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United Nations Educational, Scientific and Cultural Organization

Implementation Guidance for Health Promoting Schools

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List of Abbreviations

Abbreviations	
BIAS	Bulan Imunisasi Anak Sekolah (Indonesian School Immunization Programme)
CAH	Centre for Adolescent Health, Royal Children's Hospital and Murdoch Children's Research Institute, Melbourne, Australia
CPD	Continuous Professional Development
ECB	Evaluation Capacity Building
EES	Estrategia Escuela Saludable (Spanish)
EPS	École Promotrice de Santé (French), Escuela Promotora de Salud (Spanish)
HPS	Health Promoting Schools
HSS	Healthy School Strategy
NGO	Non-Government Organization
OPS	Organización Panamericana de la Salud (Spanish)
PISA	Programme for International Student Assessment (OECD)
SHS	School Health Service
SWOT	Strengths, Weaknesses, Opportunities and Threats analysis
TIMMS	Trends in International Mathematics and Science Study (OECD)
UKS	Usaha Kesehatan Sekolah (School Health Programme in Indonesia)
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestinian Refugees in the Near East

Abbreviations	
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WHO CC	World Health Organization Collaborating Center

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Key terms

In addition to promoting understanding of this guidance, this glossary is also intended to promote understanding of the different terms that are used by the health and education sectors that are of relevance to health promotion and whole-school approaches to health promotion.

***Community*:** Refers to school and local communities.

***Component (implementation)*:** For the purposes of the Implementation Guidance, a thematic statement describes an area of implementation. Each component has a matched set of strategies which are action-oriented statements which contribute to implementing the component. 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 applied(3).

***Differentiation*:** Refers to educators utilizing a range of teaching techniques and lesson adaptations to respond to the diversity of students' readiness levels, interests and learning needs.

***Distributed model of school leadership (also referred to as 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(4).

***Education/al outcomes*: T**he desired learning objectives of students, school staff and schools including academic achievement and the learning experience, and the educational, societal, and life effects that result from students being educated. The latter includes school completion and employment(5).

***Evaluation capacity building*:** The process of strengthening the existing monitoring and evaluation capacity of individuals, organizations, communities and networks to embed evaluation in order to improve results.

Governance: The rules, mechanisms, relationships and processes through which HPS activities and roles are led, managed, monitored, and held to account for use of allocated resources and achievement of specified objectives.

***Health*: "**A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"(6).

***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"(7). Its scope and activities are ideally comprehensive and multifaceted. While typically framed as prevention strategies, it 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(8). Note that the Global Standards and Implementation Guidance have been designed to be applicable to any whole-school approach to health, even if the terminology of HPS is not used (e.g., Comprehensive School Health, School for Health, Healthy Learning Environments, École en Santé, Escuelas para la Salud).

***Implementation*:** A specified set of activities conducted to establish or put in place a programme (9) 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(10). Particularly in schools, implementation is considered to represent a complex process of interactions between the characteristics of the education system, implementers and organizational context in which a programme is implemented(11).

In-service teacher: Teachers who are both registered and employed as teachers in schools.

***Indicator*:** A variable that is used to monitor specific and quantifiable progress towards an outcome, goal, or objective.(12, 13) 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) (14).

- ***Impact indicator*:** An indicator that is used to monitor the long-term outcomes that programmes are designed to affect, including decreases in mortality and morbidity.
- ***Input indicator*:** An indicator used to monitor human and financial resources, physical facilities, equipment, and operational policies that enable programme activities to be implemented.
- ***Output indicator*:** An indicator used to monitor the results of various processes in terms of service access, availability, quality and safety.
- ***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.
- ***Outcome indicator*:** An indicator used to monitor the intermediate results of programmes that are measurable at the population level.

***Inter-sectoral collaboration*:** A working relationship between two or more sectors that, 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.

Logic model: A graphic (road map) that presents the shared relationships between goals, objectives, implementation strategies, activities and their intended effects.

Multinational: Involving more than two nations/nationalities.

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

***Pre-service teacher*:** Refers to students who are enrolled in an initial educator preparation programme and studying towards teacher certification.

***Professional learning*:** The formal and informal learning experiences undertaken by teachers and other school leaders towards improving both individual and collective professional practices, the effectiveness of which is often measured by improvements in student learning, and engagement with learning and wellbeing. Professional learning encompasses and has the potential to improve the knowledge, skills, and processes of school professionals.

***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 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 are 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 consistent with 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, make responsible decisions…." and cope with challenging circumstances (16, 17). 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(18).

***Standard statement*:** For the purposes of the Global Standards for Health Promoting Schools, 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(19, 20).

***Sustainability*:** The degree to which an initiative is maintained over time or institutionalized in a given setting(21).

***Wellbeing*:** A physical, emotional, mental 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"(22).

***Whole-of-school approach/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). This includes teaching content and methodology, school governance and cooperation with partners and the broader communities as well as campus and facility management. It is a cohesive, collective and collaborative approach by a school community to improve student learning, behavior and wellbeing (23).

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

Background

Schools are increasingly regarded as a key setting for promoting the health, wellbeing, and development of children and adolescents. Schools promote long-term educational attainment and support the health and wellbeing of children and adolescents, their parents and caregivers, and the local community. There are interactive and mutually reinforcing relationships between health, wellbeing and education which can endure well beyond schooling. Supporting schools to promote health and wellbeing as well as building the knowledge, skills and competencies of children and adolescents offers considerable benefits for individuals, communities and societies.

A whole-school approach to the promotion of health and wellbeing is one where a commitment to working cohesively, collectively and collaboratively is made by all members of a school community to support student learning behaviour and wellbeing beyond the classroom, and in all aspects of school life (23).

An international body of evidence (including systematic reviews of universal interventions from randomized controlled and non-controlled trials) illustrates that whole-school approaches to promote health and wellbeing can increase academic achievement, student attendance and retention at school, in addition to having widespread benefits on health and wellbeing in children and adolescents, school staff, and the wider local community (24-28). Whole-school approaches have also been tested in other areas of school reform (e.g., inclusive education), and yield similar educational outcomes (26).

Health Promoting Schools

A Health Promoting School (HPS) is 'a school that is constantly strengthening its capacity as a healthy setting for living, learning and working'(29). 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(30).

HPS initiatives and other whole-school approaches to supporting health in education have been implemented for a number of decades, and there is now wide recognition that improving the uptake and sustainability of HPS is needed globally (31-33).

Accordingly, 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 by government departments/ministries, school staff, civil society organizations, and international partners. This initiative also acts upon the recommendation detailed in the Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation, that "every school should be a health promoting school" (18).

A number of other global efforts to support health in education also reinforce this initiative, including the Sustainable Development Goals (SDGs), the UNESCO education strategy for 2014 – 2021, and global efforts to manage the novel coronavirus (COVID-19).

A standards-driven approach that includes guidance for implementation of HPS has been undertaken with the expectation that it will strengthen the global pursuit of the vision which underpins this UN initiative.

Development of the Implementation Guidance for HPS

The Global Standards and this Implementation Guidance for HPS draw upon two evidence reviews, a series of country case studies from eight low and middle-income countries, and consultations with a global External Advisory Group (EAG) and a wider group of stakeholders. The Implementation Guidance includes a similar structure to the Global Standards, where implementation components, strategies and practical lessons (from evidence reviews and country case studies) have been developed that directly align to the Global Standards.

The purpose of the Implementation Guidance for the Global Standards for HPS, is to assist national, subnational (where relevant) and local governments to *develop*, *plan*, *fund and monitor* sustained whole-school approaches to health in schools. These approaches will enable them to respond to nationally and locally relevant health and wellbeing priorities for students, parents and caregivers, school staff and local communities.

The audience for the Implementation Guidance is primarily people in government who are responsible for policy development, planning, resource allocation, and monitoring the implementation (e.g.school performance reviews) of whole-school approaches to health in schools and local communities.

Primary audiences include:

- Ministerial/government staff/officials from relevant sectors, especially education, health, and associated sectors (including social services, housing, employment, and culture)
- Policy makers from all sectors

The Implementation Guidance will support the establishment of structures and mechanisms for the uptake of the Global Standards. This guidance is primarily designed to support individuals in government to adopt and apply the Global Standards for HPS at a country level by deciding *what* should be done, *how* it can be done, and *who* should be involved in embedding health promotion in all schools. Depending on the governance structures of education in a country, this guidance may be more oriented towards national and/or subnational or local government officials. For example, where education provision is solely governed by jurisdictional governments, the guidance may be more relevant to subnational officials.

While school staff and others involved in the provision of school-based education are not the primary audience of the guidance, it will also be relevant for those in school leadership roles. However, additional materials (eg, manuals, tools) will be required by schools to implement HPS at the school level (see for example the SHE manual in Annex II).

Aims of the Implementation Guidance for HPS

Collectively, the Global Standards and the Implementation Guidance for HPS aim to support implementation of HPS and other whole-school approaches to promoting health and wellbeing in schools. The Implementation Guidance for HPS is designed to promote education sector leadership, inter-sectoral collaboration and action for promoting health and wellbeing in schools around the world.

The Implementation Guidance is intended to provide a general guide for the implementation practices that are needed to achieve the Global Standards that ultimately require embedding within the education sector. This document is intended to complement existing manuals and guidelines, such as 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.

The Implementation Guidance should be read in conjunction with the Global Standards for HPS.

Global Standards for HPS

The Global Standards for HPS have been designed to support whole-school approaches to promoting health in education settings. While the terminology of HPS is used, the Implementation Guidance is inclusive of other whole-school approaches, such as comprehensive school health and education, Education Pour la Santé (EPS), École en Santé, Estrategia/Entorno Escuela Saludable, Escuelas para la Salud.[1]

There are eight Global Standards for the development of sustainable HPS systems, outlined in Table 1. More information about how the Global Standards were developed can be found in Global Standards and Indicators for Health Promoting Schools.[2]

Table 1. Overview of Global Standards and standard statements

Global Standards and Standard Statements	
GS1.	Government policies and resources
	There is whole-of-government commitment to and investment in making every school a health promoting school.
GS2.	School policies and resources
	There is commitment to a whole-school approach to being a health promoting school.
GS3.	School governance and leadership
	There is a whole-school model of school governance and leadership to support being a health promoting school.
GS4.	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.
GS5.	School curriculum supports health and wellbeing
	The school curriculum supports physical, social-emotional, and psychological aspects of student health and wellbeing.
GS6.	School social-emotional environment

[1] Selected examples in French and Spanish.

[2] Raniti M, Aston R, Bennett K, de Nicolás Izquierdo C, Fridgant M, Cehun E, Sawyer SM (2020). Global standards and indicators for Health Promoting Schools. Melbourne: Centre for Adolescent Health, Murdoch Children's Research Institute.

	The school has a safe and supportive social-emotional environment.
GS7.	School physical environment
	The school has a healthy, safe, secure and inclusive physical environment.
GS8.	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.

The eight Global Standards are intended to relate to one another to comprise an HPS *system,* as shown in Figure 1 (more detail is provided in the Global Standards for Health Promoting Schools).

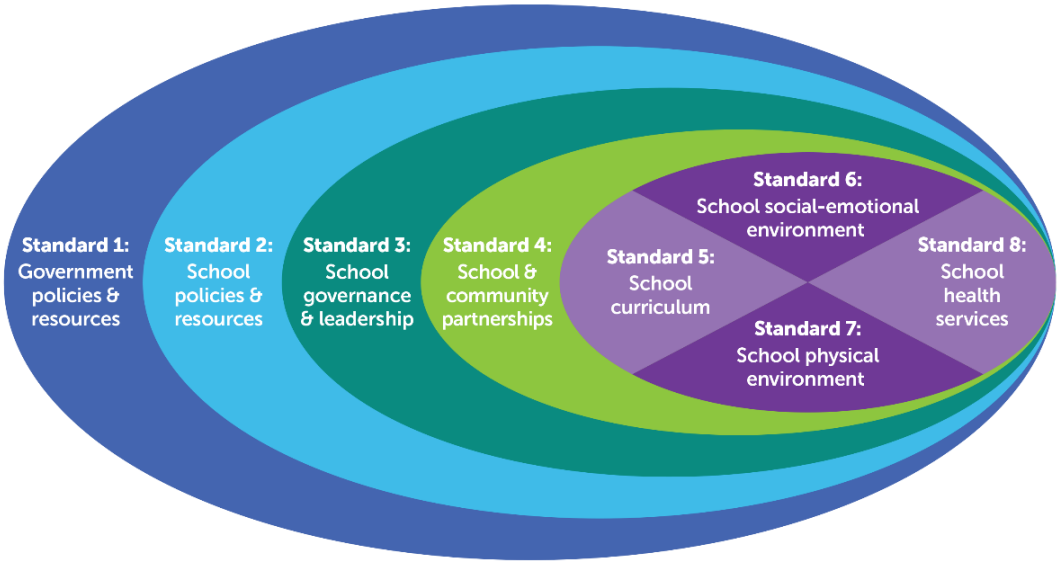

Figure 1. Global Standards for Health Promoting Schools

Implementation of the Global Standards for HPS

The Implementation Guidance has been developed to support countries to implement the eight Global Standards for HPS. Implementation is with the expectation that existing evidence-informed, inclusive and rights-based programmes, policies and initiatives in schools that support student health and wellbeing are able to be incorporated within this approach.

Guiding principles

There are several guiding principles to consider when implementing the Global Standards for HPS. The five following principles articulate the common characteristics that underpin sustainable HPS systems. While the nature of HPS approaches or designs will be country-specific, these principles should be reflected in all HPS implementation settings.

1. ***HPS implementation is inclusive and equitable***

The Global Standards highlight that sustainable HPS systems need to be inclusive of all members of the school community, including students, in all aspects of their design, management and operations in order to support equitable progress towards health and education outcomes.

This principle has significance between schools (e.g., the needs of students in rural schools may be very different to those in cities) as well as within schools (e.g., the needs of more disadvantaged students, students living with disabilities, girls, and students and staff who are or are perceived to be non-conforming to mainstream or conventional sexuality and gender norms warrant particular consideration).

2. ***The governance system for HPS implementation is embedded in the education sector***

Governance refers to the rules, mechanisms, relationships and processes through which HPS activities and roles are led, managed, monitored, and held to account for use of allocated resources and achievement of specified objectives.

The Global Standards state that for quality and sustained implementation of HPS a system of collaborative governance across multiple levels (e.g., national, subnational, local government and school levels) that is embedded in the education sector is required. For instance, embedding HPS into aspects of the education system such as into teaching standards and training would be more achievable if the governance for HPS is embedded in the education system.

The governance system requires partnerships, collaboration and coordination within and between stakeholder groups in education, health and associated sectors and across multiple levels of government and schools.

3. ***HPS implementation reflects a whole-school approach***

The Global Standards for HPS highlight that the scope of HPS is broader than any specific programme or intervention. Whole-school approaches to health and wellbeing also require attention to developing supportive relationships, maintaining safe and gender-equitable physical and social environments, and increasing opportunities for learning within a school as a social community.

Accordingly, the design, management and operations associated with implementing HPS must also reflect a whole-school approach, where HPS activities are designed to incorporate all aspects of schooling. For example, specific programs and curriculum need to be reinforced by school policies, manifested in school infrastructure, supported by collaboration with groups in the local community, reflected in classroom lesson plans and co-scholastic activities, enhanced by professional learning for in-service teachers, and

ideally reflected in performance appraisals for teaching staff as well as local or national achievement tests for students.

4. HPS implementation involves all stakeholders particularly students, parents and caregivers

The Global Standards for HPS recognize the importance of meaningful engagement, participation and responsibility from all stakeholders, including students, parents and caregivers. This is helpful for the implementation process, and can also mutually reinforce health and wellbeing outcomes, giving opportunities for children and adolescents, especially girls, to become empowered to become change agents and advocates for health promotion in their families and local communities. Strong and sustained engagement and participation of students in health promotion and wider leadership activities in schools can positively influence lifelong learning, positive development, health and wellbeing outcomes.

5. HPS implementation is iterative and continuous

The Implementation Guidance aims to guide an iterative and process driven approach that works towards the progressive realization of embedding the Global Standards for HPS (including access to school health services) within all schools. This approach towards implementation should build on existing policies and strategies already in place, which will be supported when Ministries of Education view HPS as a core vision for every school. Implementation should be seen as a continuous cycle that is responsive to newly emerging and school-specific contextual priorities, which over time will lead to sustainable promotion of health and wellbeing that is reflected in the day-to-day roles of school staff and the ethos of schools.

Elements of the Implementation Guidance

The Implementation Guidance has been developed with a range of HPS stakeholders in-mind, however it is written for those who occupy roles in national, subnational and local governments. The focus is for stakeholders involved in the development of education policy, and for those who provide support for school operations and curriculum development and teacher professional learning.

With these audiences in mind, the Implementation Guidance is made up of four elements which set out *who* should be involved, *what* should be done and *how* it should be done, as reflected in Figure 2.

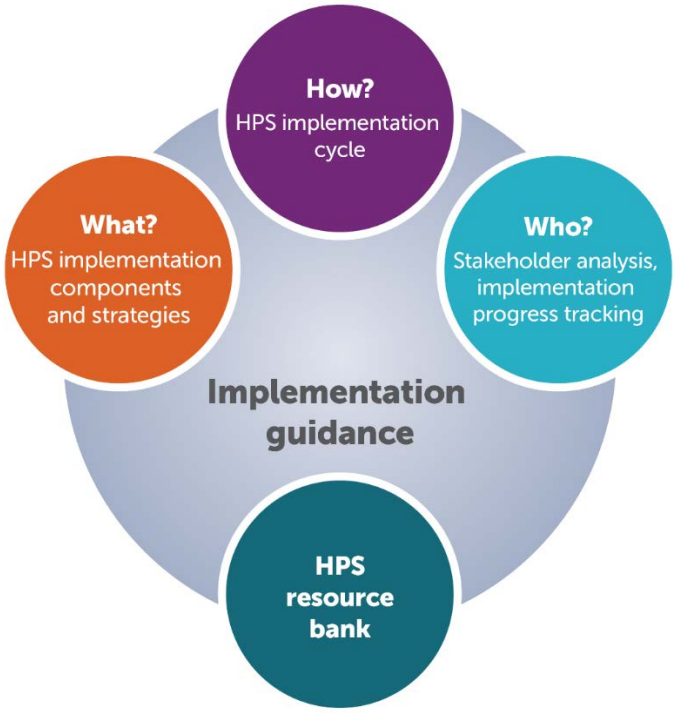

Figure 2. Implementation guidance elements

The following section describes the top three elements of Figure 2 in turn, which are supplemented by information and tools in Annex I (stakeholder analysis, and progress tracking matrix), and Annex II (a bank of resources to inform planning, designing, monitoring and evaluating HPS school systems).

Implementation cycle

The implementation cycle describes *how* the Global Standards for HPS can be adapted and implemented using a step-wise cycle.

The HPS implementation cycle is a suggested process for the continuous and iterative implementation of HPS over time. Annex II (resource bank) provides additional implementation planning resources, including examples of country specific and school-level oriented HPS manuals and implementation guides.

The implementation cycle has five steps, as shown in Figure 3.

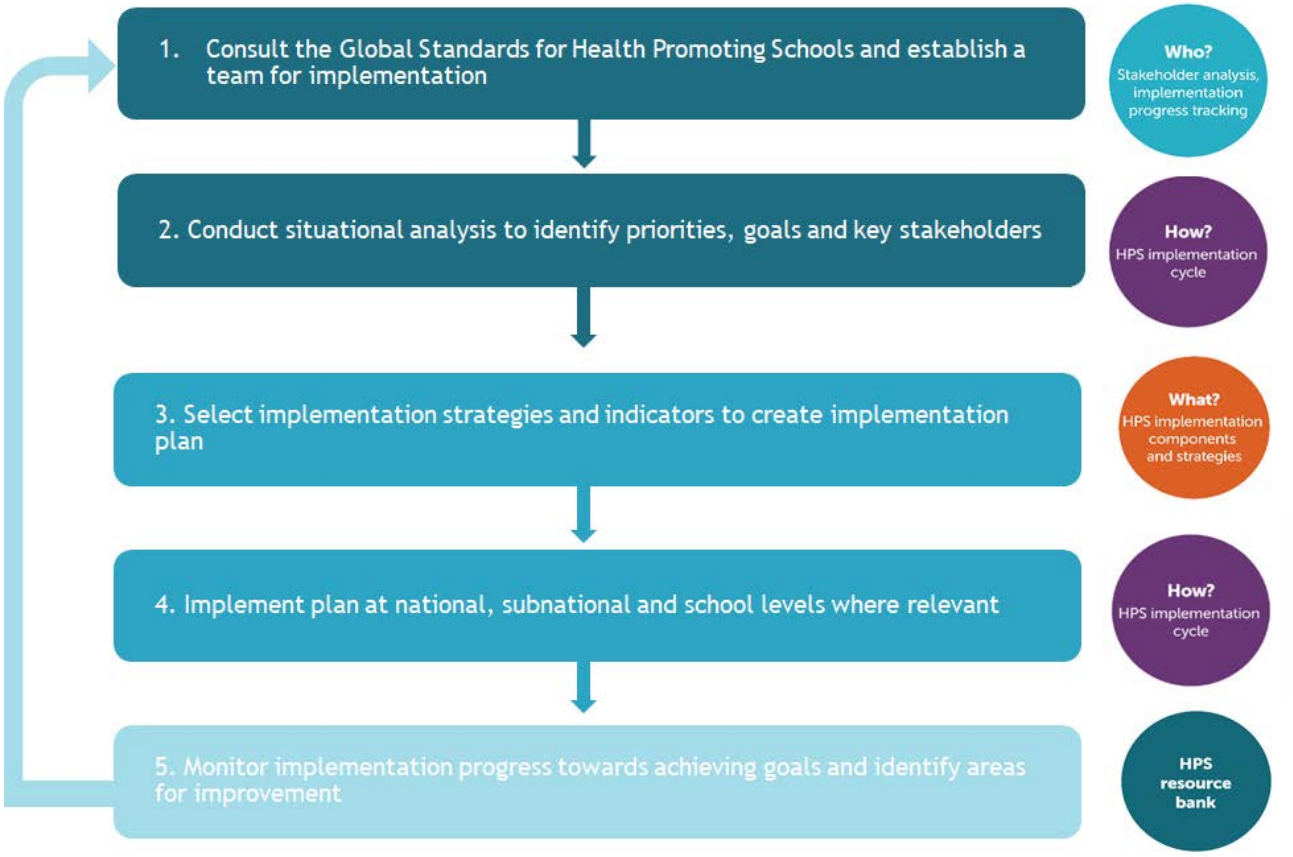

Figure 3. HPS Implementation Cycle

The implementation cycle should be informed by the guiding principles of HPS implementation. The process cycle is repeated for as long as HPS implementation continues. The cycle is similar to annual planning and strategic review cycles that occur at many national and local governments and schools. In practice, aligning the timing of the cycle steps with annual planning or strategic reviews could assist in embedding HPS implementation across the education system. The elements of the Implementation Guidance that can support each of these steps are indicated in the far right within the figure above.

The purpose and activities for each of the five steps of the implementation cycle are detailed in Table 2.

Table 2. Five steps of the HPS implementation cycle

	Purpose	Activities
Step 1. Consult the Global Standards and establish a team	Develop a common understanding of HPS and establish an implementation team	• Review the Global Standards to ensure the presence of a shared country-level definition of HPS across government departments in health, education and relevant sectors • Establish an implementation team that is made up of stakeholders that represent the groups involved in the implementation of HPS
Step 2. Analyse the Situation	Identify existing HPS activities and	• Conduct a landscape or situational analysis of existing school health and education policies (national, local and school-level) and contextual conditions (e.g. presence of urgent health need[s])

	Purpose	Activities
	develop goals and targets for HPS	• Conduct a landscape analysis of the recommendations of international or regional guidance on HPS, and national adaptation if necessary • Conduct a stakeholder mapping analysis • Conduct a strengths, weakeness, opportunities and threats (SWOT) analysis of current activities and practices, identifying areas where HPS systems can contribute to strengthening existing policies and strategies for key health and wellbeing needs • Review available resources (human, information, financial) allocated to schools for all aspects of health and wellbeing • Review current monitoring and evaluation frameworks for education and health outomes for opportunities to embed HPS
Step 3. Develop a Plan	Develop an implementation plan to strengthen HPS systems based on the situational analysis	• Establish priorities and goals for HPS • Use a logic model or equivalent design method to collaborate with students, parents and caregivers, school leaders, school staff and the local community to document the design of HPS implementation based on priorities and goals • Identify where HPS implementation can be embedded in existing education systems and school processes, such as national education strategies, school strategic planning, school councils or governance boards • Develop a budget, description of stakeholder roles and responsibilities, timeline and targets for HPS (e.g., applying for funding awards, advocate for additional budget from local government) • Develop a monitoring plan for HPS, including selected indicators, and appropriately matched data collection tools and the ideal frequency of data collection • Disseminate and socialise the implementation and monitoring plans
Step 4. Implement and Monitor	Implement the plan through collaboration and partnership arrangements with an explicit focus on including school staff, students, parents and caregivers	• Use the plan to engage in HPS implementation, documenting adaptations to it as implementation occurs (e.g. a living logic model) • Use the plan to monitor HPS implementation, analyse monitoring data at a regular frequency to inform adaptations to design • Gather feedback on implementation from all stakeholders, including school staff, students, parents and caregivers and the local community
Step 5. Evaluate and Improve	Review and reflect, share learnings and	• Review and reflect on the analysis of monitoring data, and identify whether targets have been met

	Purpose	Activities
	identify areas for improvement	• Share findings of analysis of monitoring data with all stakeholders, including school staff, students, parents and caregivers and the local community, to identify areas for improvement • Disseminate lessons learned from HPS implementation to stakeholders, particularly within and between schools, and to partnerships and coordination groups in national and local government, as well as with non-government organizations and development partners

Implementation components and strategies

There are 13 implementation components for the eight Global Standards. Each implementation component has *suggested* implementation strategies. Most of these are sequential (presented in a staged order where a preceding strategy supports the implementation of the following strategy). The selection of strategies should be informed by the values, needs and priorities of stakeholders (described in the implementation process cycle referred to in the 'how' section).

A definition for each of the 13 components is provided in the following table. All of the components align with the Global Standards; Annex I provides more detail about this alignment and how each of the 13 components relate to one another.

Table 3. Overview of Implementation Components

Implementation Components	
1.	Develop policy
	Development of education and health policies that support HPS at the national, subnational, local and school level.
2.	Inter-sectoral government coordination
	Facilitation and implementation of a coordination process between and within health, education and other associated sectors *and* between and within national, subnational and local government departments to implement sustainable HPS systems across all schools.
3.	Embed school leadership and governance practices
	School leadership and establishment of a governance system for the implementation of sustainable HPS systems within schools. This should include civil society organizations, and may also include national, subnational and local governments. non-government

Implementation Components	
	organizations, development agencies, and the private sector may be involved in the governance system.
4.	Allocate resources
	Allocation of resources for the implementation of all components of sustainable HPS systems. This may include advocacy and priority setting activities associated with sustaining political support for HPS systems.
5.	Utilize evidence-informed practices
	Planning and design of evidence-informed HPS activities, goals and targets. This component also includes the design of implementation plans to utilize allocated resources, and report on progress through the monitoring and evaluation system(s).
6.	School and community partnering
	Development of partnerships and sustained collaborations in the implementation of HPS systems within and between national, subnational and local government departments and within and between schools with local communities, local organizations and businesses.
7.	Invest in school infrastructure
	Development, improvement and maintenance of school infrastructure, inclusive of the physical environment (e.g., facilities and spaces within and surrounding school grounds), as well as policies and practices to support safe, healthy physical and social-emotional environments.
8.	Develop curriculum and associated resources
	Development, review and implementation of curriculum (inclusive of content and pedagogies) and associated resources (assessment tools, example lesson plans etc.) that promote health and wellbeing across subject areas (all scholastic and co-scholastic domains).
9.	Ensure access to teacher training and professional learning
	Development and refinement of initial teacher training programmes and in-service professional learning activities to adhere to HPS curriculum and associated standards where these are developed. This includes ensuring access to opportunities for participation in Continuous Professional Development (CPD) certifications organised by external agencies.
10.	Implement school health services
	Provision of comprehensive school-based or school-linked health services that support health, wellbeing and educational outcomes for students, their families and the local community.

Implementation Components	
11.	Involve students
	Opportunities for children and adolescents (students) to be ethically and meaningfully involved in the inception, planning, implementation (execution), and evaluation of HPS activities in their schools and local communities
12.	Involve parents, caregivers and the local community
	Opportunities for parents, caregivers and local community members, including business owners, to be ethically (voluntarily) and meaningfully involved in the planning, design and evaluation of HPS activities in schools within the local communities in which they live.
13.	Monitor and evaluate
	Design, development and sharing of practices for collecting, sorting and storing data, analyzing data, generating reports and disseminating findings, and adapting HPS systems accordingly. This includes evaluation capacity building activities.

Figure 4 illustrates how each of the 13 implementation components relate to the eight Global Standards. The components are scaffolded whereby implementation of components that support the first two Global Standards (1, 2, 4 and 13) create the authorising environment and necessary processes and mechanisms to implement the next four components (3, 5, 6 and 8), which establish school-based leadership, governance, partnerships and support for embedding health promotion in the school curriculum. The final four components (7, 10, 11 and 12) support the implementation and sustainability of healthy school environments including access to comprehensive health services. Component 9 is central to implementation of the Global Standards, hence its overarching positioning.

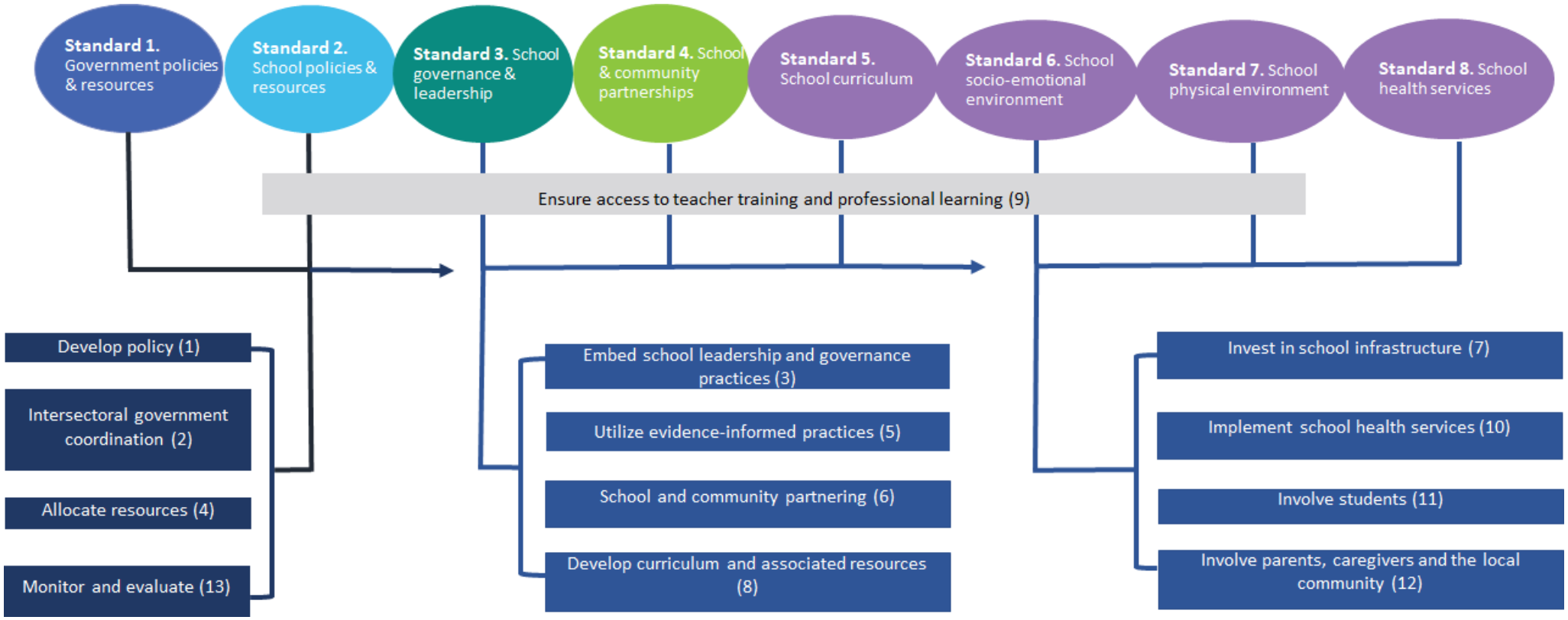

Figure 4. Implementation components necessary to achieve the Global Standards

Each of the 13 components is defined and described in the following sections. Implementation examples drawn from the literature and case studies of in-country whole-school approaches to health are provided. These examples highlight barriers and enablers to implementation that are pertinent to the implementation components.

Within each section, reference is made to suggested implementation strategies for each component. Annex I provides detailed matrices for each component and associated strategies, which indicate the level of implementation (national, subnational or school), and how each strategy within each component aligns to the quality statements that make up each of the eight Global Standards.

Implementation component 1: Develop policy

Description: This component refers to all implementation activities associated with the development of national, subnational, and local policies or strategies and school-level policies and plans. It is important that policies and plans include explicit efforts to address priority aspects of health and wellbeing that can be addressed at a school level for the country (including but not limited to, comprehensive sexuality education, prevention and identification of violence and bullying [particularly sexual and gender-based violence], nutrition and healthy eating, and menstrual health and hygiene). The establishment of a committee of government and non-government stakeholders to organise national coordination of HPS across all schools in a country is an important part of this component(31, 32).

Seven implementation strategies are suggested for policy development (see Table 4, Annex I and below). These reflect the stages of the policy development cycle, including strategies to build on existing education policies and modify them to align with the Global Standards.

1.1 Identify and develop definitions of health and education need(s), including how HPS can address these
1.2 Establish committee to coordinate the process of policy development
1.3 Conduct landscape analysis of existing policies and plans related to school health and wellbeing
1.4 Conduct stakeholder consultations for the purposes of informing policy development
1.5 Articulate goals/objectives, targets and models of working for HPS within the policy
1.6 Actively support the adoption of the policy through knowledge translation and dissemination strategies
1.7 Review and evaluate

Strategies to implement policy development support other implementation components. For example, identifying targets for HPS in a national education policy or strategy will support the development of implementation component 13 (monitoring and evaluation practices). For countries with a decentralised system of education policy development, that have specific jurisdictional or state curriculum, or where assessment and teaching standards may operate more locally, the language of 'national' education policy development may need to be amended to recognise 'national and jurisdictional' policies.

Lessons from the evidence[3]

- Recognition of the importance of health in education was the most frequently reported enabler for preparation and planning around the implementation of HPS. Embedding HPS in education policy was also more likely when the education and health sector communities in a country have a shared view that health is part of education, with equivalent importance to learning. Health and wellbeing are foundations for learning. Recognition within national education policy that health is inherently connected to the pursuit of academic outcomes and can garner traction from both education and health sectors.
- Shared leadership (as well as distributed leadership) between departments or ministries of education and health underpins HPS sustainability. Shared leadership increases the likelihood of a national education policy that includes HPS. This also makes it more likely that collaborative structures between the two sectors will be established.
- International and national expertise in HPS matters. Research, expert advice and thought leadership on embedding HPS within national education policies supports policy development.

[3] WHO. A global review of policy, standards and guideline documentation for Health Promoting Schools. Geneva: World Health Organization; 2020.
WHO. A systematic review of the enablers and barriers of Health Promoting Schools. Geneva: World Health Organization; 2020.

Implementation component 2: Inter-sectoral government coordination

Description: This component reflects all structures, processes and activities associated with communication and coordination within and between local and national government departments across sectors, and development partners and UN agencies including but not limited to WHO, UNESCO, UNFPA, UNICEF, UNDP, UNFPA and WFP.

The three strategies for this component (see below and Table 5, Annex I) aim to establish and sustain coordination by detailing it in a national plan that includes the structures, roles and responsibilities of an HPS coordination group.

2.1 Development of a national plan for whole-of-government coordination of HPS

2.2 Identification of roles and responsibilities for multiple sectors (education, health, and possibly social services, housing, employment and culture) and levels of government

2.3 Development of practical structures for collaboration group(s) across multiple sectors and levels of government

To ensure effective communication, the plan needs to include the process for coordination and for identifying which individuals need to be involved, as well as clarity about decision-making processes. The coordination group should ideally reflect a whole-of-government approach and include representatives from all other organisations involved in implementing HPS.

A national education policy or strategy for HPS can support coordination by including: (i) a rationale for coordination, and (ii) an approach to identifying stakeholders within and across government and all organisations that need to be involved in developing the implementation plan, including HPS targets.

Finally, the coordination and definition of stakeholders' roles will differ depending on a country's form of government and on the organizational structures for education and health service provision. In some countries it may be necessary for national, subnational and local governments to be involved (34).

Practical lessons from Bhutan[4]

In Bhutan, inter-sectoral coordination between national government departments is demonstrated through a documented, logical division of responsibilities that aligns with existing government structures. In collaboration with the Ministry of Health, the Ministry of Education developed a national education policy that explicitly references school health. An accompanying five-year implementation plan was developed that also details how coordination of the implementation process between levels of government (local and national) and between sectors (health and education) should work.

There is also collaboration with the Ministry of Finance; these government officials identify, allocate and sanction the required financial resources for HPS. The Royal Civil Service is also involved to address human resource requirements.

The implementation plan and allocated resources are distributed and actioned by local government, which hold responsibility for supporting schools to implement all school health policies across regions in Bhutan.

Key informants suggested that this model of coordination between national and local government levels, where health and education public servants work together, helped scale up and achieve sustainable implementation of many aspects of school health policies, particularly around WASH.

[4] Health Promotion Division, Ministry of Health. National Health Promotion Strategic Plan 2015-2023. Ministry of Health, Thiumphu, Bhutan, 2015.

Implementation component 3: Embed school leadership and governance practices

Description: This component speaks to a key characteristic of sustainable HPS systems which is the importance of taking a whole-school approach and having a system of governance for HPS.

The five suggested strategies for HPS leadership and governance (see below and Table 6, Annex I) reflect multi-level leadership and governance strategies. For instance, the creation of (and investment in) school-level leadership roles (including middle-level leadership), as well as engaging with global networks, can help to ensure that a whole-school approach and governance system for HPS is a feature of implementation.

3.1 Use inclusive language in all policies and plans. Ensure that all policies and plans that relate to HPS are evidence informed
3.2 Identify and document the values, preferences, needs and priorities of students, and school and local community members that relate to HPS
3.3 Define and articulate a school-level leadership model and governance process for HPS that involves students, school and local community members along with subnational and national government representatives
3.4 Create roles or embed within existing roles professional pathways for HPS leadership
3.5 Strengthen and/or establish accessible international advisory networks (experts, policy makers, and country-level representatives from WHO, UNESCO and other UN agencies and development partners) to provide thoughtful leadership on HPS at a global level

The five strategies to implement this component involve all stakeholders, including school staff and local communities, governments, development partners and international advisory groups.[5]

Lessons from the evidence[(5)]

- School leaders need to be involved during the preparation and planning of HPS implementation. They must consider the needs and context of the local school and community to design how HPS fits in that context. This could include understanding the specific health needs of students in a particular area and the resources available to respond to these needs. It should be noted that school leaders may include middle leaders (leading teachers, curriculum coordinators) as well as school principals, governance board or council members.
- It is critically important for schools to have a sense of ownership of the HPS initiative, including control over development and implementation, and flexibility in adoption and delivery. Developing an organisational structure within a school that supports HPS is beneficial for both adoption and collective efficacy, which are both associated with sustained implementation of whole-school initiatives.

[5] WHO. A global review of policy, standards and guideline documentation for Health Promoting Schools. Geneva: World Health Organization; 2020.
WHO. A systematic review of the enablers and barriers of Health Promoting Schools. Geneva: World Health Organization; 2020.

Implementation component 4: Allocate resources

Description: Resource allocation is considered a distinct implementation component to reflect the multiple decision-making processes, and advocacy and priority-setting activities associated with the provision of resources for all aspects of HPS. The four suggested strategies (see below and Table 7, Annex I) reflect different methods to allocate funds. Each contributes to a national model of flexible funding that could be adapted by decision-makers around resource-allocation regarding changing and locally specific needs and priorities around health and education. Flexible use of funds needs to be informed by guidelines that include the importance of resource allocation being responsive to characteristics of students (e.g. gender responsive) and should include appropriate allocation for commodities required for school health services. Where there are networks of locally connected schools, resource sharing may also be an aspect of fund allocation.

4.1 Review and assess current resource allocation for HPS (including human, information, infrastructural and financial and other funding required to address specific health topics essential for healthy development)

4.2 Develop national HPS budgets based on review of available allocated resources (human, information, infrastructural, financial) and align plan to HPS goals and targets

4.3 Develop feasible and locally specific teacher time release and relief model for HPS professional learning along with other HPS work that occurs during classroom teaching

4.4 Provide opportunities for flexible use of national funds for health promotion through grants or other financial dissemination mechanisms that can be accessed by schools based on their specific level of needs and contextual conditions

One strategy is 'teacher relief support', whereby classroom teachers can access professional learning and engage in HPS activities which occur during classroom teaching time. Referred to as 'teacher time release and casual relief model', it will be implemented differently across countries as it depends on teaching workforce structures. Although a specific model is not suggested, it is advisable to have a model that helps determine the nature and extent of relief support that is available to teachers. The evidence reviews highlighted that grants or financial awards are common methods of resource allocation. When provided, these tend to give school leaders autonomy over the funds at the school-level. While this is useful for school specific HPS activities, it is insufficient as a sole method of resource allocation and is not a strategy that supports sustainable HPS systems.

Lessons from the evidence[6]

- Dedicated funding for HPS implementation within schools (e.g., from national and local governments or NGOs) is important during the early stages of local policy development and institutional embedding of HPS.
- A school's day-to-day capacity to implement HPS is dependent upon relational and organizational support, such as the provision of time for curriculum planning and implementing HPS initiatives. Barriers to implementing HPS included insufficient resources allocated to support staff in leadership and management practices, lack of staff capacity, lack of staff time, as well as lack of resources to even seek external support.
- Access to expertise from health promotion professionals external to the school supported school staff, aided the implementation of HPS and facilitated evaluation. In addition to broad expertise, the establishment and on-going support provided by health professionals within school health services such as school nurses and counsellors was considered essential to the implementation and maintenance of many HPS initiatives.

[6] WHO. A global review of policy, standards and guideline documentation for Health Promoting Schools. Geneva: World Health Organization; 2020.
WHO. A systematic review of the enablers and barriers of Health Promoting Schools. Geneva: World Health Organization; 2020.

Implementation component 5: Utilize evidence-informed practices

Description: This implementation component reflects all activities associated with the planning and design of HPS at a school-level. Central to this implementation component is the use of research and evidence gathering and synthesis, as well as evidence-based approaches of school implementation such as communities of practice. Similar to implementation component 1, this component provides a basis for components 7, 8, 10, 11 and 12.

The five strategies (see below and Table 8, Annex I) offer evidence-informed methods to identify the identification and design of health promotion activities that will address established priorities and areas of capacity development, such as the formation of communities of practice.

5.1 Gather and/or synthesize evidence to inform the design of HPS activities in all subnational and school policies and plans
5.2 Establish certification or accreditation programmes for schools to be awarded HPS status or formally recognised as such
5.3 Commission and/or fund research and evaluation at national levels to identify HPS activities and designs that are effective in real-world settings
5.4 Develop communities of practice, or information-sharing networks for all school communities and stakeholders (including students, civil society organizations, school health service providers, etc.) to share data (where appropriate), experiences (e.g., implementation strategies) and feedback
5.5 Develop a logic model for HPS activities (e.g. clarify relationships between goals, objectives, investments, implementation activities, outcomes and impact)

Design methods (drawing from program planning) suggested in the five strategies are similar to curriculum development, lesson planning, or pedagogical design. Logic modelling, which is often used in health promotion, is suggested as a practice to design school-based health promotion activities. This process would also enable the clarification of goals and associated targets to be made at the early stages of planning and designing school-based health promotion activities.

Suggested strategies also reflect methods that can be used at a national, subnational or local level to provide guidance for individual schools to make decisions informed by evidence in the design of school-based health promotion, such as a national certification and/or accreditation processes. [7]

Practical lessons from Paraguay[7]

In Paraguay, the Healthy School Strategy (HSS) (or the *Estrategia Escuela Saludable* in Spanish) is a participatory process, accounting for the needs and potential of each school, under the leadership of the Departments of Health and Education at local, regional and national levels, and with involvement of other sectors and stakeholders. HSS starts with a situational analysis by the school authorities and the school community including students. An HSS management team is then formed, including representatives from the educational community, the health sector, and other community actors (e.g., municipality officials, public Institutions, private sector, NGOs). The process begins with a participatory appraisal and culminates in the development of an action plan specific to each school. Implementation progress is monitored using indicators defined in the HSS (continued overleaf).

[7] Fernández A. & Escudero E. (2017) *Guía De Gestión Del Entorno- Escuela Saludable.* ISBN: 978-99967-36-65-0

Practical lessons from Paraguay[7] continued

To reach *accreditation*, the Ministry of Public Health and Social Welfare verifies and recognizes that the school complies with the criteria (and indicators) defined in the HSS for a school to be accredited as a quality Healthy School. It indicates that during a certain period, the Healthy School meets the criteria that suggests the school could achieve certain results but does not evaluate whether these are achieved. Through the process, the school decides whether it will operationalize the strategy as a school-wide programme.

Certification is a formal recognition of the school as a Healthy School through the award of a certificate by the Pan American Health Organization (PAHO/WHO). Currently, 280 schools are implementing the HSS across 18 Regions: 88 schools have been accredited by the Ministry of Public Health and Social Welfare (among them one Indigenous School) and eight schools have been certified as a Healthy School. Within Misiones, the first region to pilot the HSS, one school is working towards re-certification.

Paraguay has also developed a Management Guide, which includes accreditation and certification indicators. This process was reported to have contributed to the evolution of the HSS in Paraguay over the past 24 years, such that it is now a government policy.

Implementation component 6: School and community partnering

Description: This component includes all activities associated with the establishment, functioning and sustainability of partnerships between schools and communities (e.g. local businesses, health services).

As reflected in the Global Standards, partnerships are required both *within* stakeholder groups and *between* stakeholder groups at different levels of governance and across different sectors to facilitate a whole-school approach.

The two suggested strategies (see below and Table 9, Annex I) refer to the initial work required to establish a partnership in a structured and transparent way. This might lead to written documentation, such as an agreement or plan. The second reflects activities associated with ensuring the partnership(s) is functioning well. For instance, that there is shared commitment from all parties, opportunities for review and reflection, and at times, a focus on improving the functioning of the partnership.

6.1 Formally document the partnership/s, including roles and responsibilities, allocated resources for partnership activities (e.g. meeting location, funds allocated for collaboration), and shared accountability

6.2 Develop a process by which all members of the partnership engage in regular reflection and review of the documented collaboration to ensure it remains current, and aligned with the HPS design adopted by the parties

This implementation component may seem similar to component 2. The difference is between 'coordination' and 'partnership'. For the purposes of the Implementation Guidance, the latter is defined as an explicit formal (written) arrangement (Memorandum of Understanding) between two or more parties, who are all directly engaged in implementing the HPS. The parties involved in coordination may not all directly engage in implementing the HPS in a country. For instance, UNESCO and WHO are referred to as UN agencies which may be involved in the provision of technical assistance for HPS but may not have a direct role in implementing HPS within a country.[8]

Lessons from the evidence[(8)]

- Schools need to engage their communities using effective communication through transparent approaches (eg, making the HPS strategic plan available). Engagement should include parents and caregivers who may need to be empowered to contribute, especially when collaborating with senior stakeholders (eg, state-level directors).
- Community partnerships can be facilitated by engaging with external partners during (and beyond) the planning and implementation stages. External partners might include sports and recreational organizations, WHO, governments (local and national), and local businesses.
- Partnership and collaboration should include local health services (e.g., sexual and reproductive health services) and other services that are already coordinating local efforts. Implementation activities could include the development of shared agendas; clear and open communication with opportunities to meet; interpersonal professional relationships across sectors; shared responsibility in embedding health-related curriculum with education curriculum; and understanding of health in education, school distributing information about local health services.

[8] WHO. A global review of policy, standards and guideline documentation for Health Promoting Schools. Geneva: World Health Organization; 2020.
WHO. A systematic review of the enablers and barriers of Health Promoting Schools. Geneva: World Health Organization; 2020.

Implementation component 7: Invest in school infrastructure

Description: This component refers to the development, improvement and maintenance of school infrastructure. This is inclusive of gender responsive physical facilities (eg, separate and secure toilets for girls), and all policies and practices associated with facilitating and maintaining a healthy physical and social-emotional environment.

The two suggested strategies for this component (see below and Table 10, Annex I) include clearly articulating the requirements for school infrastructure. It is likely that these requirements will reflect international guidelines or standards, for instance, a country's approach to Water, Sanitation and Hygiene (WASH) including menstrual health and hygiene (35). The strategies also include processes that support the provision of local (or national where appropriate) support for school leaders to enable local community members and/or organizations and businesses to contribute to the development and maintenance of school infrastructure. This may include, for example, commissioning local artists and/or involving children and adolescents to create artworks for the school.

7.1 Determine national-level infrastructure development requirements for school physical and social-emotional environments. These should either align with or be informed by international guidelines, such as for WASH or around the need for versatile physical spaces that can adapt to changing restrictions, as in response to managing COVID-19.

7.2 Support local government and school leaders to maintain and/or invest in infrastructural development, in ways that enable contribution from local community organizations, and that are locally specific (e.g. ability to commission artworks from local artists, involve parents, caregivers and students in the design of the physical and social-emotional environment)

Similar to most implementation components, the development, improvement and maintenance of school infrastructure is an essential part of the provision of education more widely; however, embedding HPS into existing frameworks may leverage traction for more resources, and may also enhance the extent that the physical and social-emotional environment at school (for staff, students and the community) can promote health and wellbeing.

Lessons from the evidence[9]

It is important to identify where current infrastructure and facilities do not support HPS implementation. Common examples included the lack of outdoor green spaces, inadequate space for physical activity, unhealthy school meals, insufficient time for breaks between lessons, lack of health-related teaching material, or low-quality facilities. These elements can be readily seen to function as barriers to optimizing student health, wellbeing and learning outcomes.

[9] WHO. A global review of policy, standards and guideline documentation for Health Promoting Schools. Geneva: World Health Organization; 2020.
WHO. A systematic review of the enablers and barriers of Health Promoting Schools. Geneva: World Health Organization; 2020.

Implementation component 8: Develop curriculum and associated resources

Description: This component refers to the development of curriculum (including content, assessment approaches, pedagogies), and associated resources that promote health and wellbeing across all subject and content areas. The curriculum should be gender responsive and focus on health and wellbeing priorities along with the tenets of health promotion, such as physical education, nutrition and comprehensive sexuality education.

Similar to school infrastructure, this component will support the implementation of HPS in individual lessons, and within and across schools. The three suggested strategies (see below and Table 11, Annex I) illustrate the need for direct involvement from stakeholder groups beyond the school, such as teacher education institutions (e.g., colleges, universities), national and local governments and all those involved within a country who define curriculum and assessment standards and processes. Where there are multiple systems of education (e.g. government and independent), with distinct curriculum and assessment standards and processes, it would be ideal to embed HPS in both systems of curriculum, assessment standards and processes. The involvement of teacher education institutions is particularly beneficial and could significantly contribute to embedding HPS in the education system.

8.1 Review national and/or relevant jurisdictional curriculum and assessment procedures to identify where HPS content can be added or strengthened within a coherent framework to achieve educational health and wellbeing outcomes

8.2 Develop curriculum content and resources (example assessment tools, template lesson plans, teaching materials and models of school-community collaboration) and make these accessible for teachers and the school community

8.3 Regularly review curriculum content and resources to ensure that they are aligned with the dynamic needs, priorities and preferences of students, parents, caregivers and the local community and are consistent with international standards for health education, and the broader wellbeing curriculum

For instance, involving teacher education institutions in the development of curriculum, assessment standards and processes will ensure that pre-service teachers, are trained to design and teach students the content of the curriculum, as well as ensuring that the development and refinement of the curriculum is evidence informed. Finally, particularly for countries that opt to implement internationally comparative student assessments, including but not limited to the Programme for International Student Assessment (PISA) and Trends in International Mathematics and Science Study (TIMMS), utilising international guidelines to inform curriculum review and development would be beneficial.

Practice lessons from Ireland[10]

In Ireland, the Guidelines for Wellbeing in Junior Cycle (2017), place wellbeing as an individual subject within the secondary school curriculum, that should be integrated into all other school subjects. In the primary school curriculum, schools have the autonomy to develop their own wellbeing programme drawing on a combination of curriculum components. The guideline is detailed and gives examples of school wellbeing programme design, as well as tools for evaluation and assessment. (continued overleaf)

[10] Department of Education and Skills. Wellbeing Policy Statement and Framework for Practice 2018 – 2023. Department of Education and Skills, Dublin. Available here: https://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/ireland_wellbeing-policy-statement-and-framework-for-practice-2018-2023.pdf
National Council for Curriculum and Assessment [NCCA]. Junior Cycle Wellbeing Guidelines. NCCA. Available here: https://ncca.ie/media/2487/wellbeingguidelines_forjunior_cycle.pdf

Practice lessons from Ireland[10] continued

To support curriculum development the Wellbeing Policy Statement and Framework for Practice (2019) was developed. The statement and framework supports and reinforces the curriculum by defining wellbeing as an important aspect of schools that should be integrated into every school policy and every part of the curriculum. It sets out three goals for the implementation of wellbeing promotion at schools by 2023 and articulates success indicators in four key areas: culture and environment, curriculum (teaching and learning), policy and planning, and relationships and partners. Moreover, this framework outlines the role of schools, centres for education and government in wellbeing promotion in education. It also includes an implementation plan which addresses core aspects such as wellbeing promotion program design, resource allocation, professional development for teachers, as well as the development of a research-based framework for evaluation.

Implementation component 9: Ensure access to teacher training and professional learning

Description: Closely related to the development of curriculum and associated resources are the various activities and processes to equip both pre- and in-service teachers to deliver the curriculum and promote health and wellbeing through their professional teaching practices.

Both training and ongoing or continuous professional learning are part of the three suggested strategies (see below and Table 12, Annex I) for this component. While countries will differ in teacher professional learning requirements, for instance some countries fund a specific amount of time for in-service teachers to engage in professional learning (e.g. twenty hours pro-rata per year in Scotland, UK), *all* teachers and school leaders will require professional learning for implementing HPS in a sustainable way. In some countries professional learning or continuous professional development may be organised by external non-government agencies, appreciation for this model should be included in the requirements for professional learning. The specific topics of professional learning will be curriculum and country-specific, however topics should include training in comprehensive sexuality education, and learner-centred pedagogies, in addition to health education more broadly, which may also be an opportunity to embed approaches to managing COVID-19 in health education.

9.1 Design and/or commission the development of specific HPS professional learning for in-service teachers
9.2 Embed school health content, and associated pedagogies (e.g., differentiation) to support deep learning in pre-service teacher education
9.3 Incorporate HPS into graduate and in-service teacher standards and registration and/or certification process

The three suggested strategies detail the development and offering of HPS-specific professional learning; this would be particularly useful once curriculum refinement and associated resources have been developed. The other strategies relate to the professionalisation of teachers and leaders around HPS. This strategy will be highly dependent on the workforce and career pathway structures for teachers in individual countries. Where there are professional standards for teachers, it would be ideal to embed HPS within those standards. This would enable countries to support and monitor the professional growth of teachers and leaders to continue to implement and support sustainable HPS systems within their roles at schools. [11]

Lessons from the evidence[(11)]

- HPS initiatives can be adapted to fit within various school curriculum and reflect different organizational cultures between schools without adding to the already heavy workload of many teachers.
- The status and quality of relational or organizational acknowledgement, support of teachers' workloads and recognition of time limitations are critical to policy reform. Formal school support of teachers' roles in implementing HPS initiatives should consider the difficulties they can have in balancing health and academic priorities in curriculum planning and delivery, especially when their local context does not fully appreciate, recognize or support these activities.
- Teacher professional learning and development that assists teachers to consider the needs and context of the local school and community can promote the uptake of HPS activities.

[11] WHO. A global review of policy, standards and guideline documentation for Health Promoting Schools. Geneva: World Health Organization; 2020.
WHO. A systematic review of the enablers and barriers of Health Promoting Schools. Geneva: World Health Organization; 2020.

Implementation component 10: Implement school health services

Description: Access to safe, high quality and age-appropriate comprehensive school health services (SHS) that are gender sensitive and responsive to the locally specific needs of students is a component of sustainable HPS systems (eg, sexual and reproductive health, mental health services, psychosocial support services). These services can either be school-based (physically at the school) or school-linked (community based primary health care).

The three recommended strategies (see below and Table 13, Annex I) to implement this component are associated with modifiable aspects of service delivery that are related to HPS. A detailed guidance for comprehensive school health services is now available (refer to Annex II for details) (18, 36, 37).

10.1 Delivery of comprehensive school health services is underpinned by a formal agreement between schools (or local education departments) and the health service provider(s). Such an agreement should include explicit detail about the provision of an equitable level of funding for all school health personnel, resourcing for continuous professional education, coordination and information sharing with other primary care services.

10.2 Delivery of comprehensive school health services is responsive to and aligned with school-level HPS design and activities (e.g. consistent messaging around health is used)

10.3 Strengthen support for implementation of health services within schools by:

a. Commissioning research to support the evidence base

b. Supporting all school health professionals through ensuring membership of professional associations,

c. Providing training/specialization in specific health topics of relevance to child and adolescent health

Accordingly, the suggested strategies focus on making SHS explicit in national and school-level policies and plans for HPS. This will ensure that SHS can address priority health needs, and that health professionals providing services for members of the school and local community use consistent language and messaging to support health and wellbeing.

The success of these strategies is supported by partnership development and collaboration (Implementation component 6), which is also reflected in the characteristics of the provision of school-based and school-linked health services, such as described in Indonesia.

Practice lessons from Indonesia[12]

In Indonesia, the School Health Programme, *Usaha Kesehatan Sekolah* (UKS), identifies health services at schools as one of its critical programme pillars. Each primary health centre acts as a focal point and supports up to six public schools in the local area. There are usually one to two health workers at each primary health centre who work consistently with schools. Schools are required to collaborate with the primary health centre health workers to implement some UKS activities, such as periodic health screening which includes health check-ups and monitoring of weight and height. Primary health centres are also responsible for providing services within schools, such as deworming and distribution of iodine capsules to schools. The School Immunization Programme, *Bulan Imunisasi Anak Sekolah* (BIAS), also illustrates how these primary health centres provide school-linked health services. Integrated within the existing UKS infrastructure, the BIAS aims to provide tetanus boosters as part of the national immunization strategy. In practice, the health workers usually work directly within the schools without drawing on the support from UKS.

[12] Miller Del Rosso J, Arlianti R. Investing in School Health and Nutrition in Indonesia. 2010. Available here http://documents1.worldbank.org/curated/en/572441468049458430/pdf/519350REVISED01port1ENG1Final1LoRes.pdf

Implementation component 11: Involve students

Description: This component refers to all activities, processes and policies associated with creating environments where children and adolescents feel supported to meaningfully participate in the planning, design and evaluation of HPS as well as wider aspects of school functioning and operations.

Two implementation strategies are suggested (see below and Table 14, Annex I) but there are many ways in which students can be actively involved in their schools that will be highly context-dependent and country-specific. Efforts to explicitly involve students are ideally made from the earliest stages of HPS planning and design. Involvement of students needs to provide opportunities for students to have an opportunity to review and where necessary redesign aspects of school functioning and operations, for instance the physical environment of the school.

11.1 Explicitly create equal opportunities for all students to meaningfully participate in the governance, design, implementation and evaluation of HPS

11.2 Include students within school council/governance boards and on HPS design teams along with parents and caregivers, and local community members

Early, meaningful and inclusive involvement of children and adolescents in HPS planning and design and school functioning and operations can help them have a sense of ownership over HPS and increase the likelihood that the HPS activities target the goals and priorities that are important to children and adolescents, as well as the wider local community.

Finally, irrespective of the nature of HPS, it is important for children and adolescents to be involved in the evaluation of these activities, and also ideally the governance of them. This can occur through student representation on school councils and governance boards, through student representative councils at schools, and beyond the school grounds by support for students to represent their school on local government coordination groups, or boards for HPS.

Lessons from the evidence[13]

- Students need to be included in HPS planning, decision-making and implementation in a manner that is inclusive of the diversity of the student body and that is empowering of them. Establishing a culture of student inclusion fosters student participation; lack of a culture of inclusion is a barrier to student inclusion and empowerment.
- The development of a positive school culture that fosters a common purpose across the school similarly fosters belief in the collective efficacy of the school to implement HPS. A positive school culture is advantageous for whole-of-school approaches in regard to building and maintaining relational and organizational support for HPS; this ultimately influences the inclusion of students as well as contributes to health and education outcomes.
- Parent and caregiver support and engagement for school health promotion will lead to more meaningful collaboration between parents and stakeholders. The inclusion of parents and caregivers within health promotion initiatives can improve their knowledge as well as that of their children. Efforts to promote a sense of belonging to the school community by parents and caregivers can influence their support for their children to participate at school, enhancing student health and education outcomes.
- The inclusion of student voices in HPS provides school leadership and staff with valuable knowledge about the needs and context of the local school and its community which enables them to consider how best to fit HPS within that context. Data collected from students, especially when repeated over time, is also useful for decision-making around resources and funding.

[13] WHO. A global review of policy, standards and guideline documentation for Health Promoting Schools. Geneva: World Health Organization; 2020.
WHO. A systematic review of the enablers and barriers of Health Promoting Schools. Geneva: World Health Organization; 2020.

Implementation component 12: Involve parents, caregivers and the local community

Description: Similar to the importance of involving students in all aspects of HPS, parents and caregivers and members of the local community (including civil society organizations and businesses) also need to be involved in the design, planning, evaluation and ideally also in the governance of HPS systems.

This component refers to all activities, processes and policies associated with creating environments where parents and caregivers and members of the local community feel supported and enabled to be meaningfully involved in the planning, design and evaluation of HPS systems within their schools and local communities (see below and Table 15, Annex I).

12.1 Explicitly create opportunities for parents and caregivers and local community members to meaningfully participate in the governance system, design, implementation and evaluation of HPS
12.1 Include parents and caregivers and local community member representative(s) on the school council/governance board and on HPS design teams

Involving parents and caregivers and the local community (e.g., community learning centres offering non-formal education for children and adults) offers considerable benefit in the front-end planning and design of HPS activities. It increases the likelihood that parents and caregivers may take steps to create a healthy home environment for children and adolescents as a result of improved awareness, as well as increasing the likelihood that the local community also promotes school-based health and wellbeing initiatives (e.g., widespread acceptance of the importance of access to comprehensive sexuality education and sexual and reproductive health services).

For instance, while the organisational skill sets of a local business owner may directly contribute to the planning, design and governance of HPS systems at a school in their community, it may also indirectly result in them reviewing their own business policies to increase the likelihood of them promoting health and wellbeing.[14]

Lessons from practice in the Philippines(14)

In the Philippines, the Oplan Kalusugan sa Department of Education (OK sa DepEd) (2019) is a policy guide on school health and nutrition programmes. It expects schools to involve parents and community members as partners in the implementation of the school health and nutrition programme. In practice, it appears that teachers, parents and community members such as surrounding organisations and small business owners, school alumni and even donors, all play an active part in supporting the programme delivery. This is achieved through the school governing board, which is made up of local representatives, teacher representatives, and in some cases, student representatives and alumni. Representing the community sector, this board is responsible for identifying the school needs and planning for future programme development.

Specifically, within a water and sanitation improvement programme, parents and community are also engaged in the construction of washing facilities and the provision of clean water to those schools having access difficulties.

[14] TeacherPH. 2019 Oplan Kalusugan (OK sa DepEd) Overview. 2020. Available here: https://www.teacherph.com/oplan-kalusugan-ok-sa-deped/

Implementation component 13: Monitor and evaluate

Description: The final implementation component is the design, development and sharing of practices for gathering, storing and analysing monitoring data on the implementation and impact of HPS.

Evaluation capacity development is a component of developing and disseminating quality practices. Capacity development in this area will need to be tailored to the learning needs of the stakeholders involved.

The suggested implementation strategies reflect three areas of implementation activities; their scope depends on the nature of existing monitoring systems in individual countries that capture health and education data. It should be noted that the strategies refer to system development, as opposed to conducting monitoring and evaluation.

The strategies reflect continuous development, where a monitoring and evaluation system which facilitates sharing of data and best practices across sectors, nationally, and even globally, is progressively realised (see below and Table 16, Annex I). This could be supported by WHO and UNESCO's work in supporting school-based health data collection using standardised tools, and potentially through providing other web-based monitoring tools.

13.1 Develop coordinated local, national and international (e.g. across WHO regions) approaches to share data and knowledge of HPS practices, and develop standardised tools to enable national monitoring of HPS implementation, and enable international comparisons that appropriately consider in-country contextual characteristics

13.2 Develop and make available evaluation capacity building training (e.g. data collection and analysis), and where appropriate quality improvement training to all involved in HPS design, planning, implementation and monitoring

13.3 Invest in a feasible (perhaps offline) interoperable systems for gathering and storing monitoring data at all levels of education and/or health system (e.g. schools, school health services, local education offices and ministries of education and health)

The monitoring and evaluation system need not be HPS-specific. Indeed, the preference is to work with existing education and health monitoring systems that could be refined to include monitoring of HPS systems. Monitoring and evaluation is critical to sustainable HPS practices; ideally, HPS systems should continuously evolve and improve, informed by monitoring and evaluation evidence.

Practice lessons from Senegal[15]

Since 2000, there has been an effective collaboration between the Ministry of Health and the Ministry of Education (M0E) which supports health promotion within schools. The design, development, and roll out of health initiatives for schools is coordinated by the School Medical Control Division of the MOE. This division is responsible for health promotion decision making within schools. It is organised around multiple health topics rather than whole-of-school approaches. Relevant topics include adolescent sexual health, nutrition education and nutritional supplementation (school canteens are managed with another division), communicable diseases, WASH, neglected tropical diseases, non-communicable diseases. It includes the development of related resources for teachers. Each region has a health focal point and there are monitoring and reporting mechanisms. Monitoring is mostly limited to activities around specific health topics, usually implemented as a programme or activity by an NGO (continued overleaf).

[15] The Ouagadougou Partnership. The Partnership.2015 Available here: https://partenariatouaga.org/en/about-us/the-partnership/

Practice lessons from Senegal[15] continued

The evaluation of the collaboration revealed several areas for improvement. For instance, the implementation of health promotion initiatives within schools is not compulsory; and is associated with low uptake, short duration and selective implementation. Another area for improvement was to utilise established networks in this region that could incorporate HPS or be utilised as a model for a HPS (such as the Ouagadougou Partnership, a coalition of government officials, religious leaders, civil society members, and youth representatives from nine countries working in collaboration with donors to improve family planning outcomes in the region). Establishing a national forum for consultation around HPS could help expand the current focus to be more inclusive of HPS.

Health staff in schools are considered especially critical in Senegal. Funding for health staff such as nurses has been approved by the Division. While the Division also acknowledges the need for health professionals to provide professional development for teachers, and implement sustainable comprehensive health services, lack of funding remains a barrier to these activities.

The presence of Global Standards for HPS could help activate change processes that might see health promotion in schools become part of national strategic planning a focus on systematising and support data collection and monitoring could also support HPS in Senegal.

Implementation stakeholders

Conducting a stakeholder mapping analysis and establishing roles and responsibilities for stakeholders in HPS implementation is required, as described within 'Step 2. Analyse the Situation' and 'Step 3. Develop a Plan' steps of the implementation cycle.

Identification of relevant stakeholders is an important part of HPS implementation which is often a dynamic process. For instance, the involvement of stakeholder groups may be periodic, where some groups have different levels of involvement depending on which implementation components are the current focus. The active involvement of senior government leaders may be considerable during the period of policy development (implementation component 1) but may become more consultative once a national education policy and coordination group has been developed. Stakeholders who occupy roles with mandated responsibilities associated with implementing HPS systems, for instance reviewing school infrastructure, would need to be more consistently involved.

Other stakeholders who could be involved more periodically can be identified through a stakeholder mapping analysis, and informed by the following questions:

- Who are the key stakeholders concerned with HPS implementation (and in what way)?
- Who has a direct or indirect influence on planned HPS implementation activities?
- Who is interested at local, subnational, national or international levels in HPS implementation?
- Who has experience or can help work towards the goals and targets for HPS implementation?
- Who are the key stakeholders who need to be involved in the HPS planning process?
- Who are the stakeholders who can contribute to HPS implementation through their actions or inactions?
- Who are the stakeholders who may hinder HPS implementation and why? How could this be overcome?
- Who can help with the task of implementing HPS?

Figure 5 shows the value of using a stakeholder impact and influence mapping tool, as the answers to these questions could then be analysed by stakeholder group, to determine the degree to which the HPS will impact the stakeholder group, and the degree of influence the stakeholder group could have on the outcomes of HPS activities (as shown in the x and y axes of the grid in Figure 5, respectively).

Once the impact and influence of the stakeholder group is determined, the type of engagement can then be determined (as reflected in each of the four quadrants). For example, for stakeholders with high influence, but who may not directly be affected by HPS, engagement strategies that *maintain confidence* in HPS (e.g., keep informed of progress and impact of implementation, to ensure these stakeholders can advocate and promote HPS in their areas of influence) are appropriate (stakeholder group B). Conversely stakeholders with high influence who are also directly affected by HPS should be *actively collaborating* in the implementation of HPS. Low influence stakeholders who are not directly affected by HPS may be *monitored* and when they demonstrate an interest in HPS may be informed about progress (stakeholder group A). Finally, low influence stakeholder groups who are directly affected by the HPS should be *regularly informed and consulted with* despite their level of influence (stakeholder group C).

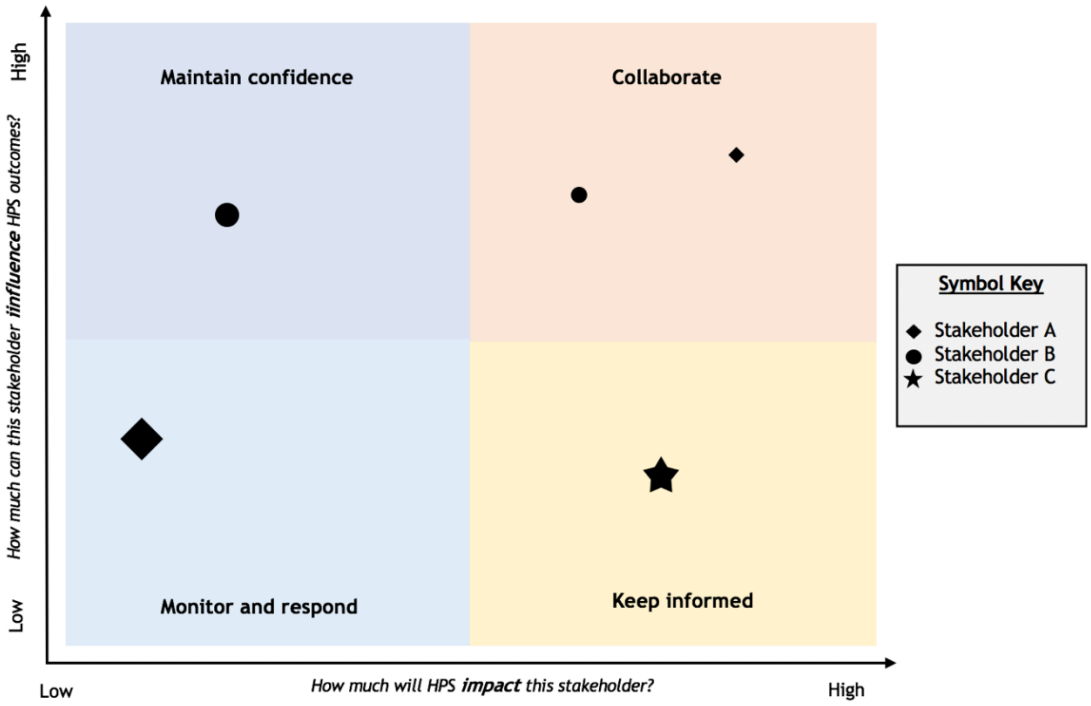

Figure 5. Stakeholder impact and influence mapping tool*[16]
*Individual stakeholders within groups may have different levels of influence

The use of appropriate stakeholder engagement methods (including documentation) is part of the HPS implementation plan (step three of implementation cycle). Annex II contains several resources to guide stakeholder analysis including mapping and engagement method selection tools.

[16] Adapted from: Krick T, Forstater, M, Monaghan, P & Sillanpaa, M. The Stakeholder Engagement Manual Volume 2: The Practitioners Handbook on Stakeholder Engagement. AccountAbility United Nations Environment Programme; 2005.

Conclusion

The Global Standards for HPS provide a vision in which all schools, everywhere, can enhance the health, wellbeing and education outcomes of their students and communities. The intention of this Implementation Guidance is to establish a roadmap for how stakeholders can engage in a step-wise cycle that progressively realizes this vision, with the intention of strengthening existing initiatives and school programmes. Through the synthesis of learnings obtained from evidence (peer-reviewed literature, policy documents and perspectives from key informants), the Implementation Guidance details a set of 13 components, associated strategies and a cyclical process which enables country-specific adaptation to the continuous implementation of HPS.

Relevant resources, templates and tools are provided in the Annexes that follow. However, further collation and sharing of examples of HPS designs, implementation plans, and schemas for monitoring and evaluation systems is important to advance the knowledge base in this area and demonstrate how this guidance can be applied in different countries around the world.

The Global Standards and Implementation Guidance for HPS systems are designed to inform and support every school to become an HPS, and contribute to supporting the health, wellbeing and educational progress of every child, every community, and every country.

"Anything worth doing, is worth doing well." (Aristotle)

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Annex I: Implementation components and Global Standards

This annex includes matrices to support stakeholder analysis and monitor implementation progress in alignment with the eight Global Standards and quality components.

The matrices can be used as checklists, as part of the 'Step 2. Analyse the Situation', 'Step 3. Develop a Plan' and 'Step 4. Implement and Monitor' stages of the implementation cycle, and to monitor HPS implementation progress, in relation to the Global Standards. Tables 4 to 16 can be used as a progress tracking checklists, which illustrates how each of the 13 implementation components align with each of the Global Standards and the quality components within each standard.

Table 4. Implementation component 1 suggested strategies and outputs

			Implementation Component 1: Develop Policy						
			Process (implementation strategies)						
			1.1 Identify and develop definitions of health and education need(s), including how HPS can address these	**1.2** Establish committee to coordinate the process of policy development	**1.3** Conduct landscape analysis of existing policies and plans related to school health and wellbeing	**1.4** Conduct stakeholder consultations for the purposes of informing policy development	**1.5** Articulate goals/objectives, targets and models of working for HPS within the policy	**1.6** Actively support the adoption of the policy through knowledge translation and dissemination strategies	**1.7** Review and evaluate
Level of Responsibility (Global, National, Subnational, Local)			**All levels**	**National Subnational**	**National Subnational**	**All Levels**	**National Subnational**	**National Subnational School**	**National Subnational School**
Outputs (GS Quality Components)	**GS1. Government policies and resources**	GS1. 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.	✓	✓	✓	✓	✓	✓	✓
		GS1. Education sector leadership is established and clearly articulated with ongoing contribution from health and other sectors at all levels.		✓	✓	✓	✓	✓	

		GS1. There are adequate human, information, and financial resources to make every school a HPS.	✓	✓		✓			✓
		GS1. There is a system of planning, and progress and performance tracking of HPS at the national/subnational, and local government level.		✓		✓	✓		✓
	GS2. School policies and resources	GS2. There is a school policy and/or plan for HPS.			✓	✓	✓	✓	
		GS2. There is a policy and/or plan for regular engagement and collaboration between the school and stakeholders for HPS.		✓		✓		✓	
	GS3. School governance and leadership	GS3. The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government.		✓		✓		✓	
	GS6. School social-emotional environme	GS6. School policies set clear directions regarding the desired social-emotional environment in the school, and any necessary feedback measures.	✓			✓	✓	✓	
	GS7. School physical environment	GS7. The school has policies that ensure a safe environment for the school community that align with national policy.	✓	✓	✓				
	GS8. School health services	GS8. The delivery of comprehensive school health services is included in school policies and aligns with national policies and laws.	✓	✓	✓				

Table 5. Implementation component 2 suggested strategies and outputs

		Implementation Component 2: Inter-sectoral Government Coordination		
		Process (implementation strategies)		
		2.1 Development of a national plan for whole-of-government coordination of HPS	**2.2** Identification of roles and responsibilities for multiple sectors (education, health, and possibly social services, housing, employment and culture) and levels of government	**2.3** Development of practical structures for collaboration group(s) across multiple sectors and levels of government
Level of Responsibility (Global, National, Subnational, Local)		**Global, National Subnational**	**National Subnational**	**National Subnational**
Outputs (GS Quality Components)	**GS1: Government policies and resources**			
		GS1.1 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.	✓	✓
		GS1.2 Education sector leadership is established and clearly articulated with ongoing contribution from health and other sectors at all levels.		✓
		GS1.3 There is collaboration and shared commitment between local government communities and schools.		✓

		GS1.4 There are adequate human, information, and financial resources to make every school a HPS.	✓		
		GS1.5 There is a system of planning, and progress and performance tracking of HPS at the national/subnational, and local government level.	✓		
	GS2: School policies and resources	GS2.2 There is a policy and/or plan for regular engagement and collaboration between the school and stakeholders for HPS.		✓	
		GS2.4 The school implements a system of regular planning, tracking progress and performance around the implementation of school policies and resources for HPS.	✓		
	GS3: School governance and	GS3.4 There is a system of regular planning, and tracking progress and performance of school governance and leadership.	✓		
	GS4: School and community partnerships	GS4.2 The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government.			✓
		GS4.3 School leaders engage and collaborate with the school and local communities in the planning, progress tracking, and performance of HPS partnerships.	✓		✓

	GS5. School curriculum that supports health and wellbeing	GS5.2 The school implements a curriculum that encompasses physical, social-emotional, and psychological aspects of student health, nutrition, and well being that address key education and health outcomes, and aligns with national HPS policy.	✓		
		GS5.5 There is training and support for staff in the use of learning and teaching strategies to support HPS approach.	✓		
		GS5.6 There is a system of regular planning, and tracking progress and performance of the school curriculum that is conducive to supporting health and well being.	✓		
	GS6: School socio-emotional environment	GS6.3 The social-emotional environment within the school is regularly monitored with improvement and feedback actions taken to enhance a positive environment.	✓		
	GS7. School physical environment	GS7.1 The school has policies that ensure a safe environment for the school community that align with national policy.	✓		
		GS7.3 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).	✓		

	GS8. School health services	GS8.1 The delivery of comprehensive school health services is included in school policies and aligns with national policies and laws.	✓		
		GS8.3 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, evidence-based, rights-based).	✓		
		GS8.5 There is a system of planning, and progress and performance tracking of school health services, including quality assurance and compliance with standards.	✓		

Table 6. Implementation component 3 suggested strategies and outputs

			Implementation Component 3: Embed School Leadership and Governance				
			Process (implementation strategies)				
			3.1 Use inclusive language in all policies and plans. Ensure that all policies and plans that relate to HPS are evidence informed	**3.2** Identify and document the values, preferences, needs and priorities of students, and school and local community members that relate to HPS	**3.3** Define and articulate a school-level leadership model and governance process for HPS that involves students, school and local community members along with subnational and national government representatives	**3.4** Create roles or embed within existing roles professional pathways for HPS leadership	**3.5** Strengthen and/or establish accessible international advisory networks (experts, policy makers, and country-level representatives from WHO, UNESCO and other UN agencies and development partners) to provide thoughtful leadership on HPS at a global level
Level of Responsibility (Global, National, Subnational, Local)			**All levels**	**Subnational School**	**National, Subnational School**	**National, Subnational School**	**Global**
Outputs (GS Quality Components)	**GS1: Government policies and resources**	GS1.1 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.	✓		✓	✓	

		GS1.2 Education sector leadership is established and clearly articulated with ongoing contribution from health and other sectors at all levels.			✓		✓
		GS1.3 There is collaboration and shared commitment between local government communities and schools.					✓
	GS2: School policies and resources	GS2.1 There is a school policy and/or plan for HPS.	✓		✓		
		GS2.2 There is a policy and/or plan for regular engagement and collaboration between the school and stakeholders for HPS.	✓	✓	✓		
	GS3. School governance and leadership	GS3.1 The leadership team (school board members, management, principal and school leaders) supports and promotes the value and ethos of HPS to the school community.	✓	✓	✓	✓	
		GS3.2 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.		✓	✓	✓	

		GS3.3 HPS leaders are provided with in-service leadership and HPS professional learning opportunities.			✓	✓	✓
		GS3.4 There is a system of regular planning, and tracking progress and performance of school governance and leadership.			✓		
	GS4. School and community partnerships	GS4.1 The school engages and collaborates with parents, caregivers, legal guardians, and families in all aspects of school operations related to HPS.		✓	✓		
		GS4.2 The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government.		✓	✓		
		GS4.3 School leaders engage and collaborate with the school and local communities in the planning, progress tracking, and performance of HPS partnerships.		✓	✓		

	GS5. School curriculum that supports health and wellbeing	GS5.1 School staff demonstrate knowledge and understanding of physical, social and intellectual development and characteristics of students and how these may affect learning and behaviors.	✓			✓	
		GS5.2 The school implements a curriculum that encompasses physical, social-emotional, and psychological aspects of student health, nutrition, and wellbeing that address key education and health outcomes, and aligns with national HPS policy.	✓				
		GS5.3 The school curriculum fosters understanding, values and attitudes that support choices for sustainable development and sustainable consumption and proficiency in environmental science.	✓				
		GS5.4 The content, pedagogy, student-teacher, and teacher-teacher relationships across the school's curriculum promote health, nutrition and wellbeing through the	✓				

		development of knowledge, skills, attitudes, and behaviours in the school community.					
		GS5.5 There is training and support for staff in the use of learning and teaching strategies to support HPS approach.	✓	✓		✓	
	GS6. School social-emotional environment	GS6.1 School policies set clear directions regarding the desired social-emotional environment in the school, and any necessary feedback measures.	✓	✓			
	GS7. School physical environment	GS7.1 The school has policies that ensure a safe environment for the school community that align with national policy.	✓				
	GS8. School health services	GS8.1 The delivery of comprehensive school health services is included in school policies and aligns with national policies and laws.	✓				
		GS8.2 School health services reflect the needs and priorities of the school and local community.		✓			

		GS8.3 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, evidence-based, rights-based).	✓	✓			
		GS8.4 There is dedicated investment (resources, training, funding) in school health services.				✓	

Table 7. Implementation component 4 suggested strategies and outputs

			Implementation Component 4: Allocate Resources			
			Process (implementation strategies)			
			4.1 Review and assess current resource allocation for HPS (including human, information, infrastructural and financial and other funding required to address specific health topics essential for healthy development)	**4.2** Develop national HPS budgets based on review of available allocated resources (human, information, infrastructural, financial) and align plan to HPS goals and targets	**4.3** Develop feasible and locally specific teacher time release and relief model for HPS professional learning along with other HPS work that occurs during classroom teaching	**4.4** Provide opportunities for flexible use of national funds for health promotion through grants or other financial dissemination mechanisms that can be accessed by schools based on their specific level of needs and contextual conditions
Level of Responsibility (Global, National, Subnational, Local)			**National Subnational School**	**National Subnational School**	**National Subnational School**	**National Subnational**
Outputs (GS Quality Components)	**GS1: Government policies and resources**	GS1.1 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.	✓	✓	✓	✓
		GS1.3 There is collaboration and shared commitment between local government communities and schools.				✓

		GS1.4 There are adequate human, information, and financial resources to make every school a HPS.	✓	✓	✓	✓
		GS1.5 There is a system of planning, and progress and performance tracking of HPS at the national/subnational, and local government level.	✓	✓		
	GS2: School policies and resources	GS2.3 The school has adequate human, information and financial resources to make progress in becoming an HPS.		✓		✓
		GS2.4 The school implements a system of regular planning, tracking progress and performance around the implementation of school policies and resources for HPS.				✓
	GS3: School governance and leadership	GS3.3 HPS leaders are provided with in-service leadership and HPS professional learning opportunities.			✓	
	GS5: School curriculum	GS5.5 There is training and support for staff in the use of learning and teaching strategies to support HPS approach.			✓	
	GS7: School physical environment	GS7.2 There is adequate investment (e.g., resources, training, funding) to maintain a safe school physical environment.				✓

	GS8: School health services	GS8.4 There is dedicated investment (resources, training, funding) in school health services.	✓	✓		✓

Table 8. Implementation component 5 suggested strategies and outputs

			Implementation Component 5: Utilize Evidence-informed Practices				
			Process (implementation strategies)				
			5.1 Gather and/or synthesis evidence to inform the design of HPS activities in all subnational and school policies and plans	**5.2** Establish certification or accreditation programmes for schools to be awarded HPS status or formally recognised as such	**5.3** Commission and/or fund research and evaluation at national levels to identify HPS activities and designs that are effective in real-world settings	**5.4** Develop communities of practice, or information-sharing networks for all school communities and stakeholders (including students, civil society organizations, school health service providers, etc.) to share data (where appropriate), experiences (e.g., implementation strategies) and feedback	**5.5** Develop a logic model for HPS activities (e.g. clarify relationships between goals, objectives, investments, implementation activities, outcomes and impact)
Level of Responsibility (Global, National, Subnational, Local)			**Subnational School**	**Global National**	**Global, National Subnational**	**All levels**	**Subnational School**
Outputs (GS Quality Components)	**GS1: Government policies and resources**	GS1.1 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.	✓	✓	✓		

		GS1.2 Education sector leadership is established and clearly articulated with ongoing contribution from health and other sectors at all levels.			✓		
		GS1.3 There is collaboration and shared commitment between local government communities and schools.	✓	✓		✓	
		GS1.5 There is a system of planning, and progress and performance tracking of HPS at the national/subnational, and local government level.	✓	✓			
	GS2: School policies and resources	GS2.1 There is a school policy and/or plan for HPS.		✓			✓
		GS2.2 There is a policy and/or plan for regular engagement and collaboration between the school and stakeholders for HPS.				✓	✓
		GS2.4 The school implements a system of regular planning, tracking progress and performance around the implementation of school policies and resources for HPS.	✓				✓
	GS3: School governance & leadership	GS3.2 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.					
		GS3.4 There is a system of regular planning, and tracking progress and performance of school governance and leadership.	✓				✓
	GS4. School and community partnerships	GS4.1 The school engages and collaborates with parents, caregivers, legal guardians, and families in all aspects of school operations related to HPS.	✓			✓	✓
		GS4.2 The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government.		✓		✓	
		GS4.3 School leaders engage and collaborate with the school and local communities in the planning, progress tracking, and performance of HPS partnerships.	✓	✓		✓	✓
	GS5: School curriculum	GS5.2 The school implements a curriculum that encompasses physical, social-emotional, and psychological aspects of					✓

		student health, nutrition, and well being that address key education and health outcomes, and aligns with national HPS policy.					
		GS5.3 The school curriculum fosters understanding, values and attitudes that support choices for sustainable development and sustainable consumption and proficiency in environmental science.					✓
		GS5.4 The content, pedagogy, student-teacher, and teacher-teacher relationships across the school's curriculum promote health, nutrition and well being through the development of knowledge, skills, attitudes, and behaviours in the school community.					✓
		GS5.6 There is a system of regular planning, and tracking progress and performance of the school curriculum that is conducive to supporting health and well being.	✓	✓			
	GS6. School social-emotional environment	GS6.1 School policies set clear directions regarding the desired social-emotional environment in the school, and any necessary feedback measures.					✓

		GS6.3 The social-emotional environment within the school is regularly monitored with improvement and feedback actions taken to enhance a positive environment.					✓
	GS7. School physical environment	GS7.1 The school has policies that ensure a safe environment for the school community that align with national policy.					✓
		GS7.2 There is adequate investment (e.g., resources, training, funding) to maintain a safe school physical environment.		✓			
		GS7.3 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).	✓	✓	✓		✓
	GS8. School health services	GS8.1 The delivery of comprehensive school health services is included in school policies and aligns with national policies and laws.					✓
		GS8.2 School health services reflect the needs and priorities of the school and local community.				✓	✓

		GS8.3 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, evidence-based, rights-based).			✓		
		GS8.4 There is dedicated investment (resources, training, funding) in school health services.		✓			
		GS8.5 There is a system of planning, and progress and performance tracking of school health services, including quality assurance and compliance with standards.	✓	✓	✓		✓

Table 9. Implementation component 6 suggested strategies and outputs

			Implementation Component 6: School and Community Partnering	
			Process (implementation strategies)	
			6.1 Formally document the partnership/s, including roles and responsibilities, allocated resources for partnership activities (e.g. meeting location, funds allocated for collaboration), and shared accountability	**6.2** Develop a process by which all members of the partnership engage in regular reflection and review of the documented collaboration to ensure it remains current, and aligned with the HPS design adopted by the parties
Level of Responsibility (Global, National, Subnational, Local)			**National, Subnational School**	**National, Subnational School**
Outputs (GS Quality Components)	**GS1: Government policies and resources**	GS1.1 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.	✓	
		GS1.2 Education sector leadership is established and clearly articulated with ongoing contribution from health and other sectors at all levels.	✓	
		GS1.3 There is collaboration and shared commitment between local government communities and schools.	✓	

	GS2: School policies & resources	GS2.2 There is a policy and/or plan for regular engagement and collaboration between the school and stakeholders for HPS.	✓	
	GS3: School governance and leadership	GS3.2 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.		✓
		GS3.3 HPS leaders are provided with in-service leadership and HPS professional learning opportunities.		✓
		GS3.4 There is a system of regular planning, and tracking progress and performance of school governance and leadership.		✓
	GS4. School and community partnerships	GS4.1 The school engages and collaborates with parents, caregivers, legal guardians, and families in all aspects of school operations related to HPS.	✓	
		GS4.2 The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government.	✓	
		GS4.3 School leaders engage and collaborate with the school and local communities in the planning, progress tracking, and performance of HPS partnerships.	✓	✓

	GS5: School curriculum	GS5.4 The content, pedagogy, student-teacher, and teacher-teacher relationships across the school's curriculum promote health, nutrition and well being through the development of knowledge, skills, attitudes, and behaviours in the school community.		✓
		GS8.2 School health services reflect the needs and priorities of the school and local community.	✓	

Table 10. Implementation component 7 suggested strategies and outputs

			Implementation Component 7: Invest in School Infrastructure	
			Process (implementation strategies)	
			7.1 Determine national-level infrastructure development requirements for school physical and social-emotional environments. These should either align with or be informed by international guidelines, such as for WASH or around the need for versatile physical spaces that can adapt to changing restrictions, as in response to managing COVID-19.	**7.2** Support local government and school leaders to maintain and/or invest in infrastructural development, in ways that enable contribution from local community organizations, and that are locally specific (e.g. ability to commission artworks from local artists, involve parents, caregivers and students in the design of the physical and social-emotional environment)
Level of Responsibility (Global, National, Subnational, Local)			**Global, National Subnational**	**National, Subnational School**
Outputs (GS Quality Components)	**GS1: Government policies and resources**	GS1.1 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.	✓	
		GS1.2 Education sector leadership is established and clearly articulated with ongoing contribution from health and other sectors at all levels.	✓	
		GS1.3 There is collaboration and shared commitment between local government communities and schools.		✓
		GS1.4 There are adequate human, information, and financial resources to make every school a HPS.	✓	

		GS1.5 There is a system of planning, and progress and performance tracking of HPS at the national/subnational, and local government level.	✓	
	GS2: School policies and resources	GS2.1 There is a school policy and/or plan for HPS.		✓
		GS2.4 The school implements a system of regular planning, tracking progress and performance around the implementation of school policies and resources for HPS.		✓
	GS4. School and community partnerships	GS4.1 The school engages and collaborates with parents, caregivers, legal guardians, and families in all aspects of school operations related to HPS.		✓
	GS5. School curriculum that supports health and wellbeing	GS5.1 School staff demonstrate knowledge and understanding of physical, social and intellectual development and characteristics of students and how these may affect learning and behaviors.	✓	✓
		GS5.2 The school implements a curriculum that encompasses physical, social-emotional, and psychological aspects of student health, nutrition, and well being that address key education and health outcomes, and aligns with national HPS policy.	✓	✓
	GS6: School socio-emotional environment	GS6.3 The social-emotional environment within the school is regularly monitored with improvement and feedback actions taken to enhance a positive environment.	✓	✓

	GS7. School physical environment	GS7.1 The school has policies that ensure a safe environment for the school community that align with national policy.	✓	✓
		GS7.2 There is adequate investment (e.g., resources, training, funding) to maintain a safe school physical environment.	✓	✓
		GS7.3 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).	✓	✓
	GS8: School health services	GS8.2 School health services reflect the needs and priorities of the school and local community.		✓
		GS8.4 There is dedicated investment (resources, training, funding) in school health services.	✓	✓
		GS8.5 There is a system of planning, and progress and performance tracking of school health services, including quality assurance and compliance with standards.	✓	✓

Table 11. Implementation component 8 suggested strategies and outputs

			Implementation Component 8: Develop Curriculum and Associated Resources		
			Process (implementation strategies)		
			8.1 Review national and/or relevant jurisdictional curriculum and assessment procedures to identify where HPS content can be added or strengthened within a coherent framework to achieve educational health and wellbeing outcomes	**8.2** Develop curriculum content and resources (example assessment tools, template lesson plans, teaching materials and models of school-community collaboration) and make these accessible for teachers and the school community	**8.3** Regularly review curriculum content and resources to ensure that they are aligned with the dynamic needs, priorities and preferences of students, parents, caregivers and the local community and are consistent with international standards for health education, and the broader wellbeing curriculum
Level of Responsibility (Global, National, Subnational, Local)			**National Subnational**	**All levels**	**All levels**
Outputs (GS Quality Components)	**GS1: Government policies and resources**	GS1.1 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.	✓		✓
		GS1.3 There is collaboration and shared commitment between local government communities and schools.	✓	✓	✓

		GS1.4 There are adequate human, information, and financial resources to make every school a HPS.		✓	
		GS1.5 There is a system of planning, and progress and performance tracking of HPS at the national/subnational, and local government level.			✓
	GS2: School policies and resources	GS2.1 There is a school policy and/or plan for HPS.	✓		
		GS2.2 There is a policy and/or plan for regular engagement and collaboration between the school and stakeholders for HPS.		✓	✓
		GS2.4 The school implements a system of regular planning, tracking progress and performance around the implementation of school policies and resources for HPS.			✓
	GS3. School governance and leadership	GS3.1 The leadership team (school board members, management, principal and school leaders) supports and promotes the value and ethos of HPS to the school community.		✓	✓
		GS3.2 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.		✓	✓
		GS3.4 There is a system of regular planning, and tracking progress and performance of school governance and leadership.			✓

	GS4. School and community partnerships	GS4.1 The school engages and collaborates with parents, caregivers, legal guardians, and families in all aspects of school operations related to HPS.		✓	✓
		GS4.2 The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government.			✓
		GS4.3 School leaders engage and collaborate with the school and local communities in the planning, progress tracking, and performance of HPS partnerships.			✓
	GS5. School curriculum that supports health and wellbeing	GS5.1 School staff demonstrate knowledge and understanding of physical, social and intellectual development and characteristics of students and how these may affect learning and behaviors.		✓	✓
		GS5.2 The school implements a curriculum that encompasses physical, social-emotional, and psychological aspects of student health, nutrition, and wellbeing that address key education and health outcomes, and aligns with national HPS policy.	✓	✓	
		GS5.3 The school curriculum fosters understanding, values and attitudes that support choices for sustainable development and sustainable consumption and proficiency in environmental science.	✓	✓	✓
		GS5.4 The content, pedagogy, student-teacher, and teacher-teacher relationships across the school's curriculum promote health, nutrition and wellbeing through the development of knowledge, skills, attitudes, and behaviours in the school community.	✓	✓	✓

		GS5.5 There is training and support for staff in the use of learning and teaching strategies to support HPS approach.	✓	✓	
		GS5.6 There is a system of regular planning, and tracking progress and performance of the school curriculum that is conducive to supporting health and wellbeing.			✓
	GS6. School social-emotional environment	GS6.1 School policies set clear directions regarding the desired social-emotional environment in the school, and any necessary feedback measures.	✓	✓	
	GS7. School physical environment	GS7.1 The school has policies that ensure a safe environment for the school community that align with national policy.	✓	✓	
		GS7.3 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).			✓
	GS8. School health services	GS8.1 The delivery of comprehensive school health services is included in school policies and aligns with national policies and laws.	✓		
		GS8.2 School health services reflect the needs and priorities of the school and local community.			✓

		GS8.3 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, evidence-based, rights-based).	✓		
		GS8.5 There is a system of planning, and progress and performance tracking of school health services, including quality assurance and compliance with standards.			✓

Table 12. Implementation component 9 suggested strategies and outputs

			Implementation Component 9: Ensure Access to Teacher Training and Professional Learning		
			Process (implementation strategies)		
			9.1 Design and/or commission the development of specific HPS professional learning for in-service teachers	**9.2** Embed school health content, and associated pedagogies (e.g., differentiation) to support deep learning in pre-service teacher education	**9.3** Incorporate HPS into graduate and in-service teacher standards and registration and/or certification processes
Level of Responsibility (Global, National, Subnational, Local)			**National Subnational**	**Global, National Subnational**	**Global, National Subnational**
Outputs (GS Quality Components)	**GS1: Government policies and resources**	GS1.1 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.	✓	✓	✓
		GS1.2 Education sector leadership is established and clearly articulated with ongoing contribution from health and other sectors at all levels.	✓	✓	✓
		GS1.5 There is a system of planning, and progress and performance tracking of HPS at the national/subnational, and local government level.			✓

	GS2: School policies and resources	GS2.1 There is a school policy and/or plan for HPS.			✓
	GS3: School governance and leadership	GS3.2 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.	✓	✓	
		GS3.3 HPS leaders are provided with in-service leadership and HPS professional learning opportunities.	✓		
		GS3.4 There is a system of regular planning, and tracking progress and performance of school governance and leadership.			✓
	GS5. School curriculum that supports health and wellbeing	GS5.1 School staff demonstrate knowledge and understanding of physical, social and intellectual development and characteristics of students and how these may affect learning and behaviors.	✓	✓	✓
		GS5.5 There is training and support for staff in the use of learning and teaching strategies to support HPS approach.	✓	✓	

		GS5.6 There is a system of regular planning, and tracking progress and performance of the school curriculum that is conducive to supporting health and wellbeing.			✓
		GS8.4 There is dedicated investment (resources, training, funding) in school health services.	✓		

Table 13. Implementation component 10 suggested strategies and outputs

			Implementation Component 10: Implement School Health Services		
			Process (implementation strategies)		
			10.1 Delivery of comprehensive school health services is underpinned by a formal agreement between schools (or local education departments) and the health service provider(s). Such an agreement should include explicit detail about the provision of an equitable level of funding for all school health personnel, resourcing for continuous professional education, coordination and information sharing with other primary care services.	**10.2** Delivery of comprehensive school health services is responsive to and aligned with school-level HPS design and activities (e.g. consistent messaging around health is used)	**10.3** Strengthen support for implementation of health services within schools by: a. Commissioning research to support the evidence base b. Supporting all school health professionals through ensuring membership of professional associations, c. Providing training/specialization in specific health topics of relevance to child and adolescent health
Level of Responsibility (Global, National, Subnational, Local)			**National** **Subnational** **School**	**Subnational** **School**	**Global** **National** **Subnational**
Outputs (GS Quality	**GS1: Government policies and resources**	GS1.1 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.	✓	✓	✓

		GS1.2 Education sector leadership is established and clearly articulated with ongoing contribution from health and other sectors at all levels.	✓	✓	✓
		GS1.4 There are adequate human, information, and financial resources to make every school a HPS.	✓		✓
	GS3: School governance and leadership	GS3.2 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.	✓		✓
	GS3: School governance and leadership	GS3.3 HPS leaders are provided with in-service leadership and HPS professional learning opportunities.	✓		✓
	GS4. School and community partnerships	GS4.1 The school engages and collaborates with parents, caregivers, legal guardians, and families in all aspects of school operations related to HPS.		✓	
	GS4. School and community partnerships	GS4.2 The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government.	✓	✓	✓
	GS5. School curriculum that supports health and	GS5.1 School staff demonstrate knowledge and understanding of physical, social and intellectual development and characteristics of students and how these may affect learning and behaviors.	✓		

		GS5.4 The content, pedagogy, student-teacher, and teacher-teacher relationships across the school's curriculum promote health, nutrition and well being through the development of knowledge, skills, attitudes, and behaviours in the school community.	✓		
	GS8. School health services	GS8.1 The delivery of comprehensive school health services is included in school policies and aligns with national policies and laws.	✓		✓
		GS8.2 School health services reflect the needs and priorities of the school and local community.		✓	✓
		GS8.3 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, evidence-based, rights-based).	✓	✓	✓
		GS8.4 There is dedicated investment (resources, training, funding) in school health services.	✓		✓
		GS8.5 There is a system of planning, and progress and performance tracking of school health services, including quality assurance and compliance with standards.			✓

Table 14. Implementation component 11 suggested strategies and outputs

			Implementation Component 11: Involve Students	
			Process (implementation strategies)	
			11.1 Explicitly create equal opportunities for all students to meaningfully participate in the governance, design, implementation and evaluation of HPS	**11.2** Include students within school council/governance boards and on HPS design teams along with parents and caregivers, and local community members
Level of Responsibility (Global, National, Subnational, Local)			**Subnational School**	**School**
Outputs (GS Quality Components)	**GS1: Government policies and resources**	GS1.1 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.	✓	✓
	GS2: School policies and resources	GS2.1 There is a school policy and/or plan for HPS.	✓	✓
		GS2.2 There is a policy and/or plan for regular engagement and collaboration between the school and stakeholders for HPS.	✓	✓
	GS3. School governance and leadership	GS3.1 The leadership team (school board members, management, principal and school leaders) supports and promotes the value and ethos of HPS to the school community.	✓	✓

		GS3.2 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.	✓	✓
	GS4. School and community partnerships	GS4.1 The school engages and collaborates with parents, caregivers, legal guardians, and families in all aspects of school operations related to HPS.	✓	✓
		GS4.2 The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government.	✓	
	GS5. School curriculum that supports health and wellbeing	GS5.1 School staff demonstrate knowledge and understanding of physical, social and intellectual development and characteristics of students and how these may affect learning and behaviors.	✓	
		GS5.2 The school implements a curriculum that encompasses physical, social-emotional, and psychological aspects of student health, nutrition, and wellbeing that address key education and health outcomes, and aligns with national HPS policy.	✓	
	GS6: School socio-emotional environment	GS6.3 The social-emotional environment within the school is regularly monitored with improvement and feedback actions taken to enhance a positive environment.	✓	

	GS7: School physical environment	GS7.3 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).	✓	
	GS8: School health services	GS8.2 School health services reflect the needs and priorities of the school and local community.	✓	
		GS8.3 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, evidence-based, rights-based).	✓	

Table 15. Implementation component 12 suggested strategies and outputs

			Implementation Component 12: Involve Parents, Caregivers and the Local Community	
			Process (implementation strategies)	
			12.1 Explicitly create opportunities for parents and caregivers and local community members to meaningfully participate in the governance system, design, implementation and evaluation of HPS	**12.1** Include parents and caregivers and local community member representative(s) on the school council/governance board and on HPS design teams
Level of Responsibility (Global, National, Subnational, Local)			**Subnational School**	**School**
Outputs (GS Quality Components)	**GS1: Government policies and resources**	GS1.2 Education sector leadership is established and clearly articulated with ongoing contribution from health and other sectors at all levels.	✓	✓
		GS1.3 There is collaboration and shared commitment between local government communities and schools.	✓	✓

	GS2: School policies and resources	GS2.2 There is a policy and/or plan for regular engagement and collaboration between the school and stakeholders for HPS.	✓	✓
	GS3. School governance and leadership	GS3.1 The leadership team (school board members, management, principal and school leaders) supports and promotes the value and ethos of HPS to the school community.	✓	✓
		GS3.2 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.	✓	✓
		GS3.4 There is a system of regular planning, and tracking progress and performance of school governance and leadership.		✓
	GS4. School and community partnerships	GS4.1 The school engages and collaborates with parents, caregivers, legal guardians, and families in all aspects of school operations related to HPS.	✓	✓

		GS4.2 The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government.	✓	✓
		GS4.3 School leaders engage and collaborate with the school and local communities in the planning, progress tracking, and performance of HPS partnerships.	✓	✓
	GS8: School health services	GS8.2 School health services reflect the needs and priorities of the school and local community.	✓	✓

Table 16. Implementation component 13 suggested strategies and outputs

			Implementation Component 13: Monitor and Evaluate		
			Process (implementation strategies)		
			13.1 Develop coordinated local, national and international (e.g. across WHO regions) approaches to share data and knowledge of HPS practices, and develop standardised tools to enable national monitoring of HPS implementation, and enable international comparisons that appropriately consider in-country contextual characteristics	**13.2** Develop and make available evaluation capacity building training (e.g. data collection and analysis), and where appropriate quality improvement training to all involved in HPS design, planning, implementation and monitoring	**13.3** Invest in a feasible (perhaps offline) interoperable systems for gathering and storing monitoring data at all levels of education and/or health system (e.g. schools, school health services, local education offices and ministries of education and health)
Level of Responsibility (Global, National, Subnational, Local)			**Global National**	**Global, National Subnational**	**National Subnational**
Outputs (GS Quality Components)	**GS1: Government policies and resources**	GS1.1 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.	✓	✓	✓
		GS1.2 Education sector leadership is established and clearly articulated with ongoing contribution from health and other sectors at all levels.	✓	✓	✓

		GS1.3 There is collaboration and shared commitment between local government communities and schools.			✓
		GS1.5 There is a system of planning, and progress and performance tracking of HPS at the national/subnational, and local government level.	✓		✓
	GS2: School policies and resources	GS2.2 There is a policy and/or plan for regular engagement and collaboration between the school and stakeholders for HPS.	✓		
		GS2.4 The school implements a system of regular planning, tracking progress and performance around the implementation of school policies and resources for HPS.	✓		✓
	GS3: School governance and leadership	GS3.3 HPS leaders are provided with in-service leadership and HPS professional learning opportunities.		✓	
		GS3.4 There is a system of regular planning, and tracking progress and performance of school governance and leadership.	✓		✓

	GS4: School and community partnerships	GS4.3 School leaders engage and collaborate with the school and local communities in the planning, progress tracking, and performance of HPS partnerships.	✓		✓
	GS5: School curriculum	GS5.5 There is training and support for staff in the use of learning and teaching strategies to support HPS approach.		✓	
		GS5.6 There is a system of regular planning, and tracking progress and performance of the school curriculum that is conducive to supporting health and well being.	✓		✓
	GS6: School socio-emotional environment	GS6.3 The social-emotional environment within the school is regularly monitored with improvement and feedback actions taken to enhance a positive environment.			✓
	GS7: School physical environment	GS7.3 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).	✓		✓

	GS8: School health services	GS8.3 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, evidence-based, rights-based).	✓		
		GS8.4 There is dedicated investment (resources, training, funding) in school health services.		✓	
		GS8.5 There is a system of planning, and progress and performance tracking of school health services, including quality assurance and compliance with standards.	✓		✓

Annex II: Resource bank

This is a comprehensive but not exhaustive list of detailed implementation guidance, planning and design resources, school health guidelines and evaluation frameworks that are currently available and relevant to HPS implementation. Many resources in this list provide a level of detail and specificity that will be complementary to this document.

Resources are grouped according to their topic.

Indicator Development

- Barnekow V, Bujis G, Clift S, Jensen BB, Paulus P, Rivett et al., *Health-promoting schools: a resource for developing indicators.* European Network of Health Promoting Schools International Planning Committee. [Online] 2006. Available from: http://www.euro.who.int/Document/E89735.pdf
- Better Evaluation. *Use measures, indicators or metrics.* [Online] n.d. Available from https://www.betterevaluation.org/en/plan/describe/measures_indicators
- Centres for Disease Control. *Developing Evaluation Indicators.* [Online] 2020. Available from: https://www.cdc.gov/std/Program/pupestd/Developing%20Evaluation%20Indicators.pdf
- National Institute for Health and Care Excellence. *Standards and Indicators*. [Internet] 2020. Available from: https://www.nice.org.uk/standards-and-indicators
- PHINEO. *Social Impact Navigator, Impact Analysis.* [Online] 2017. Available from: http://www.social-impact-navigator.org/system/about-us/
- USAID. *Performance Monitoring Indicators.* [Online] 2019. Available from: https://www.usaid.gov/project-starter/program-cycle/cdcs/performance-monitoring-indicators

Monitoring and Evaluation

- Centres for Disease Control. *Developing Evaluation Questions.* [Online] 2020. Available from: https://www.cdc.gov/std/Program/pupestd/Developing%20Evaluation%20Questions.pdf
- Centres for Disease Control Program Performance and Evaluation Office. *A Framework for Program Evaluation.* [Online] 2017. Available from: https://www.cdc.gov/eval/framework/index.htm
- Consolidated Framework for Implementation Research, 2020. What is CFIR? Available from https://cfirguide.org/
- Focus Resources on Effective School Health (FRESH). Monitoring and Evaluation Guidance for School Health Programs. [Online] 2014. Available from: https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/FRESH_M&E_THEMATIC_INDICATORS.pdf
- Lopez-Acevedo G, Krause P & Mackay K. *Building Better Policies. The Nuts and Bolts of Monitoring and Evaluation Systems.* The World Bank. [Online] 2012. Available from http://documents1.worldbank.org/curated/en/680771468183894133/pdf/681660PUB0EPI004019020120Box367902B.pdf
- Markiewicz, A & Patrick, I. *Developing Monitoring and Evaluation Frameworks.* [Online] 2016. Available from: https://www.betterevaluation.org/en/resources/guide/developing-monitoring-evaluation-framework-markiewicz-patrick
- OECD Development Assistance Committee. *Quality Standards for Development Evaluation.* [Online] 2010. Available from https://www.oecd-ilibrary.org/docserver/9789264083905-en.pdf?expires=1595224678&id=id&accname=guest&checksum=0BA5CDEEFD1908F7CDDFFF6F02346BA8
- Round, R, Marshall, B & Horton, K. *Planning for effective health promotion evaluation*. Melbourne: Victorian Government Department of Human Services; 2005.
- United Nations Development Programme. *Evaluation Guidelines.* [Online] 2019. Available from: http://web.undp.org/evaluation/guideline/documents/PDF/UNDP_Evaluation_Guidelines.pdf
- United Nations Evaluation Group. *Norms and Standards for Evaluation.* [Online] 2016. Available from: http://www.unevaluation.org/document/detail/1914
- USAID. *USAID Educational Policy Program Cycle Implementation and Operational Guidance.* [Online] 2020. Available from: https://www.usaid.gov/sites/default/files/documents/1865/USAID_Education_Policy_Program_Cycle_Implementation_and_Operational_Guidance_FINAL.pdf

HPS Planning, Design, Guidelines and Standards

The following is a list of resources available to support the design, planning and implementation of HPS or related health initiatives. This includes school health guidelines, evidence on known barriers and enablers to implementation, standards and national guidelines to plan for and support implementation.

- *AA1000 STAKEHOLDER ENGAGEMENT STANDARD (2015)* ©
  Stakeholder identification, mapping and engagement (p.17 - 24) https://www.accountability.org/wp-content/uploads/2016/10/AA1000SES_2015.pdf
- Australia, WA: Child and Adolescent Health Services, Government of Western Australia. School0aged health services. 2020. https://www.cahs.health.wa.gov.au/-/media/HSPs/CAHS/Documents/Community-Health/CHM/School-aged-health-services.pdf?thn=0
- Bada E, Darlington E, Masson J, Santos RM, *European Standards and Indicators for Health Promoting Schools*. Schools for Health in Europe Network Foundation; 2019.
- Bennett K, Raniti M, de Nicolas C, Cehun E, Waters C, Fridgant M, et al. A global review of policy, standards and guideline documentation for Health Promoting Schools. Melbourne: Centre for Adolescent Health, Murdoch Children's Research Institute; 2020.
- Centers for Disease Control and Prevention. *Parents for Healthy Schools: A Guide for Getting Parents Involved from K–12.* Atlanta: US Dept of Health and Human Services; 2019.
- CHE Competencies, n.d. Available from https://www.umass.edu/sphhs/sites/default/files/CHE%20Competencies.pdf
- Department of Education and Skills. Wellbeing Policy Statement and Framework for Practice 2018 – 2023. Department of Education and Skills, Dublin. Available here: https://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/ireland_wellbeing-policy-statement-and-framework-for-practice-2018-2023.pdf
- Gray G, Barnekow VR, Young I. *Health-promoting schools: a practical resource for developing effective partnerships in school health, based on the experience of the European Network of Health Promoting schools*. Copenhagen: World Health Organization Regional Office for Europe & European Network of Health Promoting Schools; 2006.
- Health Knowledge. May be part of assessing the importance and influence of stakeholders for various components of HPS implementation. This resource contains information on how to determine if stakeholders are directly/indirectly involved, and how to map them onto a power/interest grid. https://www.healthknowledge.org.uk/public-health-textbook/organisation-management/5b-understanding-ofs/managing-internal-external-stakeholders
- Identifying stakeholders: Key questions **(**https://civitas.eu/sites/default/files/tools_for_stakeholder_analysis_and_participation_-_magda_toth_nagy_rec_.pdf)

- International Union for Health Promotion Education. *Achieving Health Promoting Schools: Guidelines to Promote Health in Schools.* France; 2009.
- Ippolito-Shepherd J, Castellanos LM, *Strengthening of the Health-Promoting Schools Regional Initiative: Strategies and Lines of Action 2003-2012*. Washington: Pan American Health Organization, Regional Office of the World Health Organisation; 2003.
- Mindtools. Power/Interest Grid for stakeholder prioritisation – downloadable template https://www.mindtools.com/pages/article/newPPM_07.htm
- Ministry of Health and Long-Term Care, Population and Public Health Division. *School Health Guideline,* [Online] 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/School_Health_Guideline_2018.pdf
- Ministry of Primary and Secondary Education, Ministry of Health and Child Care. Zimbabwe School Health Policy. 2018. https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/zshp_final_signed_march_2018_reduced.pdf
- NSW: Centre for Population Health. Health Promotion with Schools: A Policy for the Health System. 2000. https://www.health.nsw.gov.au/heal/Pages/health-promotion-schools.aspx.
- Ontario Ministry for Education. *Foundations for a Healthy School.* [Online] 2014. Available from http://www.edu.gov.on.ca/eng/parents/healthyschools.html
- *O'Connel T, Venkatesh M, Bundy D.* Strengthening the Education Sector Response to School Health, Nutrition and HIV/AIDS in the Caribbean Region: A Rapid Survey of 13 Countries. *Washington, DC: World Bank; 2009.*
- OECD, 2018. Preparing Our Youth for an Inclusive and Sustainable World: The OECD PISA global competence framework. Available from https://www.oecd.org/education/Global-competency-for-an-inclusive-world.pdf
- Raniti M, Fridgant M, Ross A, de Nicolas C, Bennett K, Cehun E, et al. A systematic review of the enablers and barriers of Health Promoting Schools. Melbourne: Centre for Adolescent Health, Murdoch Children's Research Institute; 2020.
- Safarjan E, Buijs G, Ruiter S, SHE online school manual: 5 steps to a health promoting school, Schools for Health in Europe. [Online] 2013. Available from: https://www.schoolsforhealth.org/sites/default/files/editor/How%20to%20be%20a%20health%20promoting%20school/english-online-school-manual.pdf
- Scottish Government. Schools (Health Promotion and Nutrition) Scotland Act: Health promotion guidance for local authorities and schools. 2008. https://www.gov.scot/publications/schools-health-promotion-nutrition-scotland-act-health-promotion-guidance-local/

- St Leger, L, Young I, Blanchard C, *Facilitating Dialogue Between the Health and Education Sectors to Advance School Health Promotion and Education,* International Union for Health Promotion and Education; 2012.
- The Stakeholder Engagement Manual (Stage 1, p. 21 – 40) https://ccednet-rcdec.ca/sites/ccednet-rcdec.ca/files/the_stakeholder_engagement_manual_-_volume_2.pdf
- The World Bank. SABER – SCHOOL HEALTH Preliminary Assessment of School Health Policies in the Caribbean Community (CARICOM) Ê Dominica, Grenada, Guyana, Barbados, St. Lucia and St. Vincent and the Grenadines. [Online] 2012. Available from https://pdfs.semanticscholar.org/cd18/1bc6fc081a63049d63c553f80e949e649d62.pdf?_ga=2.83060566.1305366303.1595300291-2038966139.1591771124
- UNICEF, UNICEF Programme Guidance for the Second Decade: Programming with and for Adolescents. [Online] 2018. Available from: https://www.unicef.org/media/57336/file
- USA: CDC. Comprehensive Framework for Addressing the School Nutrition Environment and Services. 2019. https://www.cdc.gov/healthyschools/nutrition/pdf/School_Nutrition_Framework_508tagged.pdf
- WHO. European framework for quality standards in school health services and competences for school health professionals. Copenhagen, Denmark: WHO Regional Office for Europe; 2014.
- WHO. Global Accelerated Action for the Health of Adolescents (AA-HA!), Guidance to Support Country Implementation. Geneva; 2017. Report No.: Licence: CC BY-NC-SA 3.0 IGO.
- WHO, UNAIDS. Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume 1: Standards and criteria: World Health Organization; 2015. Available from: https://apps.who.int/iris/handle/10665/183935.
- WHO, UNAIDS. Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume 2: Implementation guide: World Health Organization; 2015. Available from: https://apps.who.int/iris/bitstream/handle/10665/183935/9789241549332_vol2_eng.pdf?sequence=4
- WHO, UNAIDS. Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume 3: Tools to conduct quality and coverage measurement surveys to collect data about compliance with the global

standards: World Health Organization; 2015. Available from: https://apps.who.int/iris/bitstream/handle/10665/183935/9789241549332_vol3_eng.pdf?sequence=5

- WHO Regional Office for the Western Pacific. *Health promoting schools; experiences from the Western Pacific Region.* Manila: WHO Regional Office for the Western Pacific; 2017. License: CC BY-NC-SA 3.0 IGO
- WHO EMRO. *Consultation on Health-Promoting Schools in the Eastern Mediterranean Region. Yemen; 2005.*

Assessment Tools

- Centres for Disease Control and Prevention. *School Health Profiles. [Online] 2020. Available from:* https://www.cdc.gov/healthyyouth/data/profiles/index.htm
- Centres for Disease Control and Prevention. *Physical Education Curriculum Analysis Tool.* [Online] 2019. Available from: https://www.cdc.gov/healthyschools/pecat/index.htm
- Centres for Disease Control and Prevention. *Health Education Curriculum Analysis Tool (HECAT).* [Online] 2019. Available from: https://www.cdc.gov/healthyyouth/hecat/index.htm
- Centres for Disease Control and Prevention. *School Health Index: A Self-Assessment and Planning Guide E-Learning Module*. [Online] 2018. Available from: https://www.cdc.gov/healthyschools/professional_development/e-learning/shi.html
- WHO, *Rapid Assessment and Action Planning Process.* [Online] 2020. Available from: https://www.who.int/school_youth_health/assessment/raapp/en/