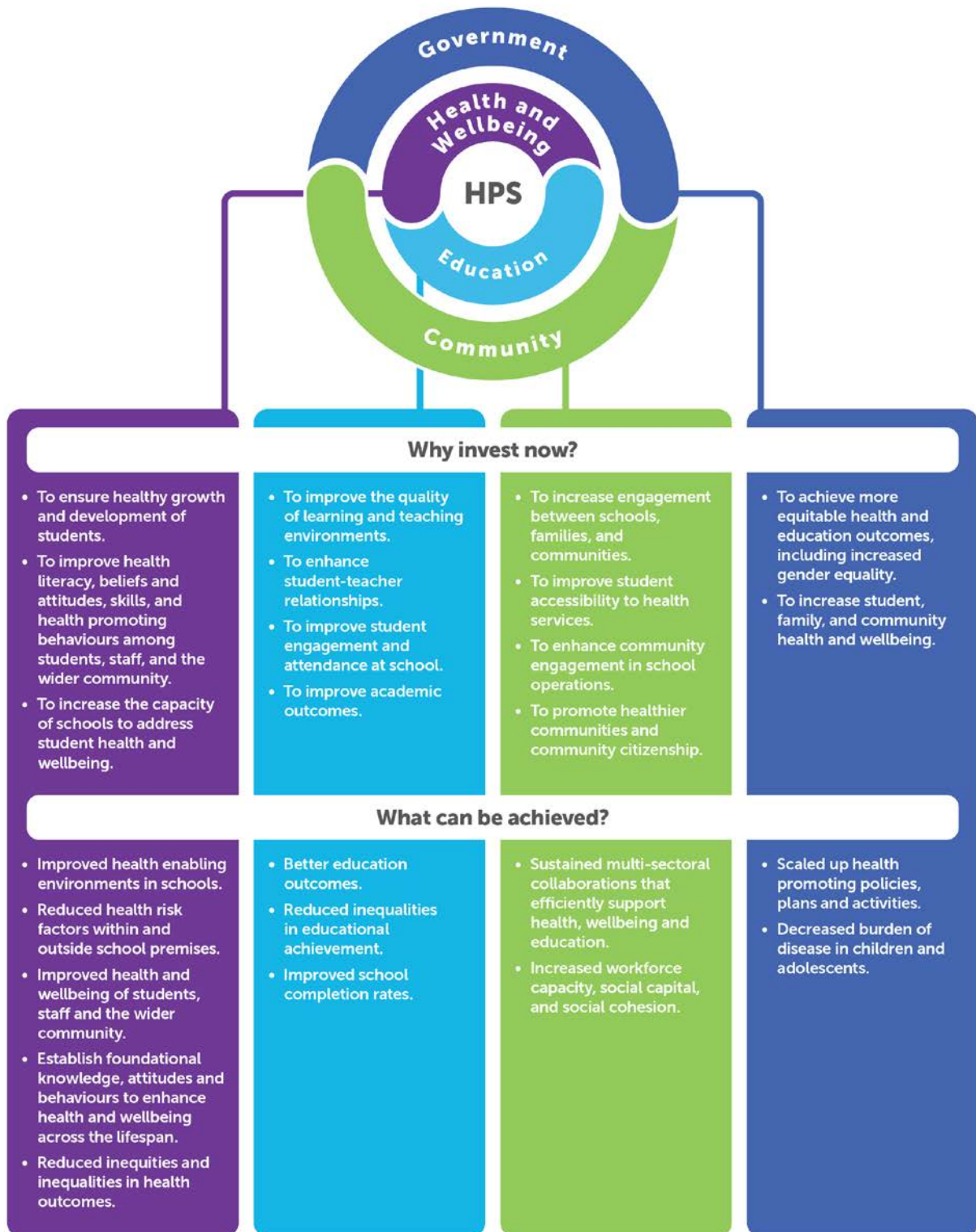
Figure 1. Reasons to invest in Health Promoting Schools

Global Standards for the HPS system

There are 8 Global Standards for Health Promoting School Systems, as shown in Table 1. The rationale, aim, and components of each of the Standards are presented in Part 2 of this document.

Table 1. Overview of Global Standards and standard statements

Global Standards and Standard Statements	
1.	**Government policies and resources**
	There is whole-of-government commitment to and investment in making every school a health promoting school.
2.	**School policies and resources**
	There is commitment to a whole-school approach to being a health promoting school.
3.	**School governance and leadership**
	There is a whole-school model of school governance and leadership to support being a health promoting school.
4.	**School and community partnerships**
	There is engagement and collaboration within the school community including with students and between the school and local communities for health promoting schools.
5.	**School curriculum supports health and wellbeing**
	The school curriculum supports physical, social-emotional, and psychological aspects of student health and wellbeing.
6.	**School social-emotional environment**
	The school has a safe and supportive social-emotional environment.
7.	**School physical environment**
	The school has a healthy, safe, secure and inclusive physical environment.
8.	**School health services**
	All students have access to comprehensive school-based or school-linked health services that address their physical, emotional, psychosocial, and educational healthcare needs.

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Figure 2 shows how the eight Global Standards relate to one another to comprise an *HPS system*. There are also several features of the HPS system within which the eight Global Standards are embedded.
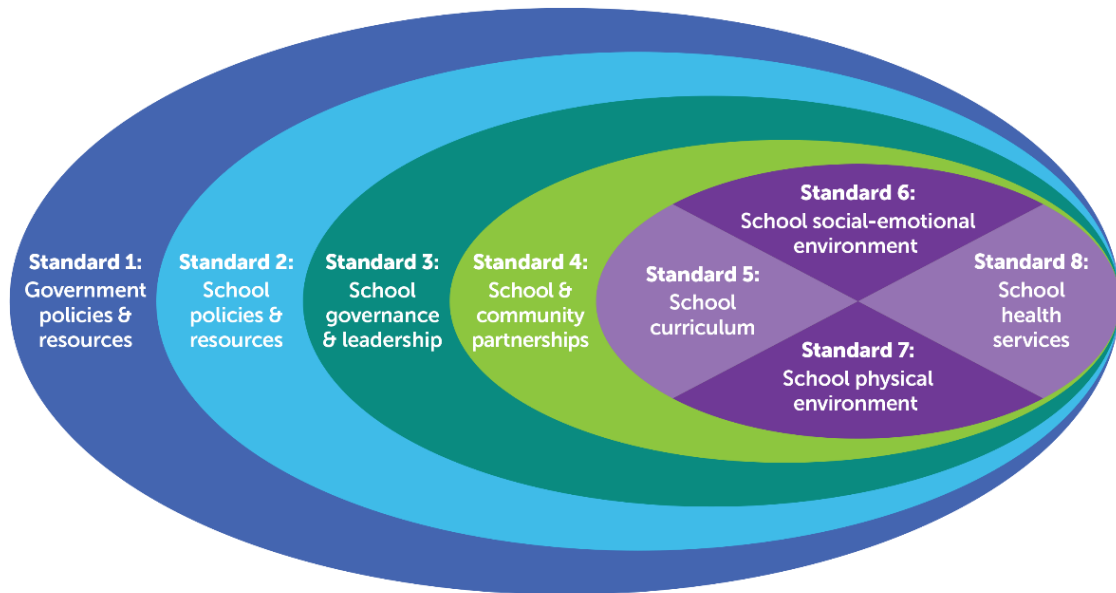

Figure 2. Global Standards for Health Promoting Schools

1. HPS require a system of goverance

The eight Global Standards are represented as a collective system to emphasize the importance of HPS as a system of governance. Evidence indicates policy and institutional embedding and a strong and interconnected system of governance across the education and health sectors are key elements to the successful implementation and sustainability of HPS initiatives.(53) Notably, while the day-to-day implementation of HPS activities occur within the remit of the school, a sustainable HPS approach is inseparable from a fundamental commitment and investment in leadership and resources across different sectors and multiple levels of government.

Within the Global Standards, the numbering of the Standards represents the levels of governance rather than reflecting a hierarchy of importance or a linear sequence of implementation. Governance includes systems of support at national, subnational and local government levels where applicable (Standard 1), at the school level (Standards 2 and 3), and through partnerships between the school and local communities (Standard 4). While these are represented in the diagram as distinct categories, there is interaction and overlap between these governance systems. For example, a parent who is part of the school council or board may take a leadership role and influence school policy decisions and also live and work in the local community (Standards 2, 3, 4); similarly, a local government may form a partnership with a local non-government organization (NGO) and work with school leadership to provide a school health service (Standards 1, 3, 4 and 8).

2. HPS require a whole-school approach

The eight Global Standards for HPS are represented as a system to distinguish it from a specific program or intervention. This recognizes that the objective of HPS is to develop a sustainable, adaptive, whole-school approach to health and wellbeing which is embedded into the fabric of a school's operations and which evolves over time. This approach does not have a defined beginning, middle, and end (notwithstanding that monitoring and evaluation should occur at regularly defined time points). Rather, it is a system that is continually responsive to the needs and priorities of a school, its students, and its community. For example, in a community with high HIV prevalence, comprehensive sexuality education and HIV prevention may serve as an entry point; in a setting with high prevalence of overweight and obesity, nutrition education, physical activity and availability of healthy food choices may take priority. Yet for each of these examples, rather than individual programmatic or curriculum responses, a whole-school response requires consideration of a broad suite of actions (including programmatic and curriculum responses).

Again, although the Global Standards are presented in the diagram as distinct categories, a systems approach inherently implies overlap and reciprocal relationships between the standards. For example, having a quiet space in a school's grounds (Standard 7: School physical environment) encourages relaxation and reflection (Standard 6: School social-emotional environment) which, in turn promotes mental health and emotional wellbeing.

3. HPS systems are flexible and dynamic

The full realization of the HPS System of eight Global Standards in every school is intended to be progressive. To this end, a systems perspective is useful in practice because it provides flexibility as government and school communities work towards implementing this whole-school approach. Implementation can occur through multiple entry points, and one or more of the standards can be implemented at any time.

Further, within any HPS system, the choice of individual programs and interventions will and can differ according to the health needs and resources available within a school and community. A systems approach enables the delivery of specific programs or interventions (e.g., a nutrition curriculum, a bullying reduction program, comprehensive sexuality education, a hygiene program, injury prevention and safety promotion), and simultaneously recognizes that these become part of the HPS system when intentionally mapped to create alignment, connections and linkages.

For example, a nutrition curriculum that teaches students about healthy food choices and provides tools for students to be informed consumers within the school curriculum becomes part of an HPS approach when the school is also, for example, working towards healthy food choices being available at the school canteen and in the surrounding shops of the local community, develops a school garden, has nutrition appropriately reflected in school policies, and engages school staff and parents around healthy food choices. Similarly, an anti-bullying program can be seen to reflect the HPS approach around mental health and wellbeing when, for example, school policy states that bullying is not tolerated in the school community and supports appropriate responses from students, teachers, and parents; teachers are trained to recognize students who may be depressed or anxious; health services are available for students with mental health problems; and there is a health curriculum that promotes social-emotional learning and wellbeing and mental health literacy.

Thus, it is the cumulative, concurrent and mutually reinforcing actions across all facets of a school's operations and the multi-level governance system that define the HPS approach. The eight Global Standards provide direction and focus on what is necessary to develop a sustainable HPS system, while also enabling all schools and education policy actors to find an area of their work which can contribute to the pursuit.

Where can I find more information about applying the Global Standards and indicators to my specific context?

While the Global Standards and indicators are designed to be universally applicable, all HPS initiatives exist within historical, economic, political, physical, and cultural contexts. For example, different countries will be in different phases of HPS implementation and have different supporting structures (e.g., lead ministry) in place at any one time. A key enabler of successful implementation of HPS is the ability of this systems approach to be tailored to specific contexts and adapted to those contexts over time. Tailored approaches are critical for building school community motivation, commitment and ownership that, beyond government investments are essential for the sustainability and longevity of HPS.

In most cases, the Global Standards refer to 'needs and priorities' of the school community rather than specific topics or highly specific health concerns, initiatives, or programs. This is in recognition that the needs and priorities of school communities are different and will evolve over time. This is also reflected in each of the eight Global Standards which contain components specifically related to planning, progress and performance tracking.

The Global Standards and indicators (the current document) should be read in conjunction with the Implementation Guidance for HPS. Various guidance currently exists for school-level implementation (e.g., manuals derived by Schools for Health in Europe (SHE) and Focusing Resources of Effective School Health (FRESH). However there is a dearth of guidance for implementation at the government level. Thus, the accompanying Implementation Guidance provides a high-level framework to assist governments use these Global Standards to implement HPS. It provides specific guidance, accompanied by several country case study examples, about how the components of the standards can be adapted to individual settings. It is designed to be complementary to the various resources already available for school-level practitioners.

How were the Global Standards developed?

The eight Global Standards and indicators were developed by experts from the education and health sectors, including practitioners, policy makers and researchers with expertise in policy and indicator development. The development process included wide consultation with staff from many different UN agencies, together with an External Advisory Group (EAG) of country experts and through national, regional and public consultations.

In 2018, the WHO and UNESCO, in collaboration with other UN entities including United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), The Joint United Nations Programme on HIV and AIDS (UNAIDS) and The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) launched a new initiative called 'Making every School a Health Promoting School' (65). As part of this work, WHO commissioned two evidence reviews to inform the standards and their implementation guidance from the Centre for Adolescent Health (CAH), Murdoch Children's Research Institute, Melbourne, Australia. Evidence Review 1 focused on identifying current recommendations by national governments, WHO and other UN agencies around comprehensive school health programmes.(54) Evidence Review 2 focused on identifying key barriers and enablers for their implementation.(53) Understanding the outcomes of these two reviews (e.g., thematic frameworks) was informed by several rounds of consultation with WHO, UNESCO and other UN organizations. Prior to the completion of the two reviews, there was an international consultation with members of an EAG on March 18th and 19th 2020. A series of country case studies was also conducted around barriers and enablers to Health Promoting Schools in LMIC.

In addition to this body of work, the development of the Global Standards and indicators for Health Promoting Schools also considered a set of additional resources including the Schools for Health in Europe (SHE) European Standards and Indicators, the "Focusing Resources on Effective School Health" initiative

(FRESH, a collaboration between WHO, UNESCO, UNICEF and the World Bank to enhance the quality and equity of education), and the WHO/UNAIDS Global Standards for Quality Health-Care Services for Adolescents.

How were the indicators identified?

An indicator is used to monitor specific and quantifiable progress towards an outcome, goal, or objective. (11) The indicators for the Global Standards (refer to Part 3 of this document) are recommended as a starting point for monitoring and evaluating HPS at the school, national/subnational, and global levels of implementation.

The development of indicators was an interactive process informed by an examination of the indicators extracted during Evidence Review 1 and a scoping process supported by experts from the WHO/UNESCO and CAH teams. The indicators that have been identified align with the components of the Global Standards. They can be used to provide a general indication or 'snapshot' of progress towards the achievement of each standard. Indicators can also be used to identify areas of work within the HPS system that require further investment and improvement.

There are global, national, local and school level indicators. National indicators are also applicable at the subnational level where relevant. School-level indicators are designed for schools to be able to self-assess their progress towards implementation of HPS. National level indicators are designed for governments to assess their progress towards supporting schools to become HPS. Global indicators are designed for international organizations to assess global progress towards HPS, and can be used to identify areas of need and increased investment. A suggested time frame for reporting indicators is provided, as are data sources that can be used to populate these indicators. Approaches to measuring and reporting indicators will be supported by WHO and UNESCO's future web application and measurement and evaluation tool.

The indicators for the Global Standards have been selected using the following criteria(66):

- Relevance: Does the indicator measure an area of importance? Is the indicator relevant across all contexts?

- Feasibility: Can the data used to populate the indicator be obtained with reasonable and affordable effort? Will the indicator be used?

- Validity: Is the indicator a robust assessment of the content area? Is the indicator sensitive to change over time? Has the indicator been field tested?

- Usefulness: Does the indicator capture information that is easily understood and timely? Can it be used to communicate information to stakeholders and guide decision-making?

The indicators for the Global Standards are designed to provide sufficient information to be useful to schools and governments, without being overly burdensome. Information about the implementation of HPS in addition to the indicators may also be useful. For example, are the structures, resources, and investments for HPS in place (input indicators)? Are the activities required for HPS being implemented (process indicators)? Are HPS activities having the intended immediate effect (output indicators)? Is the accumulation of all HPS activities affecting the health, wellbeing, and education of the school and local community (outcome indicators) and wider society over the longer term (impact indicator)?

Part 2: Global Standards and Components for HPS

Standard 1: Government policies and resources

Rationale: Making every school a health promoting school requires long-term government commitment, investment, and specific actions at national/subnational, and local levels. The sustainability of HPS requires a clear policy position, accountability for implementation, and appropriate allocation of resources. Inter-sectoral collaboration is paramount; the Ministry of Education (MOE) or ministry responsible for education drives HPS with support from the Ministry of Health (MOH) where possible and other ministries (e.g., social protection, food and agriculture, finance, infrastructure, transport, justice, community, environment).

Aim: Standard 1 aims to ensure that the whole-of-government commitment to and investment in HPS is reflected in laws, regulations, policies, strategies, resource allocation, inter-sectoral collaboration, collaboration and engagement with school and local communities, and a sustainable system of monitoring and evaluation.

Standard 1: Government policies and resources
Standard statement: *There is whole-of-government commitment to and investment in making every school a health promoting school.*
Standard Components
1. **There is a national education policy or strategy that recognizes HPS as a key vehicle to achieve national development goals through education and provides a framework for nation-wide promotion of HPS.**
a. The policy articulates national standards for all aspects of HPS (school policies through to health services). b. The policy articulates goals and objectives, as well as the roles and responsibilities of each stakeholder (e.g., at national/subnational, and local levels; inter-sectoral, inter-agency, and international; where relevant). c. The policy includes a commitment and a plan for ongoing resource allocation (human, information, financial), capacity building, implementation, monitoring and evaluation at national/subnational and local levels d. The policy promotes inclusivity, equity and evidence-informed approaches for policies at all levels. e. Policies at all levels are aligned (e.g., national/subnational, and local, sectoral), are integrated with existing policies on stand-alone issues (e.g., adolescent pregnancy, school violence), and promote alignment and integration across polices. f. There is a national plan to ensure the continuity of learning and health promotion, and processes to identify and monitor students at risk, when distance/virtual learning is implemented (e.g., in response to public health emergencies, in response to diverse learner needs).
2. **Education sector leadership of HPS is established and clearly articulated with ongoing support and contributions from health and other sectors at all levels.**

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a. The education and health sectors have a formal partnership around HPS at all levels (i.e., a documented commitment to support and promote HPS with clearly defined roles and responsibilities).

b. Inter-sectoral coordination and collaboration is clearly defined, with a commitment to mutually agreed actions and goals.

c. The education and health sectors encourage and support engagement with other sectors for decision-making, implementation, and monitoring of HPS (e.g., there is a multi-sectoral steering committee).

d. There is coordination, collaboration, and engagement between national/subnational and local government and other stakeholders, including around existing programs.

3. **There is collaboration and shared commitment between local government, communities and schools for HPS.**

a. Models of collaboration between local government, communities, and schools are established and take into account existing channels.

4. **There are adequate[3] human, information, and financial resources to make every school a HPS.**

a. Resources are adequate to implement and monitor policy and are aligned with policy goals and targets.

b. The allocation of resources is included in national/subnational and local and sector budgeting processes.

c. There is investment in the pre-service training of teachers and other school staff, including healthcare staff, in HPS.

5. **There is a system of planning, and progress and performance tracking of HPS at the national/subnational, and local government level.**

a. Systems for planning, progress and performance tracking are clearly articulated in operational plans and guidelines.

b. Tracking includes student health and education outcomes.

Standard 2: School policies and resources

Rationale: HPS require school commitment and investment that are reflected in school policies and/or plans and the allocation of school resources. It is important that the values of health for education, and education for health, are recognized as are the values, preferences and the needs of the school community which will help inform strategic priorities. This mutuality around health and education will help ensure that health is embedded within the core work of the school and that it is synonymous with the notion of a high quality school rather than being viewed as an add-on or an afterthought.

Aim: Standard 2 aims to ensure that the school's commitment to and investment in HPS is reflected in school policies and plans to provide clear communication and direction and structure for school staff, students, and the wider school and local communities. It also aims to ensure there are adequate resources and a system of monitoring and evaluation to ensure policies are effective and can be sustainably implemented.

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[3] In the Global Standards, the term 'adequate' is used a generic terms in recognition of the diversity of countries and contexts for which the Standards will be used; that is, what is considered 'adequate' in one context may be inadequate in another. For example, 'adequate resources' includes resources being planned for, committed, allocated, and able to be evaluated to achieve the desired aims as required in a specific context.

Standard 2: School policies and resources

Standard statement: There is commitment to a whole-school approach to being a health promoting school.

Standard Components

1. There is a school policy and/or plan for HPS.

    a. The school policy and/or plan aligns with national policy (when in existence).

    b. The school policy and/or plan articulates the roles and responsibilities of school board, management, staff, students, and parents/caregivers and plans ongoing resource allocation.

    c. School policies are inclusive, equitable, evidence-informed, and recognize the diversity of teachers and learners.

    d. School policies are evidence-informed, rights-based, and responsive to the values and preferences of the students and school and local communities and address key outcomes (e.g., education, health, safety, wellbeing, nutrition) as identified by local needs assessment and priority setting.

    e. There is a whole-school plan to ensure the continuity of learning and health promotion when schooling is disrupted (e.g., school plan is aligned with national/subnational plan for distance/virtual learning required in response to public health emergencies).

2. There is a policy and/or plan for regular engagement and collaboration between the school and stakeholders for HPS.

    a. There is a plan for partnership engagement with national/subnational and local authorities.

    b. There is a plan for partnership engagement with parent/caregivers.

    c. There is a plan for partnership engagement with the local community.

    d. School policies are clearly written and well-communicated to all stakeholders.

3. The school has adequate human, information and financial resources to make progress in becoming an HPS.

    a. Resources are adequate to implement and monitor policy and aligned with policy goals and targets.

    b. The allocation of resources is defined and included in budgeting processes.

    c. There is investment in the professional learning of teachers and other school staff, including healthcare staff, in HPS.

4. The school implements a system of regular planning, tracking progress and performance around the implementation of school policies and resources for HPS.

    a. Systems for planning, progress and performance tracking are clearly articulated in operational plans and guidelines.

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Standard 3: School governance and leadership

Rationale: HPS require a clearly defined and articulated shared school leadership model that empowers school board, all school staff, students, and parents/caregivers to engage with HPS as part of their roles and daily activities. Motivated school leaders (including school board, management, principals, leadership staff, and students) are critical for the HPS ethos[4] to be truly embedded within the workings of a school community, and in partnership with the local community, including local government.

Aim: Standard 3 aims to ensure there is a distributed and collaborative model of leadership within a school community in order that the ethos of HPS is embedded within all decision-making and that leadership for HPS is sustainable over time. School leaders are appropriately resourced and trained to effectively support HPS.

Standard 3: School governance and leadership
Standard statement: There is a whole-school model of school governance and leadership to support being a health promoting school.
Standard Components
1. **The leadership team (school board members, management, principal and school leaders) supports and promotes the value and ethos of HPS to the school community.**
a. The school leadership team facilitates the integration of the priorities, needs and interests of the school context identified by the different stakeholders.
2. **There is a distributed model of school leadership for HPS comprising the school principal, leading teachers, administrative staff, members of the school board and management, school health personnel, students and parents/caregivers.**

a. Clear roles for HPS leadership within the school are established.
    b. Students are included in decision-making and HPS leadership opportunities and training for students are provided.
    c. Parents/caregivers are encouraged to participate in the dynamics and organization of the HPS.
    d. Existing or new channels are used to achieve a dialogue that allows a shared vision of the needs and strategy of the HPS.

3. **HPS leaders are provided with in-service leadership and HPS professional learning opportunities.**
a. Training includes the implementation of monitoring and evaluation systems.   b. Training includes the range of health risks and problems (including physical and mental health) that affect students, and addresses student diversity and inclusion.

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[4] The distinguishing character, sentiment, and guiding beliefs of HPS.

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4. **There is a system of regular planning, and tracking progress and performance of school governance and leadership for HPS.**

Standard 4: School and community partnerships

Rationale: Active engagement and consultation within the school community (e.g., between school staff and parents/caregivers) and between the school community and the local community (e.g., between school staff and students, and local NGOs and government) are critical to the implementation of HPS. HPS require that the entire school community is engaged, and that all stakeholders are committed to a collaborative partnership with a shared vision for success. Engagement and collaboration strengthen both the school and the community in relation to health and wellbeing and longer term impacts.

Aim: Standard 4 aims to ensure that members of the school community, including students, and local stakeholders share commitment to a supportive partnership with the school around HPS and recognize the mutual and beneficial effects of HPS. This includes engaging parents/caregivers and the broader community as partners in their children's learning, and encouraging the school's role as an important entity in their local community.

Standard 4: School and community partnerships
Standard statement: There is engagement and collaboration within the school community including with students and between the school and local communities for health promoting schools.
Standard Components
1. **The school engages and collaborates with parents/caregivers, legal guardians, and families in all aspects of school operations related to HPS.**

a. Mechanisms are in place to facilitate collaboration with the school and local communities (e.g., committees)
 	
    b. Parents/caregivers are involved in decision-making for HPS and HPS activities.
 	
    c. There is a student committee that works collaboratively with the HPS leadership team that is regularly and meaningfully consulted.
 	
    d. Students are encouraged and assume more responsibility in HPS with investments to enhance their capacity to be advocates and change agents in the school and local communities.

2. **The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government, for HPS.**
a. There is clear and consistent communication between the school and local communities around the goals and actions of HPS.   b. The local community is involved in decision-making around HPS and relevant HPS activities.

c. The local government allocates resources and supports the school in implementing national standards for HPS.

d. Community organizations (including businesses) support the school in being a HPS, including in terms of crises to help provide continuity.

e. Relevant local community policies are inclusive, equitable, gender-responsive, rights-based, and evidence-informed.

3. School leaders engage and collaborate with the school and local communities, including parents/caregivers, in the planning, progress tracking, and performance of HPS partnerships.

a. Oversight and feedback mechanisms are in place.

Standard 5: School curriculum supports health and wellbeing

Rationale: As a critical component of school functioning, the school curriculum has the potential to effect change in the knowledge, skills, attitudes, and behaviors of students and the school community. This applies to health and relationships education specifically and also to the school curricula more broadly, where inclusive and participatory pedagogy can promote health, wellbeing, social and emotional competencies, equity and diversity as well as deep learning.

Aim: The aim of this standard is to ensure that the school's curriculum explicitly educates and implicitly promotes all elements of physical, social-emotional and psychological health, wellbeing, and development. It aims to ensure that the curriculum is designed and delivered in an inclusive, evidence-informed manner that responds to the health, developmental, and learning needs and priorities of the school and local community. It is important that staff are appropriately trained and supported, particularly for delivering health education.

Standard 5: School curriculum supports health and wellbeing
Standard statement: The school curriculum supports physical, social-emotional, and psychological aspects of student health and wellbeing.
Standard Components
1. School staff demonstrate knowledge and understanding of physical, social and psychological development and characteristics of students and how these may affect learning and behaviors.
a. Teachers are able to tailor learning strategies and activities to the normal developmental needs of students. b. School staff are equipped to address additional physical, psychological and emotional needs of students including through student-staff relations, understanding of the invisible learning of the hidden curriculum, and have knowledge of referral options.

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> **2. The school implements a curriculum that encompasses physical, social-emotional, and psychological aspects of student health, safety, nutrition, and wellbeing that address key education and health outcomes (see Annex 2), and aligns with national HPS policy.**
>
> a) Health topics[5] reflect the health and wellbeing needs, rights, and priorities of the learners, their families, and local communities and aim to build relevant knowledge, attitudes and skills.
> b) Knowledge and skill-building addresses aspects of personal and social development of students in a cyclical and progressive manner across their schooling and through participatory methods (e.g., life skills learning and digital literacy is integrated as a key component of health literacy and social and emotional skills learning).
> c) School curriculum is aligned with curriculum standards and evidence-informed guidance.

> **3. The school curriculum fosters understanding, values and attitudes that support choices for sustainable development and sustainable consumption and proficiency in environmental science.**
>
> a. The curriculum integrates the surroundings as a methodological strategy to promote a healthy, safe and sustainable environment.

> **4. The content, pedagogy, student-teacher, and teacher-teacher relationships across the school's curriculum promote health, positive and healthy relationships and lifestyle, safety, physical activity, nutrition, and wellbeing through the development of knowledge, skills, attitudes, and behaviors in the school community.**
>
> a. The curriculum supports participatory methodologies by encouraging engagement with the context and daily life of students.
> b. The curriculum encourages cooperative interactions among students and promotes inclusive education to achieve educational outcomes.
> c. The curriculum is implemented in partnership with the school staff and the school community including healthcare and specialist NGO professionals.

> **5. There is training and support for staff in the use of learning and teaching strategies to support the HPS approach.**
>
> a. The specific health and relationships topics that are considered essential for healthy development are delivered in an inclusive, age-appropriate, gender-responsive, rights-based, and evidence-informed manner.
> b. Equitable digital and distance learning strategies are established and used to complement classroom education and health promotion, and to ensure continuity of learning and health promotion when in-person schooling is disrupted (e.g., during public health emergencies or environmental disasters, in responding to diverse student needs).

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[5] Health topics examples include but are not limited to: health and life skills; social and emotional skills; physical education; water, sanitation and hygiene education; infectious disease prevention; nutrition education; healthy sleep education; comprehensive sexuality education, healthy relationship skills; gender equity education; mental health, substance use and help seeking behaviour skills; violence prevention; road safety; drowning prevention; natural disaster safety precautions; injury prevention; first aid; immunization; living with chronic health conditions and disabilities.

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6. There is a system of regular planning, and tracking progress and performance of the content and delivery of the school curriculum that is conducive to supporting health and wellbeing.

Standard 6: School social-emotional environment

Rationale: A healthy and inclusive school climate and learning environment is a critical element of whole-school approaches to health. The school social-emotional environment encompasses the norms, values, behaviors, and attitudes of individuals in the school and local communities and the quality of their interpersonal interactions. Safe and supportive school environments in which students feel respected, engaged, and connected to school and within their social relationships promote health, wellbeing, and education outcomes, which can also set a positive foundation for future interpersonal functioning within families, communities and workplaces.

Aim: Standard 6 aims to ensure that there is dedicated investment in the social-emotional environment of a school to promote the wellbeing, confidence and mutual respect of all members of the school and local communities. HPS require that an inclusive, supportive and safe environment is prioritized through inclusion in school policy, and that this ethos is embodied by students, staff and community members in all of their interactions.

Standard 6: School social-emotional environment
Standard statement: The school has a safe and supportive social-emotional environment.
Standard Components
1. School policies set clear directions regarding the desired social-emotional environment in the school, including how to address any necessary improvements, and feedback measures.
a. The desired elements of the social-emotional environment in the school are agreed among all stakeholders within the school and local community.   b. The school social-emotional environment fosters equity by promoting inclusiveness and welcoming diversity within the school and local community.   c. Individuals in the school community treat each other with respect and kindness in all interactions (e.g., no tolerance of discrimination, bullying, corporal punishment, harassment).   d. The school has high expectations of students, school staff and local communities members in relation to social interactions, health and education outcomes (where relevant).   e. The school social-emotional environment fosters good relationships and builds self-esteem and confidence for all individuals.   f. The school continues to foster all aspects of the social-emotional environment where distance/virtual learning occurs (e.g., fostering student engagement, outreach to students at risk, promotion of school culture).

2. The school has adequate investment and resources to promote a safe and supportive social-emotional environment.
a.   Teacher professional learning develops skills to improve the healthy and safe school climate, enhancing connections with students and families.
3. The social-emotional environment within the school is regularly monitored with improvement and feedback actions taken to enhance a positive environment.

Standard 7: School physical environment

Rationale: A healthy, safe, secure, and accessible environment within and surrounding the school establishes the prerequisite conditions for optimal health and learning (e.g., lighting, fencing, water and sanitation, provisions for menstrual hygiene management, food provided to students). The school physical environment includes the school grounds, facilities, and equipment such as the classrooms, activity rooms, infirmary, cafeteria, sports facilities, and toilets and showers. It also includes: transport used by students, school staff, and members of the school and local communities such as carparks, school buses, and footpaths; the community facilities used by the school such as the pools, gardens, and sports fields; and the local shops and other businesses that serve the school community such as corner stores and supermarkets. The regular interactions with the physical environment by students and the school community directly influence health, wellbeing and learning (e.g., clean, sanitary, accessible physical environments that are compliant with health and safety regulations) as well as having indirect influences (e.g., advertising that encourages risky lifestyle behaviors, location of stores selling substances and alcohol, family behaviors).

Aim: Standard 7 aims to ensure that the physical environment of a school receives dedicated investment to ensure it is safe, secure, healthy, and inclusive for students and the school community before, during and after school hours. It aims to ensure that the school physical environment facilitates health promotion in a way that is accessible, needs-based, and aligned with national policy and regulations.

Standard 7: School physical environment
Standard statement: The school has a healthy, safe, secure and inclusive physical environment.
Standard Components
1. The school has policies that ensure a safe environment for the school community that align with national policy.
a.   The school physical and learning environment is accessible for and adapted to the needs of all individuals in the school community.   b.   The school physical environment is compliant with relevant government hygiene and safety standards and regulations at relevant government levels (where they exist; e.g., fire safety, sun safety, animal management).

i. The school has a clean water supply, proper drainage, adequate lighting, clean air, temperature control, proper waste and refuse disposal management, and safe and adapted sanitation (e.g., menstrual hygiene management facilities).

ii. The school outdoor and sports facilities (where present) are safe, secure, and properly maintained (e.g., well-lit, lockable toilets).

iii. There is a healthy and accessible school food environment (e.g., adherence to government food and nutrition standards and regulations such as clearly defining 'healthy foods', adequately furnished and maintained facilities).

iv. The immediate school surroundings are safe and conducive to health and wellbeing (e.g., consider injury prevention, are able to be adapted for different forms of physical activity, adhere to regulations around the availability of alcohol, tobacco, and sugar-sweetened beverages and the regulation of harmful marketing).

v. The school has provisions around disaster management and evacuation (e.g., basic first aid).

c. The school ensures a safe, secure, healthy, and inclusive physical environment to foster healthy classroom learning (e.g., structured beaks) and where-ever distance/virtual learning occurs (e.g., provides physical supplies such as laptops, school staff are provided with ergonomic home workstation assessment). This includes enabling interactive teaching and safe use of digital technologies (e.g., online safeguards).

d. The school physical environment, both inside and outside the classroom, supports the development and maintenance of social-emotional environments that promote learning and wellbeing (e.g., quiet spaces, buddy benches, space for play, mindfulness and stress management, personal space for spiritual practices, green spaces).

2. **There is adequate investment (e.g., resources, training, funding) to maintain a safe school physical environment.**

3. **Evidence of compliance to required standards and regulations around a safe, secure, healthy, and inclusive school physical environment is regularly monitored, and corrective actions taken (e.g., regular equipment checks).**

Standard 8: School health services

Rationale: The school provides a key opportunity for the provision of accessible school-based or school-linked health services that are embedded within the community of which the students and their families are a part. Access to quality and evidence-based comprehensive school health services is critical for child and adolescent health, wellbeing and education. As described in WHO school health services guidelines, the functions of school health services are health promotion, health education, screening, preventive interventions, clinical assessment, and health services management.(67) Comprehensive school health services are considered integral to HPS (note: reference WHO SHS guidelines once available).

Aim: The aim of this standard is to ensure that school-based or school-linked health services are adequately resourced, appropriately and equitably delivered, and responsive to the specific health needs of the community they serve. Readers are encouraged to refer to the WHO guidelines for School Health Services for more detail.

> **Standard 8: School health services**

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Standard statement: All students have access to comprehensive school-based or school-linked health services that address their physical, emotional, psychosocial, and educational healthcare needs.

Standard Components

1. **The delivery of comprehensive school health services is included in school policies and aligns with national policies and laws.**

    a. There is an explicit agreement between the health and education sector at all levels that governs school health services, and which clearly define roles, responsibilities and funding sources.

2. **School health services reflect the needs and priorities of the school and local community.**

    a. An evidence-based comprehensive package of health services is provided to students (see WHO guidelines for School Health Services for full list).
    b. The school ensures continuity of health services where distance/virtual learning occurs.

3. **School health services are delivered in line with standards for quality health-care services for children and adolescents. (e.g., timely, culturally safe, sensitive, age-appropriate, gender-responsive, rights-based, evidence-based).**

4. **There is dedicated investment (resources, training, funding) in school health services.**

    a. Specialized education and training programmes are implemented for school health personnel (e.g., nurses, psychologists, social workers).

    b. The terms of information exchange and collaboration between school health and other primary care professionals are clearly defined, including referral pathways (e.g., for students in need of higher level or more specialized care such as for injuries, chronic conditions, disabilities, pregnancy).

5. **There is a system of planning, and progress and performance tracking of school health services, including quality assurance and compliance with standards.**

Conclusion

Schools are a vital resource for influencing the health and wellbeing of students and also that of families and the wider community. The HPS initiative and other whole-school approaches to health in education now span over multiple decades, with increasing understanding worldwide that health and education are foundational resources for children and adolescents and that schools are an important setting for health as well as education. As part of a WHO and UNESCO's initiative, these Global Standards and indicators provide direction for schools and governments around the implementation and sustainability of whole-school approaches to health in education.

The 8 Global Standards for HPS systems highlight that successful implementation requires a multi-level system of governance and a whole school approach of mutually reinforcing actions across all facets of a school's operations. Intentionally aspirational, the HPS system is flexible and dynamic, and intended to function as a scaffold that enables implementation of multiple whole-school initiatives and different individual programs through a process of progressive realisation. The Global Standards and indicators are supported by a detailed Implementation Guidance around scoping, designing, implementing, monitoring and evaluating HPS activities.

The Global Standards for HPS systems look to the future as a vision for healthy schools. The 8 Global Standards are also anticipated to function as a useful roadmap for stakeholders at all levels of governance, particularly within the education sector, by highlighting the ethos, activities and environments that are required to bring a truly embedded and sustainable HPS system to fruition.

"Health and education are the two cornerstones of human development."

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

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

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

Part 3: Indicators for Global Standards for HPS

The following tables (2-9) show the suggested indicators for components of each of the 8 Global Standards. These indicators have been differentiated into four levels of reporting: global, national, local, and school. National level indicators can be applied at the subnational level where relevant. In most cases, there is one priority indicator (per level of reporting) for each standard component. In some cases, additional (optional) indicators have been suggested. Many indicators are derived from an indicator at a lower level of aggregation (e.g., a global indicator is derived from a set of national level indicators).

These are suggested indicators for the Global Standards for the HPS system and it is expected that further refinement of indicators will occur. Primarily, this is because it is only possible for the indicators to be determined after the content and the wording of the Standards and their components is finalised during the global consultation process. However, even following the consultation process, the development of indicators for the Global Standards will be a complex task.

Scoping reviews of existing indicators revealed several considerations:

- Existing indicators that may be relevant to the HPS are not necessarily feasible because they are not based on data sources that are collected or routinely collected, or are based on data that requires substantial financial and human resources to collect. These factors clearly reduce the feasibility and usefulness of such indicators.
- Many existing indicators or routinely collected data sources are not particularly relevant and therefore cannot be used to populate HPS indicators. We have recommended some emerging data sources as being potentially feasible to populate the indicators for the Global Standards (e.g., Global School Health Policies and Practices Survey; G-SHPPS) through anticipated future revisions, in addition to sources with example indicators (see Annex 3).
- Existing types of indicators (input, process, output, outcome, impact) are highly context specific, for example, the proportion of students who received a TB vaccination early in life, or the proportion of schools that have functional toilets. As highlighted in the standards, schools and governments are encouraged to regularly use validated surveys to assess the health, wellbeing, nutrition and learning outcomes (among others) of the student population which will help to prioritise more specific investments. However, these cannot be included as priority indicators for the Global Standards.

Ideally, data used to populate indicators for the Global Standards should be obtained in a coordinated manner, be routinely collected and driven by the education sector. Currently, no single tool exists to populate the indicators for these Global Standards.

There are various tools and accreditation schemes that schools can use to monitor their progress using indicators, but these are not necessarily linked to the other levels of governance (local, national) that are required to monitor national and global progress. The proposed web application for HPS that is being developed by WHO to help monitor and evaluate this body of work has the potential to achieve this. The Implementation Guidance also provides resources that will support school level monitoring.

Finally, it should also be remembered that these indicators relate to the individual components of the Global Standards. As schools, countries, and global regions work towards implementing the HPS *system*, 'system indicators' that measure how the system itself is working and how the 8 Global Standards interact with each other might be particularly useful in contexts where HPS implementation is more advanced.

Table 2. Standard 1: Government policies and resources

Standard 1: Government policies and resources					
Standard statement: *There is whole-of-government commitment to and investment in making every school a health promoting school.*					
Components [6]	Indicator	Level of reporting*	Suggested data sources	Comments	Suggested frequency of reporting
1.1. There is a national education policy or strategy that recognises HPS as a key vehicle to achieve national development goals through education and provides a framework for nation-wide promotion of HPS.					
	Existence of a national education policy or strategy for HPS.	National	1) RMNCAH policy survey 2018	Anticipated that specific questions could be added to the RMNCAH survey to populate HPS indicators	3 yearly
			2) School Health in Latin America and the Caribbean (National-level survey)	Survey focusses on school health policies broadly; could possibly be used to populate this indicator	3 yearly
	The proportion of countries that report the existence of a national education or health policy or strategy for HPS.	Global	RMNCAH policy survey 2018	Anticipated that specific questions could be added to the RMNCAH survey to populate HPS indicators	
1.2. Education sector leadership of HPS is established and clearly articulated with ongoing support and contributions from the health and other sectors at all levels.					

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[6] Note that the Standard components have undergone multiple revisions though the stakeholder consultation process. As a result, it is possible that some components listed in Part 2 of this document are not yet listed here. The final set of indicators will reflect the final agreed-upon Standard components.

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	1. The national Ministry of Education has leadership/ownership of HPS 2. There is a partnership (i.e. documented) between the national Ministries of Education and Health for HPS	National	1) RMNCAH policy survey 2018	Anticipated that specific questions could be added to the RMNCAH survey to populate HPS indicators	3 yearly
			2) School Health in Latin America and the Caribbean (National-level survey)	Survey focusses on school health policies broadly; could possibly be used to populate this indicator	3 yearly
	1. HPS is situated within and lead by the education sector at local government/authority levels 2. There is a documented partnership between education and health for HPS at the local levels.	Local	School Health in Latin America and the Caribbean (National-level survey)	Survey focusses on school health policies broadly; could possibly be used to populate this indicator	
1.3. There is collaboration and shared commitment between local government, communities, and schools for HPS.					
	1. Agreements for collaboration exist between schools and local government authorities 2. Agreements for collaboration exist between schools and the local community	Local	School Health in Latin America and the Caribbean (National-level survey)	Survey focusses on school health policies broadly; could possibly be used to populate this indicator	3 yearly
	1. Proportion of schools that have agreements for collaboration with their local government authority 2. Proportion of schools that have agreements for collaboration with their local community	National			
1.4. There are adequate human, information, and financial resources to make every school a health promoting school.					
		National	1) RMNCAH policy survey 2018	Anticipated that specific questions could be added	3 yearly

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				to the RMNCAH survey to populate HPS indicators	
	1. The national HPS policy includes explicit allocation of adequate financial resources to support HPS across the country 2. There are adequate financial resources specific for HPS within national budgets		2) School Health in Latin America and the Caribbean (National-level survey)	Survey focusses on school health policies broadly; could possibly be used to populate this indicator	3 yearly
1.5. There is a system of planning, and progress and performance tracking of health promoting schools at the national/subnational, and local government level.					
	There is an M&E framework for HPS in place at the national level	National	RMNCAH policy survey 2018	Anticipated that specific questions could be added to the RMNCAH survey to populate HPS indicators	3 yearly
	There is an M&E framework for HPS in place at the local level	Local			3 yearly
	Proportion of countries that report they have an M& E system in place for HPS.	Global			3 yearly

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Table 3. Standard 2: School policies and resources

Standard 2: School policies and resources					
Standard statement: *There is commitment to a whole-school approach to being a health promoting school.*					
Components [7]	Indicator	Level of reporting*	Suggested data source	Comments	Suggested frequency of reporting
2.1. There is a school policy and/or plan for HPS.					
	Existence of a school policy and/or plan for HPS.	School	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	Yearly
	Proportion of schools that have a school policy and/or plan for HPS	National	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	3 yearly
2.2. There is a policy and/or plan for regular engagement and collaboration between the school and stakeholders for HPS.					
	Existence of a policy and/or plan that articulates the mechanisms for regular engagement and collaboration between the school and their local stakeholders for HPS.	School	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	Yearly
2.3. The school has adequate human, information and financial resources to make progress in becoming a health promoting school.					

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[7] Note that the Standard components have undergone multiple revisions though the stakeholder consultation process. As a result, it is possible that some components listed in Part 2 of this document are not yet listed here. The final set of indicators will reflect the final agreed-upon Standard components.

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	1. The school HPS policy includes explicit allocation of adequate financial resources to support HPS within the school 2. There are adequate financial resources specific for HPS within the school budget	School	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	Yearly
2.4. The school implements a system of regular planning, tracking progress and performance around the implementation of school policies and resources for health promoting schools.					
	There is an M&E framework in place at schools that tracks implementation and resourcing of HPS	School	1) G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	Yearly
			2) FRESH	Feasibility will depend on school resources for data collection	
	Proportion of schools that have an M&E framework for HPS in place	National	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	3 Yearly

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Table 4. Standard 3: School governance and leadership

Standard 3: School governance and leadership					
Standard statement: *There is a whole-school model of school governance and leadership to support being a health promoting school.*					
Components [8]	Indicator	Level of reporting*	Suggested data source	Comments	Suggested frequency of reporting
3.1. The leadership team (school board members, management, principal and school leaders) supports and promotes the value and ethos of HPS to the school community.					
	The school has a leadership team in place that supports and promote HPS.	School	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	Yearly
3.2. There is a distributed model of school leadership comprising the school principal, leading teachers, administrative staff, members of the school board and management, school health personnel, students and parents/caregivers.					
	1. The School HPS policy articulates a distributed model of leadership 2. HPS leaders at the school are aware of and adhere to the policy	School	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	Yearly
3.3. HPS leaders are provided with in-service leadership and HPS professional learning opportunities.					
	1. HPS and leadership training for leaders is provided by the school (where applicable) 2. Finance and resources are allocated for training in HPS by the school	School	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	Yearly

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[8] Note that the Standard components have undergone multiple revisions though the stakeholder consultation process. As a result, it is possible that some components listed in Part 2 of this document are not yet listed here. The final set of indicators will reflect the final agreed-upon Standard components.

	Percentage of schools whose leaders have undergone training in HPS (at the level relevant to the local context).	National	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	3 Yearly
3.4. There is a system of regular planning, and tracking progress and performance of school governance and leadership for HPS.					
	There is an M&E framework in place at schools that tracks governance and leadership of HPS	School	School Health in Latin America and the Caribbean (School-level survey)	Has section on school health policies and process of implementing policy	Yearly

Table 5. Standard 4: School and community partnerships

Standard 4: School and community partnerships					
Standard statement: *There is engagement and collaboration within the school community including with students and between the school and local communities for health promoting schools.*					
Components [9]	**Indicator**	**Level of reporting***	**Suggested data source**	**Comments**	**Suggested frequency of reporting**
4.1. The school engages and collaborates with parents/caregivers, legal guardians, and families in all aspects of school operations related to HPS.					
	Schools have a documented plan for engaging with parents/caregivers, legal guardians, and families in all aspects of school life	School	School Health in Latin America and the Caribbean (School-level survey)	Has section on school health policies and process of implementing policy, including community engagement	3 Yearly
4.2. The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government, for HPS.					
	Schools have a documented plan for engaging with stakeholders in the local community, including local government for HPS	School	School Health in Latin America and the Caribbean (School-level survey)	Has section on school health policies and process of implementing policy, including community engagement	3 Yearly
4.3. School leaders engage and collaborate with the school and local communities, including parents/caregivers, in the planning, progress tracking, and performance of HPS partnerships.					
	Schools have in place a method for including stakeholders in the development and implementation of all M&E frameworks for HPS	School	School Health in Latin America and the Caribbean (School-level survey)	Has section on school health policies and process of implementing policy, including community engagement	3 Yearly

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Table 6. Standard 5: School curriculum supports HPS

Standard 5: School curriculum supports health and wellbeing					
Standard statement: The school curriculum supports physical, social-emotional, and psychological aspects of student health and wellbeing.					
Components [10]	Indicator	Level of reporting*	Suggested data source	Comments	Suggested frequency of reporting
5.1. School staff demonstrate knowledge and understanding of physical, social and psychological development and characteristics of students and how these may affect learning and behaviours.					
	Percentage of school staff who feel equipped to address the health and wellbeing concerns of their students.	School	TALIS	Has sections on school climate and school in diverse environments but does not have annual reporting	Yearly
	Percentage of school staff who have received both pre-service and in-service training about the link between health and learning.	School			Yearly
5.2. The school implements a curriculum that encompasses physical, sociol-emotional, and psychological aspects of student health, safety, nutrition, and wellbeing that address key education and health outcomes, and aligns with national HPS policy.					
	The school curriculum encompasses physical, social-emotional, and psychological aspects of health and wellbeing (at all levels)	School	School Health in Latin America and the Caribbean (School-level survey)	Has section on health education	Yearly
	Proportion of schools that report their curriculum encompasses physical, social-emotional, and psychological aspects of health and wellbeing.	National	SHPPS (Health Education survey)	This assesses district level policies for health topics	3 Yearly

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	There are national policies to guide schools on implementation of curriculum specific to HPS.	National	School Health in Latin America and the Caribbean (National-level questionnaire)	Survey focusses on school health policies broadly, and could possibly be used to populate this indicator	3 Yearly
5.3. The school curriculum fosters understanding, values and attitudes that support choices for sustainable development and sustainable consumption and proficiency in environmental science.					
	Existence of sustainable development topics in environmental science in the curriculum for all students.	School			Yearly
5.4. The content, pedagogy, student-teacher, and teacher-teacher relationships across the school's curriculum promote health, positive and healthy relationships and lifestyle, safety, physical activity, nutrition, and wellbeing through the development of knowledge, skills, attitudes, and behaviours in the school community.					
	1. Existence of participatory pedagogies that promote HPS through the development of knowledge, skills, attitudes and behaviours in the school community 2. Existence of a framework for student-teacher and teacher-teacher relationships to promote HPS in the school community	School	TALIS	Has sections on school climate and school in diverse environments but does not have annual reporting	Yearly
5.5. There is training and support for staff in the use of learning and teaching strategies to support HPS approach.					
	Existence of teacher training curricula to support participative, skills-based health education in schools (at the level relevant to the local context).	National	School Health in Latin America and the Caribbean (School-level survey)	Has section on health education	3 yearly
5.6. There is a system of regular planning, and tracking progress and performance of the content and delivery of the school curriculum is conducive to supporting health and wellbeing					
	There is an M&E framework in place at schools that tracks the school curriculum as it pertains to HPS and health and wellbeing	Schools			Yearly

Table 7. Standard 6: School social-emotional environment

Standard 6: School social-emotional environment					
Standard statement: The school has a safe and supportive social-emotional environment.					
Components [11]	Indicator	Level of reporting*	Suggested data source	Comments	Suggested frequency of reporting
6.1. School policies detail clear directions regarding desired social-emotional environment in the school, including how to address any necessary improvement, and feedback measures.					
	1. Existence of a comprehensive school policy that includes all components of the social-emotional environment including equity, inclusiveness, diversity, and respect. 2. Existence of an anti-bullying policy	School	TALIS	In use and led by the education sector but does not have annual reporting	Yearly
6.2. The school has adequate investment and resources to promote a safe and supportive social-emotional environment.					
	The school budget includes allocation of adequate resources dedicated to promoting and providing a safe and supportive social-emotional environment as articulated in school policy.	School	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	Yearly
6.3. The social-emotional environment within the school is regularly monitored, and improvement and feedback actions taken to enhance a positive environment.					
	There is an M&E framework in place at schools that tracks the school social-emotional environment as it pertains to HPS	School			Yearly
	Percentage of schools that meet the national school safety standards (socio-emotional).	National	FRESH	Feasibility will depend on school resources for data collection	3 yearly

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[11] Note that the Standard components have undergone multiple revisions though the stakeholder consultation process. As a result, it is possible that some components listed in the Part 2 of this document are not yet listed here. The final set of indicators will reflect the final agreed-upon Standard components.

Table 8. Standard 7: School physical environment

Standard 7: School physical environment					
Standard statement: The school has a healthy, safe, secure and inclusive physical environment.					
Components [12]	**Indicator**	**Level of reporting***	**Suggested data source**	**Comments**	**Suggested frequency of reporting**
7.1. The school has policies that ensure a safe environment for the school community that align with national policy.					
	Existence of school policy that articulates topics and actions to ensure a safe physical learning environment.	School	School Health in Latin America and the Caribbean (National-level questionnaire)	Survey focusses on school health policies broadly; could possibly be used to populate this indicator	Yearly
7.2. There is adequate investment (e.g., resources, training, funding) to maintain a safe school physical environment.					
	The allocation of adequate resources and investment dedicated to promoting and maintaining a safe environment is articulated in school policy.	School	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	Yearly
7.3. Evidence of compliance to required standards and regulation around a safe, secure, healthy and inclusive school physical environment is regularly monitored, and corrective actions taken (e.g., regular equipment checks).					
	There is an M&E framework in place at schools that tracks the safety of the school physical environment.	School			Yearly
	Percentage of schools that meet national safety standards.	National			3 Yearly

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Table 9. Standard 8: School health services

Standard 8: School health services					
Standard statement: All students have access to comprehensive school-based or school-linked health services that address their physical, emotional, psychosocial, and educational healthcare needs.					
Components [13]	Indicator	Level of reporting*	Suggested data source	Comments	Suggested frequency of reporting
8.1. The delivery of comprehensive school health services is included in school policies and aligns with national policies and laws.					
	Existence of a school policy that explicitly outlines the delivery of or linkage to comprehensive school health services.	School	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	Yearly
	National governments require schools to have a school level policy that explicitly outlines the delivery of or linkage to comprehensive school health services.	National	RMNCAH policy survey 2018	Has module on adolescent service delivery	3 yearly
	Percentage of schools where the minimum package of school-based health services (as defined at local- and national-level) is provided.	National	FRESH	Feasibility will depend on school resources for data collection	3 yearly
8.2. School health services reflect the needs and priorities of the school and local community.					
	The needs and priorities of the school and local community are prioritised by school health services.	National	RMNCAH policy survey 2018	Has module on adolescent service delivery	3 Yearly
8.3. School health services are delivered in line with standards for quality health-care services for children and adolescents. (e.g., timely, culturally safe, sensitive, age-appropriate, gender-responsive, rights-based, evidence-based).					

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[13] Note that the Standard components have undergone multiple revisions though the stakeholder consultation process. As a result, it is possible that some components listed in Part 2 of this document are not yet listed here. The final set of indicators will reflect the final agreed-upon Standard components.

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	School health services are delivered in line with standards for quality health-care services for children and adolescents.	School	SHS Standards	Linkage to existing data collection is relevant here	3 yearly
8.4. There is dedicated investment (resources, training, funding) in school health services.					
	1. The allocation of adequate resources and investment dedicated to delivering or linkage to school health services is articulated in school policy. 2. There is adequate budget allocation to enable the delivery or linkage to school health services.	School	G-SHPPS 2017	Anticipated that once the survey is revised it will be feasible to populate indicators from this survey	3 yearly
8.5. There is a system of planning, and progress and performance tracking of school health services, including quality assurance and compliance with standards.					
	There is an M&E framework in place at schools that tracks the delivery of or linkage to school health services.	National	RMNCAH policy survey 2018	Module 5: Adolescent Health. E.g., Are activities being carried out to monitor the implementation of these standards for delivery?	3 yearly

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Annex 1: Abbreviations

CAH	Centre for Adolescent Health (Melbourne, Australia)
FRESH	Focusing Resources on Effective School Health
GSHS	Global Student Health Survey
HPS	Health Promoting Schools
EAG	External Advisory Group
LMIC	Low and Middle Income Countries
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-Government Organization
SHE	Schools for Health in Europe Network Foundation
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNESCO	The United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	The United Nations Relief and Works Agency for Palestine Refugees in the Near East
WHO	World Health Organization

Annex 2: Resource list

This resource list will continue to be updated during the consultation process. We welcome suggestions for globally relevant resources that provide further detail on topics and issues presented in the Global Standards (e.g., guidelines, policies). Note that a resource list related to *implementation* is provided in the implementation guidance.

Educational and health topics and outcomes:

The following list of resources may be useful for determining the education and health topics and outcomes that should be addressed in the local setting.

Comprehensive sexuality education

International technical guidance on sexuality education: An evidence-informed approach
https://www.unfpa.org/publications/international-technical-guidance-sexuality-education

EDUCAIDS

UNESCOL Practical guidelines for supporting EDUCAIDS implementation
https://unesdoc.unesco.org/ark:/48223/pf0000215295?posInSet=12&queryId=c2ea1e8e-48a6-4609-b8d8-6d0cc084c35f1.

Information Communication Technology (ICT)

UNESCO: ICT competency standards for teachers: competency standards modules
https://unesdoc.unesco.org/ark:/48223/pf0000156207?posInSet=9&queryId=fefab325-fcd3-4353-8e95-1fd0bcde192a

UNESCO: ICT competency standards for teachers: policy framework
https://unesdoc.unesco.org/ark:/48223/pf0000156210?posInSet=19&queryId=fefab325-fcd3-4353-8e95-1fd0bcde192a

Flexible learning strategies

UNESCO
https://unesdoc.unesco.org/ark:/48223/pf0000252750
https://iite.unesco.org/wp-content/uploads/2020/03/Handbook-on-Facilitating-Flexible-Learning-in-COVID-19-Outbreak-SLIBNU-V1.2-20200315.pdf

Health outcomes for adolescents

Global Accelerated Action of the Health of Adolescents (AA-HA!): Guidance to support country implementation; can provide a list of key health outcomes for adolescents (e.g., Positive health and development interventions, prevention of unintentional injury, violence prevention, sexual and reproductive health including HIV, communicable disease, non-communicable disease, nutrition and physical activity, mental health, prevention of substance use and self-harm).
https://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf?sequence=1

Adolescent Wellbeing

Ross DA, Hinton R, Melles-Brewer M, Engel D, Zeck W, Fagan L, Herat J, Phaladi G, Imbago-Jácome D, Anyona P, Sanchez A. Adolescent well-being: a definition and conceptual framework. Journal of Adolescent Health. 2020 (in press)
https://www.sciencedirect.com/science/article/pii/S1054139X20303967

Life skills education

Life skills education school handbook: Noncommunicable diseases
https://www.who.int/publications/i/item/97-8924-000484-9

Whole-school approaches to health in education

Focusing Resources on Effective School Health (FRESH)
https://www.fresh-partners.org/fresh-framework.html

PAHO (Health Promoting Schools)
https://www.paho.org/hq/index.php?option=com_docman&view=list&slug=health-promoting-schools-7584&Itemid=270&lang=en

Schools for Health in Europe (SHE)
https://www.schoolsforhealth.org/

School health services

School health services guidelines to be listed here when complete to indicate recommended evidence-based interventions.

Global standards for quality health care services for adolescents

Volume 1 - standards and criteria
http://apps.who.int/iris/bitstream/10665/183935/1/9789241549332_vol1_eng.pdf?ua=1

Volume 2 - Implementation guidance
http://apps.who.int/iris/bitstream/10665/183935/4/9789241549332_vol2_eng.pdf?ua=1

Volume 3 - data collection tools
http://apps.who.int/iris/bitstream/10665/183935/5/9789241549332_vol3_eng.pdf?ua=1

Standards for improving the quality of care for children and young adolescents in health facilities
http://apps.who.int/iris/bitstream/handle/10665/272346/9789241565554-eng.pdf?ua=

Evaluation within education and health systems

Resources to support methodological synthesis in evaluation.

Better evaluation
https://www.betterevaluation.org/

UNICEF: Overview of impact evaluation
https://www.unicef-irc.org/KM/IE/impact_1.php

United Nations Evaluation Group (UNEG):
http://www.uneval.org/

Annex 3: Data sources and resources for indicators

The following are data sources and sources of indicators that may be useful for populating the proposed indicators for the Global Standards.

Potential Data/Indicator Source	Organization (Year)	Comments (e.g., suggested modules, example items)	Link
European Standards & Indicators for Health Promoting Schools	SHE (2019)	Contains school level indicators. Example indicator: "The school curriculum includes health and well-being topics and activities, which aim to develop age-appropriate health literacy and health promoting action competences"	https://www.schoolsforhealth.org/resources/materials-and-tools/standards-indicators
Global School-based Student Health Survey (GSHS)	WHO & Centre for Disease Control (CDC) (2017)	May be helpful for assessing student outcomes. Core Questionnaire Modules Example item: "During the past 12 months, how often have you been so worried about something that you could not sleep at night?	https://www.who.int/ncds/surveillance/gshs/methodology/en/ https://www.cdc.gov/gshs/index.htm
		Core-Expanded Questions for the Alcohol Use Module Example item: "During the past 30 days, how many times did you get into trouble with your family or friends, miss school, or get into fights as a result of drinking alcohol?"	

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Global School Health Policies and Practices Survey (G-SHPPS)	WHO & CDC (2017)	Contains items on school health coordination, school health services and student health topics. Currently being redeveloped. Example items: "Are those who teach about health-related topics provided with curricula, lesson plans, or learning activities to guide instruction?" "Does our school have or follow a written policy/guideline/rule prohibiting fighting and other forms of violence among students at school?" "On average, how many days per month are doctors or other health care professionals (such as dentists or mental health counsellors) at your school?"	https://www.cdc.gov/healthyyouth/data/shpps/index.htm
Health Promoting School: An Update	Lee A, Lo A, Li Q, Keung V, Kwong A (2020)	Summarizes key components, indicators and plausible outcome measures for HPS.	https://link.springer.com/article/10.1007/s40258-020-00575-8
INSPIRE Indicator Guidance and Results Framework	UNICEF (2018)	May be useful for assessing violence and bullying outcomes (social-emotional environment). Core indicator examples: Physical punishment in school "Percentage of female and male children and/or adolescents currently attending school who report being physically punished by a teacher in the past 12 months, by sex and grade level (or age)" Peer violence "Percentage of female and male adolescents who experienced bullying during the past 12 months, by type, sex and grade level (or age)"	https://www.unicef.org/documents/inspire-indicator-guidance-and-results-framework

Middle Years Development Instrument (MDI)	Human Early Learning Partnerships, University of British Colombia (2019)	Questions refer to student's feelings of support from teachers, their sense of belonging and their own contributions to the school community. May be suitable for assessing outcomes related to the social-emotional environment. Example items: "At your school, [is] there a teacher or other adult who believes that I will be a success?" "[How much do you agree that] teachers and students teach each other with respect in the school?"	http://earlylearning.ubc.ca/mdi/
Monitoring and Evaluation Guidance for School Health Programs	FRESH (2014)	Population of indicators requires multiple data sources and informant interviews in many cases. Eight Core Indicators to Support FRESH Example Indicators: "Percentage of schools where the minimum package of school-based health and nutrition services (as defined at local- and national-level) is provided." "Are the health topics included in the curriculum for primary and secondary schools selected on the basis of national health priorities?" "Do the pre-service teacher education curricula include the pedagogy of teaching skills-based health education?"	https://hivhealthclearinghouse.unesco.org/library/documents/monitoring-and-evaluation-guidance-school-health-programs-eight-core-indicators
		Thematic Indicators Supporting FRESH	
Reproductive, Maternal, Newborn, Child, and	WHO (2018)	Led by Ministries of Health. Items could be adapted to populate indicators if data is routinely collected.	https://www.who.int/maternal_child_adolescent/epidemiology/policy-indicators/en/

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| Adolescent Health Policy Survey (RMNCAH) | | Module 4: Child Health (Provision of integrated child health services)

Example items:

   "Are there national policies/guidelines on child health and development of children?"

   "Is there a national policy/guideline on the integrated management of childhood illness (IMCI)?"

Module 5: Adolescent Health
Example items:
   "Does the country have national standards for Health Promoting Schools?"

   "Are there national policies/guidelines that specifically address adolescent (10 to 19 years) health issues?"

   "Does the country have national standards for delivery of health services to adolescents?"

   "Are adolescents cited as a specific target group for defined interventions/activities in a national policy/guideline for the following health issues?"

   "Are activities being carried out to monitor the implementation of these standards for delivery?" | |
| School Health Index (SHI) | CDC (2017) | Data collected at the school level (in the United States and potentially other locations). Data is not stored centrally.

Elementary School

Example Items for self-assessment (on a 0-3 scale):

   "Representative school health committee or team" | https://www.cdc.gov/HealthySchools/SHI/ |

		"Written school health and safety policies" "Communicate health and safety policies to students"	
		Middle School/High School	
School Health in Latin America and the Caribbean. National-level Questionnaire	Pan American Health Organisation (PAHO), WHO, UNICEF, United Nations Office on Drugs and Crime (UNODC), the World Bank, UNESCO	Could be adapted for use to populate indicators depending on data collection methods. National-level Questionnaire; School health policies and strategies section Example items: "Does your country have a national school health policy, strategy and/or plan?" "Who is responsible for the implementation of the school health policy, strategy and/or plan?" "Do you think that most regional, local and school-level stakeholders have copies of the national school health policy, strategy and/or plan?" "What are the funding sources for school health?"	
		School-level Questionnaire Example: "Does your school have a health policy, strategy and/or plan?"	
School Health Policies and Practices Study (SHPPS)	CDC (2016)	Healthy and Safe School Environment District Questionnaire	https://www.cdc.gov/healthyyouth/data/shpps/index.htm
		Health Education District Questionnaire	

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		Health Services District Questionnaire "Currently, does someone in your district oversee or coordinate school health services?"	
		Nutrition Services District Questionnaire "Has your district adopted a policy stating that school food service managers are required to earn continuing education credits on nutrition topics?"	
		Physical Education and Physical Activity District Questionnaire	
SDG4 Data Digest – How to Produce and Use the Global and Thematic Education Indicators	UNESCO (2019)	Global Indicators Example: "Extent to which (i) global citizenship education and (ii) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in: (a) national education policies (b) curricula (c) teacher education and (d) student assessments" "Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)"	http://uis.unesco.org/sites/default/files/documents/sdg4-data-digest-2019-en.pdf
The Student Attitudes to School Survey	Department of Education and Training,	Questions on bullying, school atmosphere, school safety and school connectedness. May be suitable for assessing outcomes related to the social-emotional environment and student wellbeing outcomes.	https://www.education.vic.gov.au/school/teachers/management/improvement/Pages/performsurveyat.aspx

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	Victoria, Australia (2019)	Items include: "I am happy to be at this school" "feel like I belong at this school"	
Teaching and Learning International Survey (TALIS)	The Organisation for Economic Co-operation and Development (OECD) (2018)	Data routinely collected and led by education sector. May be suitable for assessing outcomes related to the social-emotional environment. Principal Questionnaire Examples Item: "In this school, are the following policies and practices implemented? • Teaching students to be inclusive of different socio-economic backgrounds • Explicit policies against gender discrimination • Explicit policies against socio-economic discrimination • Additional support for students from disadvantaged backgrounds"	http://www.oecd.org/education/school/talis2018questionnaires.htm
		Teacher Questionnaire "Thinking of all of your professional development activities during the last 12 months, did any of these have a positive impact on your teaching practice?"	
Well-being Questionnaire for PISA (International Option)	OECD (2018)	Data routinely collected and led by education sector. May be suitable for assessing outcomes related to the social-emotional environment and student wellbeing outcomes. Well-being Module Example:	https://www.oecd-ilibrary.org/education/data/oecd-education-statistics/pisa-programme-for-international-student-assessment_data-00365-en

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		"How easy is it for you to talk to the following people [family, friends, teachers etc.] about things that really bother you?"	
What Matters Most for School Health and School Feeding: A Framework Paper	SABER, The World Bank (2012)	Policy indicator examples: "A situation analysis assesses the need for inclusion of various thematic areas, informs policy, design, and implementation of the national school health program such that it is targeted and evidence-based." "Percentage of schools where the school environment is kept clean and safe through regular cleaning and waste disposal"	https://documents.worldbank.org/en/publication/documents-reports/documentdetail/19768146833174 7243/what-matters-most-for-school-health-and-school-feeding-a-framework-paper