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Distribution: General

School Health Promotion

*Report of an Inter-country Workshop
Bangkok, Thailand, 12–15 December, 2006*



**World Health
Organization**
Regional Office for South-East Asia

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1. Introduction

1.1 Background

The Regional Consultation on Regional Strategy for Health Promotion for South-East Asia, held in Chiang Mai, Thailand, from 26 to 29 June 2006, discussed school health promotion and recommended that it be a part of the healthy settings approach to address health and social concerns of young people in the Region. Earlier, an intercountry consultation on school health in the South-East Asia Region was held in Maldives in 2000.

Guidelines for developing health-promoting schools were developed by the WHO Regional Office for South-East Asia (SEARO) and printed in 2003.

The school setting provides several advantages and opportunities for delivering content and skills on health and development issues among learners (pupils) and teachers as well as parents. Young people attending school are at a stage in life where they are willing and able to learn new information and skills, irrespective of whether the information is good or bad. Civil society groups as well as officials in the health and education department have long argued on the need to impart health content and skills to young people, and the school setting rather than the community has been viewed as the most ideal place. The school setting presents a great opportunity for imparting such valuable information and skills to this captive audience. Further, the school setting provides an opportunity for peer education since most of the young people share experiences and are likely to influence one another positively or negatively.

Essential elements of a health-promoting school include healthy school policies; the school's physical environment; the school's social environment; individual health skills and action competencies; community links; and health services. The main purpose of the health-promoting school is to build health knowledge, skills and behaviours in the cognitive, emotional, social and behavioural domains and to enhance educational outcomes among learners. Healthy school policies are intended to promote

health and well being in the learning environment. The social environment refers to the relationship between learners and staff and also extends to parents and the wider community. The element of individual health skills and action competencies refers to both the formal and informal curriculum and associated activities meant to benefit students in their daily life and later in life.

Countries of the South-East Asia Region face challenges in integrating health issues into the school curriculum as well as evidence to demonstrate the effectiveness of school health promotion. India, Maldives Myanmar, Nepal, Sri Lanka and Thailand have implemented elements of the health-promoting school concept. In that regard, the need for policy and strategies for implementating school health promotion remains a priority. The countries however, have embraced the health- promoting schools concept but now must reach consensus regarding the minimum elements in the school health policy and strategies to be implemented.

1.2 General objectives

The general objectives of the workshop were:

- (1) To develop a School Health Promotion Policy Framework and Implementation Protocol for SEAR countries.

1.3 Specific objectives

- (1) To review the guidelines for establishing health-promoting schools concept;
- (2) To exchange experiences about school health promotion in the Region;
- (3) To prioritize elements of School Health Promotion into a minimum package for policy framework and implementation; and
- (4) To develop a Draft Plan of Action to implement selected elements of school health promotion.

2. Business session

2.1 Inaugural session

In his inaugural address, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, observed that school-going age was a period of learning, acquisition of knowledge, and pursuit of information, and because learning and health are two-in-one, the need to address them at the same time had become critical. The Regional Director informed the meeting that Dr Charuayporn Torranin, Permanent Secretary, Ministry of Education, Royal Thai Government, was the Representative of Member States in the WHO South-East Asia Region, to the Steering Technical Committee on School Health organizing the Global Meeting to be held in June 2007.

Acknowledging the role of the health promoting school concept, Dr Samlee also pointed out that young people in countries of the Region faced several health and social challenges including poverty, changes in cultural values and beliefs, lifestyle, food consumption patterns etc. These challenges affected young people's growth and development and resulted in school dropout, delinquency, early and unwanted pregnancies, use of alcohol, tobacco and drugs and several other consequences.

Dr Samlee highlighted the role of the Ministry of Education in addressing social and health problems faced by the school-going age population in countries of the Region. In his policy direction statement when he spoke of the "way forward," Dr Samlee emphasized that the leading role was of the Ministry of Education because it knew best the needs of learners and teachers. He stated that the role of the Ministry of Health and others was of providing technical support to programme development and management. He pointed out that learners, families, teachers, communities, civil society and other partners should be involved in health promoting school activities in order to achieve the desired health outcomes. In conclusion, he affirmed WHO's commitment to supporting school health promotion and expressed confidence that other international agencies within and outside the UN system were ready to provide full technical back-up to the efforts in countries.

In her keynote presentation, Dr Charuaypon Torranin provided an overview of the School Health Programme in Thailand. Thai students faced

disease and premature death from a group of known risk factors associated with communicable and noncommunicable diseases. Dr Charuayporn identified major risk factors contributing to health and social issues among young people as unplanned pregnancies, HIV/AIDS, obesity, drinking and smoking behaviours, irregular exercise, suicide, road traffic injuries, and school violence among others.

Since these health problems were not confined to the school-going age population in Thailand alone, Dr Charuayporn proposed three essential elements to be included in every school health promotion programme. These are: school health programme; school health services; and health education focusing on lifeskill approaches. In order to effectively implement school health promotion, Dr Charuayporn stated that under the Thai School Health programme, the Ministry of Education has:

- Placed health issues of learners as a national priority;
- Established a functional partnership and alliance with various departments in the Ministry of Public Health in order to support the school health programme;
- Set up effective law enforcement to protect and support young people including the Smoking Act, Alcohol Act, Children Protection Act;
- Established a Knowledge Management (KM) unit through support from the Thai Health Promotion Foundation to assist the public to access health information; and
- Expanded the use of ICT as a learning tool for health issues in schools.

Dr Charuayporn expressed her gratitude for being nominated to represent countries of the Region at the Global Steering Committee on School Health and promised to share her experiences with other countries.

Dr Davison Munodawafa, Regional Adviser, Health Promotion, WHO/SEARO, gave both the global and regional trends with regard to policy and strategy for implementing school health promotion. He stressed the need for health professionals to recognize and understand that the mandate of the education sector, particularly schools, was that of providing education and not necessarily to produce healthy individuals

and communities. In that regard, the role of the health sector should be that of supporting the education sector to achieve its desired goals by making sure that the learners and teachers are healthy since this is a prerequisite to learning. Dr Davison reiterated the call made by the Regional Director that Ministry of Education should take an active role in promoting health of learners and staff, and that the Ministry of Health should provide technical support. Such action would result in the education sector taking a leading role in school health promotion and thereby institutionalizing the promotion of health of learners and staff within the education sector. In addition, he highlighted critical areas in school health promotion requiring attention, namely (a) gathering and dissemination of evidence regarding the effectiveness of school health promotion; (b) policy and strategy issues related to school health curriculum including addressing controversial and sensitive issues, and financing school health promotion activities.

2.2 Sharing experiences: Successes, challenges and possible solutions

Bangladesh

The government provides funds to improve the physical infrastructure and facilities at schools. The subjects of health and hygiene, common disease prevention, MCH and FP, environmental health problems are taught in elementary and secondary schools.

With UNFPA support, lifeskills-based reproductive health education using the peer education approach has been undertaken by the Ministry of Education to empower young people with the content and skills against STIs including HIV/AIDS.

The Bureau of Health Education under the Directorate-General of Health Services provides health education in primary and secondary schools by conducting training for school teachers and community leaders. The Directorate also provides information, education, and communication (IEC) materials, preventive and curative services. The Directorate has established 128 participatory Model Health Education villages that are served by 23 school health clinics.

Although WHO's involvement in school health promotion (SHP) is minimal, the Ministry of Health considers it as vital because it seeks to strengthen policy and strategy development as well as implementation and capacity building.

Bhutan

Comprehensive child and adolescent SHP was established in 1998, as a collaborative effort between the ministries of health and education. The objective is to provide safe water and sanitation, content and skill-based health education on reproductive health (RH), issues and substance abuse education, health services, and enhancing effective community partnerships and collaboration in school health promotion. The teachers are trained accordingly.

The approaches include programme guidelines, training of teachers, material and audio-visual development, national youth forums, peer-led programmes, youth service centres, school programmes and services.

Despite the remarkable efforts by both the Ministry of Health and the Ministry of Education to develop/implement school health programme, challenges remain. These challenges include lack of a well-defined school health policy, implementation, referral systems and support mechanism, effective curriculum and manuals, training programmes for teachers and other support staff, monitoring and evaluation mechanism, as well as participation from learners and society groups.

India

Since 2002, school health policies and strategies aimed at preventive health education, specifically health of pupils and providing regular health check-ups, have become a national priority.

Although the National Rural Health Mission (NRHM) launched the inter-sectoral school health programme in 1996-97, only a few states are implementing the scheme. The objectives of SHP are to enhance health awareness and skill building among school children through healthy environment, disease prevention and health promotion, and recognizing the child as a change agent in the family.

The SHP implementation framework includes capacity building on SHP planning at the district level, identification of the departments of education and health respectively, as well as training of teachers on health issues, and developing an activity-based module.

Key challenges include the coverage of health problems, nutrition and health education in the school curriculum, health screening through regular check ups and early detection, provision of relevant medical and health service, cost of school health referral system, training of teachers to handle minor health needs, and integration of meditation, yoga, and healthy cultural practices into the school curriculum.

Strengths and capacities: India has the expertise and infrastructure to deliver the knowledge and skills base required by teachers. However, it does not have an efficient Infrastructure and management system at different levels. Collaboration between the health and education departments and other stakeholders needs to be strengthened. Findings and recommendations from monitoring and evaluation exercises need to be translated into programme and policy decisions for implementation.

Recommendations include establishing of a common vision for SHP, collaboration between the health and education departments in SHP planning, implementation, and evaluation at different levels. School health activities focusing on content and skill building, health check-up, disease prevention and monitoring and evaluation are recommended.

Indonesia

The school health programme is implemented collaboratively by four ministries, namely, the Ministry of Health (MOH), the Ministry of Education and Culture (MOEC), the Ministry of Religious Affairs (MORA), and the Ministry of Information (MOI), which form the School Health Coordinating Board (SHCB). The SHCB is responsible for policy strategies, and management, at the national, provincial, district (city) and sub-district levels. The SHCB provides guidance to the SHP implementing teams at the school level. This action is referred to as the single-gate policy intended to coordinate activities taking place at school level related to school health promotion.

The overall objective of school health promotion is to improve student achievement by increasing healthy life skills through healthy school environment, health services, health education and health behavioural change.

The policy aims to empower District/City in SHP planning, implementing and follow-up, as well as to empower the community, business and private sector/NGOs to participate in the programme. Research is conducted to improve the programme and policies.

The strategies focus on extending the SHCB's function on consultation and advocating SHP, delegation of operational strategies to provinces and its subordinates, improving involvement by parents and the community, optimizing the role of educational institutions, setting a minimum standard of school health services and to strengthen the quality of SHP by organizing periodically national workshops and school competitions.

Challenges: SHP receives low priority at the national level. There is poor coordination among the four related ministries and insufficient funding. At the implementation level, there is limited role of health personnel, lack of ownership by school principals, teachers and students, a poor record keeping and reporting system, and hence, an increase in negative health behaviour among students.

Maldives

The national school health policy emphasizes health literacy, healthy behaviours, healthy environment, nutrition, and health and social services at the school and community levels.

In 2004, the government established an independent "School Health Unit" (SHU) to formulate a comprehensive national SH policy in collaboration with the Ministry of Education and the Ministry of Health. The main purpose was to advocate, coordinate, implement, monitor, provide basic training and necessary materials, and to promote healthy attitudes, behaviour and lifestyle among students and teachers in Maldivian schools.

A nutrition package including a resource book and teacher's guide for health assistants responsible for providing health education in schools was prepared. Vitamin A and de-worming tablets were given to all pre-school students.

Maldives continues to face challenges in providing nutrition services in school, in the areas of water, sanitation and hygiene education, and in financing school health interventions for students and teachers.

Myanmar

Myanmar has implemented the Health Promoting School concept since 1996, in line with the national health policy guidelines. A national school health committee comprises members from the departments of health, education, social welfare, city department, indigenous medicine, as well as sports and physical education. A similar school health committee is also functioning at the regional and township levels.

The health promoting school programme aims to improve the health standards of students in terms of skills and healthy lifestyle knowledge. The programme activities include comprehensive components, namely co-ordination, monitoring and evaluation, advocacy, training of trainers, and IEC development at township level. School health education is focused on skills-based health education covering disease prevention, nutrition, and reproductive health. An evaluation system with indicators has been developed.

Myanmar has reported an increasing number of health promoting schools between 1997 and 2005. School health services were integrated into the routine activities of basic health services, while life-skills education and health behaviours, such as smoking and mosquito control were also integrated in the programme.

However, some challenges remain in implementing the health promoting school programme namely, shortage of school health team resulting in work overload and a high turnover rate, limited funding for training and IEC material production, monitoring and supervision, and lack of technical support for research.

Nepal

The goal of SHP is to improve the health status of students, teachers and communities by promoting healthy behaviour and access to and utilization of quality services with their active involvement. The objectives are to

empower students to promote their own health behaviour, and then to empower their families and community with positive health behaviour.

The strategies are to develop school health curriculum and text books, school-based health care services, a healthy, safe and secure learning environment, and lifeskill-based health education.

School health steering committees at all levels have been established as part of the coordination mechanism. SHP is developed and implemented by public health officers (PHO)/district public health officers (DPHO)/health education technicians (HET), district education officers (DEO)/district environment officers (DEO), and PHC/HP/SHP personnel. Activities at the preparatory stage include curriculum development, training of teachers/trainers and implementation of development plans. Continuing supervision, monitoring and follow-up, record/ report and feedback are administered.

The key success of SHP in Nepal is that students and teachers are playing an important role as significant sources of health service information.

Challenges remain in establishing health promoting schools in both the government and private sector, as well as establishing sustainable coordination and partnership among key players with limited resources. The other major challenge is the political situation in the country that is affecting the implementation of school health promotion activities.

Thailand

The Minister of Public Health chairs the National HPS Committee which is responsible for formulating policy. The Ministry of Public Health in collaboration with the Ministry of Education oversees the implementation of the HPS programme. The objective of the programme is to improve students' quality of life, including physical, mental, emotional and social development through comprehensive health components.

There are several strategies including building healthy public policy for Healthy Thailand as a national agenda. The other activities include training of school administrators, HPS leaders, student leaders, as well as development of standardized HPS assessment tools and protocol at

provincial level. Supportive environments, research, monitoring, evaluation, and a motivation system continue to be developed as well as strengthening of community action and re-orientation of school health services.

Success: School health is a national agenda in partnership with health-related agencies. The national committee established a national plan and assigned cooperating agencies to implement activities funded by the government budget. Now, a majority of schools in Thailand are participating in the SHP programme whose activities are included in the school curriculum.

There are, however, challenges in the areas of policy as well as in legislation enforcement with regard to smoking, alcohol, and child protection. More needs to be done to promote and support parents in creating an environment free of smoking, alcohol, and sexual harassment.

There is need to establish knowledge management (KM) hubs in schools using ICT. The KM networks could improve assessment of student risk behaviours associated with HIV/AIDS, reproductive health, mental health, dental health, and obesity.

Recommendation: Coordination and management of school health policy and strategies should be taken up by the Ministry of Education and implemented in collaboration with the Ministry of Public Health and other health-related agencies.

Timor-Leste

School health activities are undertaken by community health centres at sub-district levels under the Ministry of Health. Activities are undertaken in collaboration with development partners including the ministries of education and culture, international agencies, and NGOs. The implementation goal is to create an enabling school environment to develop and implement programmes and services that seek to improve the health and educational status of school children. The approaches are to advocate and to create networks and alliances for development of health promoting schools, strengthen capacities for sustainable HPS development, develop a research agenda and skill-based peer health education.

Timor-Leste has been successful in establishing a national school health working group and drafting school health policy/ framework as well as developing national school curriculum at the primary school level and guidelines for teachers, lifeskill modules and so on.

Formulating a national policy on school health promotion remains a major challenge. There is also a critical shortage of skilled manpower to implement school health promotion. Timor-Leste currently has one person responsible for this area in the country. In addition, there is no focal point in the MOH, Department of Health, resulting in lack of coordination of activities, in monitoring and evaluation.

2.3 Sharing country experiences from the WHO Western Pacific Region

Malaysia

Malaysia started School Health Promotion in 1967. The health promoting school (HPS) concept was introduced five years ago. This has resulted in implementation of a range of activities in schools. Similar challenges are faced in this country: there is generally a lack of time and interest from schools for health promotion. The ministry is constantly looking for innovative health promotion methods to face new health concerns.

Currently the Ministry of Health is the main driver of HPS and there is a need to involve the Ministry of Education further. It is recommended that the Ministry of Health could look into developing a national level strategy to strengthen HPS.

Brunei

The health concerns of Brunei are mainly chronic, non-infectious diseases. The HPS initiative was started in 2001 with inter-agency collaboration. A HPS team visits schools and plays a major role in the implementation of HPS. During the visit, a check list is available for use by the team. One of the suggestions is to have schools develop a plan of action which will promote ownership of HPS

Singapore

The HPS initiative was launched in 2000 as the CHERISH Award. The Award has seen a three-fold increase in participation since then. Generally, there has been an improvement in the Award standard over the years. Various innovative methods are being used by schools in the implementation of this concept. The continuing challenge is to make health a priority in schools. The recommendation is to move towards charging schools for HPS services and resources. This will motivate schools to place more emphasis on health promotion.

Tonga

Tonga is a small country, with a small population. Some of the focus areas are nutrition, exercise, promotion of personal skills and mental health. Although HPS is a new concept in Tonga, it is committed to Healthy Islands. Challenges include healthy food canteen, financing and reproductive health. Future plans include developing an assessment survey, piloting programmes, training and formation of networks. However, the positive community spirit in the country will be a great asset for developing HPS in Tonga.

2.4 Technical presentations by School Health Promotion Partners

UNESCO

Dr Shankar Chowdhury, UNESCO, New Delhi (India) presented UNESCO's experience in developing youth friendly health services (YFHS) for 10 to 14 years old and for those between 15 to 19 years. Barriers hindering implementation of effective YFHS as part of school health promotion were discussed and remedial actions were also identified. Some of the major barriers that require specific actions include equity and legislation, participation of learners, teachers and communities, cultural beliefs and values, and sensitivity of the health system and other social services to the concerns of young people. The following essential elements for establishing YFHS, namely (a) synergies between formal and non-formal education; (b) participation of young people in the planning and decision making process; (c) revisiting policy and strategy issues in order to ensure that there is no

conflict or inconsistencies in the established policies and strategies; and (d) to use reproductive health (RH) or HIV/AIDS or lifeskills education (LSE) as an entry point to school health promotion. In conclusion, the following guiding principles for establishing YFHS were stated: (a) the right to information; (b) right to access to services; (c) right to informed choices; (d) right to quality and safe services; (e) right to privacy and confidentiality; (f) right to non-judgmental behaviour; and (g) right to continuity of care and services.

UNICEF

Ms Emmanuelle Abriox, Regional Education Project Officer, UNICEF East Asia and the Pacific, made a presentation on integrating social and emotional learning into school health promotion using the lifeskills education (LSE) approach. The social and emotional learning component of school health is intended to positively contribute to academic achievement, self-esteem, personal responsibility, tolerance of differences, classroom behaviour, and physical and emotional health. The need for monitoring and evaluation was also emphasized. The elements that require monitoring and evaluation were also presented and these include but are not limited to (a) structure and content; (b) delivery and teaching methods; and (c) generalization of findings. The social and emotional learning education process utilizes the FRESH Approach (Focusing resources to essential school health) by building activities around health education, water and sanitation, health services and nutrition.

Education Development Centre (EDC)

Mr Elliot Prasse-Freeman, Education Development Centre (EDC), Bangkok (Thailand) made a presentation on the work of EDC in the area of monitoring and evaluation of school health activities, highlighting the associated challenges. The emphasis was on the need to involve learners, teachers and experts in conducting the evaluation. A generic outline for monitoring and evaluation of school health promotion activities was presented and discussed. The levels for monitoring and evaluation were discussed and it was recommended that this should take place at national, regional (sub-national) and school level. In addition, the need for indicators that are both process – and outcome-oriented was recommended. In conclusion, participants considered monitoring and evaluation as the

weakest link in the area of school health promotion and requested WHO to strengthen this aspect.

3. Summary, recommendations and conclusions

Summary of group work

The main objective of the Group Work was to identify critical policy and strategy issues necessary for establishing and sustaining school health promotion based on the established core elements of Health Promoting Schools. Seven groups were established and each deliberated on a specific core element and identified policy and strategy actions essential for the implementation of school health promotion at national, sub-regional (provincial), district and school levels. The essential actions proposed by the participants under each core element are presented in the matrix below.

Core Elements of HPS:

- Leadership, Organization and Management
- Curriculum development and implementation
- Health services (nutrition)
- Health instruction (disease and issue-specific issues)
- School Environment
- Monitoring and Evaluation
- Documentation and dissemination

School health promotion: Policy and Strategy issues and required actions.

Core Elements	Leadership: Coordination & Management	Comprehensive School Health Policy	Health services	School health instruction	School Environment	Monitoring and Evaluation	Documentation and dissemination
Required Actions	<p>Ministry of Education should take the lead in the planning and implementation of all school health promotion activities</p> <p>Ministry of Health and other related ministries should provide technical and financial support</p> <p>School health committees should be established to advocate and also mobilize resources for school health activities</p>	<p>Guidelines on health and education. Steering committees at various levels</p> <p>School health focal points at national ministerial level, sub-national level, provincial level, divisional level and municipal level</p> <p>School health committee comprising pupils, teachers and parents at all levels.</p> <p>Policy coherence to achieve inter-ministerial action</p> <p>Pupils, teachers, parents and communities should participate in all school health promotion activities</p>	<p>Establish a school canteen policy and guidelines</p> <p>Integrate physical activities into the school health promotion activities</p> <p>Schools shall provide clean and adequate water for drinking and washing</p> <p>Yoga and other forms of meditation practices should be part of extra-curricular activities</p> <p>Establish school guidance and counselling services</p>	<p>Schools should time-table and plan for instruction on health topics</p> <p>Non-structured approaches such as school clubs should be promoted to deliver content and skills of health topics</p> <p>Use multiple instructional techniques including peer education and counseling for special topics eg, HIV/AIDS.</p> <p>Involve pupils and community in school health instruction</p>	<p>Safe and clean physical environment including playing grounds</p> <p>Appropriate toilets for girls, boys and teachers</p> <p>Basic infrastructure and amenities for recreation to be ensured in all schools;</p> <p>All schools to be tobacco - and alcohol - free</p> <p>There shall be no sale of tobacco or alcohol, within 100 meters from the school</p>	<ul style="list-style-type: none"> Monitor and evaluate all school health activities within approved timelines identify <ul style="list-style-type: none"> – What to monitor and evaluate; – When to monitor and evaluate; – How to monitor and evaluate; – Who to monitor and evaluate Encourage countries to participate in Global School Health Survey (GSHS), a behavioural survey used for assessing trends in student behaviour patterns over time 	<p>Ministry of Education should establish a coordination unit at district, provincial and national levels to oversee documentation and dissemination of information</p> <p>Students, teachers and parents should contribute to the documentation of school health promotion activities</p> <p>Use multiple channels to create awareness</p>

Recommendations

Member States

- (1) To position School Health Promotion (SHP) on the national agenda as part of overall health promotion development.
- (2) To review and update existing policies and develop comprehensive school health policies with multisectoral ownership and community support.
- (3) To ensure convergence of policy interventions at school level and sustainability of SHP through adequate financial allocation, programmatic flexibility and delegation of authority to the Ministry of Education.
- (4) To facilitate the implementation of the essential elements of school health promotion (physical environment, social environment, school curriculum, health and nutrition services and disease-specific issues) by establishing appropriate institutional mechanisms for management and coordination e. g., the School Health Unit with a specific mandate and accountability.
- (5) To develop and enforce appropriate policies and legislation for promoting safe school zones (tobacco – alcohol – drug – free zones, canteen, noise pollution etc).
- (6) To update and align curriculum in order to address a wide range of health and social concerns for learners, teachers and the community through lifeskills- based education.
- (7) To continuously build the capabilities of teachers and civil society groups involved in school health education in order to address new and old public health concerns affecting young people.

WHO

- (1) To advocate for the placement of school health promotion high on the agenda along with adequate financial and technical resources in order to adequately address growth and development needs of the school-age population.

- (2) To provide technical support to strengthen monitoring and evaluation of school health activities by developing various monitoring and evaluation tools for assessing gaps in knowledge, skills and services at the school level and in the overall education sector.
- (3) To support countries to document achievements, challenges and opportunities in school health promotion through case studies and participatory action research.
- (4) To build the capabilities of Member countries to deliver health content and skills, monitor and evaluate activities, and to provide essential services such as guidance, counseling, healthy diet and safe environment for sport and recreation in the school setting.

Conclusion

In order for the school health promotion programme to achieve its desired outcomes, participants unanimously agreed that the Ministry of Education should take the lead in the coordination and management of activities at all levels. The involvement of the other relevant ministries, particularly the Ministry of Health was considered essential in providing technical and financial support. It was also agreed that policy and strategy issues identified should be addressed in a manner that reduces inconsistencies, conflict or duplication of approved actions. The proceedings and recommendations emanating from this workshop will be widely disseminated among Member countries and civil society groups involved in school health promotion. Documentation of school health case studies will be concluded in 2007.

Annex 1

Programme

Tuesday, 12 December 2006

0830 – 0900 hrs. Registration of Participants

0900 – 0945 hrs. **Agenda 1.** Inaugural Session:

- Welcome Remarks by Dr Charuaypon Torranin, Permanent Secretary, Ministry of Education, Thailand
- Welcome Remarks by Dr Sophon Mekthon, Deputy Director-General, Department of Public Health, Ministry of Public, Thailand
- Inaugural Address by Dr Samlee Plianbangchang, Regional Director, WHO, South-East Asia Region.
- Introduction of participants by Dr Davison Munodawafa
- Group Photograph

0945 – 1000 hrs. *Tea Break*

1000 – 1030 hrs. **Agenda 2.** Overview of School Health Programme

Current School health promotion issues in Thailand –
Dr Charuaypon Torranin, Permanent Secretary,
Ministry of Education, Thailand.

1030 – 1100 hrs. Regional and Global Overview – Dr Davison Munodawafa, Regional Adviser, Health Promotion and Education, WHO/SEARO.

1100 – 1230 hrs. **Agenda 3:** Technical Presentations

School Health Promotion: Concepts, Policy and Strategy issues
(Presentation & Discussion) – Dr Davison Munodawafa, Regional
Adviser, Health Promotion and Education, WHO/SEARO

12:30 – 14:00 hrs. *Lunch*

- 14:00 – 15:30 hrs. **Agenda 3:** Technical Presentations (Continued)
School health policy issues – Ms Waranuch Chinvarasopak,
PATH, Thailand
- 1530 – 1600 hrs. *Tea Break*
- 1600 – 1730 hrs. **Agenda 4: Exchange of Country Presentations in School Health Promotion**
- (a) School health policy and advocacy – Maldives / India
 - (b) School health instruction (individual skills, actions and competencies) – Nepal/ Timor-Leste

Wednesday, 13 December 2006

- 0830 – 1030 hrs. **Agenda 4: Exchange of Country Experiences in School Health Promotion (continued):**
- (c) School's physical environment – Indonesia / Bangladesh
 - (d) School's social environment – Bhutan /Maldives
 - (e) School health services – Myanmar / Thailand
 - (f) Community links – Sri Lanka / India
- 1030 – 1100 hrs *Tea Break*
- 1100 – 1230 hrs **Agenda 4: Exchange of Country Experiences in School Health Promotion (continued):**
- WPRO – Experience**
- Malaysia
 - Brunei
 - Singapore
 - Tonga
- 1230 – 1400 hrs *Lunch*
- 1400 – 1445 hrs **Agenda 5.** Application/Training Activities:
Life-skills approach to promoting sanitation and hygiene in schools –
UNICEF

- 1445 – 1530 hrs HIV/AIDS life-skills training for teachers – UNESCO
- 1530 – 1600 hrs *Tea Break*
- 1600 – 1700 hrs Emerging issues in school health promotion – Dr Davison
Munodawafa, RA/SEARO
- 1700 – 1730 hrs Discussion
(High Tea/reception)

Thursday, 14 December, 2006

- 0830 – 1230 hrs. **Agenda 6: Field Trips**
Health promoting schools x 3 sites
- 1230 – 1400 hrs *Lunch*
- 1400 – 1530 hrs. Evidence of the effectiveness of Health promoting schools: Challenges
and solutions. EDC/BKK – WHO Collaborating Center.
- 1530 – 1600 hrs *Tea Break*
- 1600 – 1730 hrs. **Agenda 7:** Report back on field trips
- Group #1
 - Group #2
 - Group #3

Friday: 15 Dec, 2006

- 0830 – 1000 hrs. **Agenda 8:** Group work:
Policy and Strategy Framework
(Issues, Indicators and Implementation protocol)
- 1000 – 1030 hrs *Tea Break*
- 1030 – 1230 hrs Report Back from Group work on Policy and Strategy Framework
(Issues, Indicators and Implementation protocol)
- 1230 – 1330 hrs *Lunch*

1330 – 1500 hrs. **Agenda 9:** Draft Policy and Strategy Framework on Health promoting schools

1500 – 1530 hrs *Tea Break*

1530 – 1630 hrs. **Agenda 10:** Recommendations and Conclusion

1630 – 1700 hrs **Agenda 11:** Closing

Annex 2

List of participants

Bangladesh

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