Report on the

Consultation on health-promoting schools in the Eastern Mediterranean Region

Sana’a, Republic of Yemen
12–14 December 2005
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1. INTRODUCTION

A regional consultation on health-promoting schools was held in Sana’a, Republic of Yemen, on 12–14 December 2005 by the World Health Organization Regional Office for the Eastern Mediterranean (WHO EMRO). The consultation was attended by school health experts and relevant programme managers from countries of the WHO Eastern Mediterranean Region, along with WHO staff from the Regional Office for the Eastern Mediterranean and Regional Office for the Americas. The meeting was held to share experiences in health-promoting schools at national level; develop a minimum set of information and indicators used for planning, monitoring and evaluation of health-promoting schools; and identify the best approaches for creating networks of health-promoting schools in the Region.

The meeting was opened by Dr Hashim Ali El-Zein El-Mousaad, WHO Representative, Republic of Yemen, who delivered a message from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. In his message, Dr Gezairy noted that education was one of the major determinants of health. Given that many risk behaviours could also stem from the school-age years, schools were powerful influences on children’s development and well-being. Promoting children’s health through schools was one of the goals of WHO, which in 1995 had launched the WHO Global School Health Initiative. This initiative sought to improve the health of students, school staff, families and the community through mobilizing and strengthening health promotion and education activities in schools. Specifically, the initiative aimed to foster health-promoting schools, which were schools that constantly strengthened their capacity as a healthy setting for living, learning and working.

Over the past ten years, Dr Gezairy noted, WHO had supported countries in adopting school health programmes and services through building capacity and creating networks and alliances for the development of health-promoting schools and the promotion of research to improve school health. The role of health-promoting schools as an effective approach in protection and promotion of the health of children was attracting increasing attention in the Eastern Mediterranean Region. In this regard, the documentation of accumulated experiences and lessons learned in developing health-promoting schools was of great importance. Action was needed to identify key lessons of success and failure related to health-promoting schools in each country. He explained that by bringing together distinguished experts and key programme managers to discuss and share experiences with various aspects of health-promoting schools, the consultation was intended to foster capacity in the Region to address the complex range of factors affecting the health of schoolchildren and young people.

Dr Jalal El Fakhreh, Undersecretary of Education, delivered a message from His Excellency Dr Abdelsallam Mohamed Jofi, Minister of Education. In his message, the Minister noted that the link between education and health had been recognized in several worldwide agreements to ensure the protection of children. The Republic of Yemen was a signatory to several such agreements, including the International Convention on the Rights of the Child in 1990. Recognizing the importance of school health, the Ministry of Education had developed a specific department for school health. This department was responsible for the implementation of the objectives of the school health programme and coordination between the different sectors interested in school health, including the Ministry of Public
Health and Population. As a result of collaboration between the school health administration, primary health care and WHO, the health-promoting schools programme had been introduced in 10 schools selected from among 5 governorates: Amanah, Taaz, Aden, El Mohayat and Ab. He expressed the hope that the meeting would be able to develop a set of practical recommendations to help in the development of a regional network for health-promoting schools and an effective method for evaluating the state of schools in the Region.

Dr Abdul Majid Khuleidi, Deputy Minister of Health for Planning and Development, delivered a message on behalf of His Excellency Dr Mohamed Al-Noami, Minister of Public Health and Population. He emphasized that primary health care was the top priority in the health sector to reduce the prevalence of different health problems. He also noted that school health was considered an important indicator for a proper educational process. WHO had adopted the concept of health-promoting schools to highlight the importance of applying preventive measures before the development of health problems. The meeting was considered an important step in fostering the integration of health promotion in schools among the different countries in the Region, to improve public health and fulfil the aim of spreading health knowledge throughout the community. He closed by noting that schoolchildren represent the future, and that their health deserves the commitment of all. He wished the participants a successful meeting that might bring benefits to children in all countries.

The meeting was co-chaired by Dr Abdul Majid Khuleidi (Republic of Yemen) and Dr Salih Al-Ansari (Saudi Arabia). Dr Kholoud Tayel (Egypt) served as Rapporteur. The meeting agenda, programme and list of participants are attached as Annexes 1, 2 and 3, respectively.

2. OBJECTIVES AND METHODOLOGY

Dr Said Arnaout

The consultation was organized with three specific objectives:

- review, share and document accumulated experiences and success stories in initiating and developing health-promoting schools at national level;
- develop a minimum data set of information and indicators used for planning, monitoring and evaluation of health-promoting schools at regional and national levels; and
- identify best approaches and mechanisms for creating the national and regional networks of health-promoting schools in countries of the Eastern Mediterranean Region.

The methodology to be used for achieving the objectives was a combination of technical presentations, success stories (country presentations) and group work. The group work would be preceded by introductory presentations intended to guide the discussions. During the group work, participants would also identify the main conclusions and recommendations of the meeting. Expected outcomes of the consultation were sharing of experiences, a report including main conclusions and recommendations, and strengthened working relationships and networking.
3. TECHNICAL PRESENTATIONS

3.1 Health-promoting schools in the Region: achievements and challenges

Dr Said Arnaout, Dr Sahar Abdou Helmi

A health-promoting school is one that can be characterized as constantly strengthening its capacity as a healthy setting for living, learning and working. The concept of health-promoting schools was introduced in the Global School Health Initiative, launched by WHO in 1995, which aims to improve the health of students, school personnel, families and other members of the community through schools.

The four main strategies of the global school health initiative are: research to improve school health programmes: building capacity to advocate for improved school health programmes: strengthening national capacities; and creating networks and alliances for the development of health-promoting schools.

With an increasing number of countries in the Eastern Mediterranean Region implementing health-promoting schools, the Regional Office designed a survey to collect data about the situation of health-promoting schools in the Region. The survey consists of a self-administrated questionnaire with three sections and 19 core questions which allow for comparison between countries. The questionnaire was distributed to the focal point for school health in either the Ministry of Health or Ministry of Education of countries of the Region.

A total of 17 out of 22 countries responded to the questionnaire (77.2% response rate). Results showed that the educational and health policy-makers and school health workers in around 70% of the countries of the Region are familiar to some extent with the WHO global school health initiative “promoting health through schools”.

Ninety-four per cent of the countries have a national strategy, programme or plan of action in the area of school health. The main problem encountered with the implementation of this strategy, programme or plan of action in all countries is insufficient financial resources, while 11 countries listed insufficient technical capacity, and only three countries listed insufficient political will.

The health-promoting schools initiative is being implemented in all countries except Afghanistan, Djibouti and Libyan Arab Jamahiriya. A national health-promoting schools committee is being formulated in all countries except Lebanon. The committees consist mainly of representatives from Ministry of Health and Ministry of Education, in addition to some governmental and nongovernmental organizations. United Nations organizations are also members of these committees in some countries.

All countries except the Syrian Arab Republic and United Arab Emirates are implementing the initiative through the application of the eight components of the comprehensive school health programme and selecting certain health problems. The United Arab Emirates is implementing the initiative through selecting health problems and seeking solutions while the 8 components are implemented in all schools as school health programme.
The Syrian Arab Republic and Tunisia have other criteria for implementation. All countries except Jordan and Tunisia have a training programme and curriculum for the health-promoting schools initiative.

Most of the countries have prepared standards for evaluation based mainly on the status of health and environment in the schools. The Arab Organization of School Health and Environment has adopted a competition among schools implementing health-promoting schools in the Arab countries. Schools in Jordan, Lebanon, Tunisia, Saudi Arabia and United Arab Emirates have participated in this competition.

Only four countries have established a national network. Seven countries are organizing forums for the schools participating in the health-promoting schools initiative to present success and failure stories and sharing experiences on regular basis. Other initiatives similar to health-promoting schools have been adopted in five countries.

The health-promoting schools profile of countries of the Region is characterized by a focus of efforts on improving health and environment in the schools. However, many challenges are faced.

- Insufficient financial resources and technical capacities
- Insufficient awareness by political leaders
- Inadequate or insufficient infrastructure
- Lack of unified guidelines and standards for evaluation
- Conflict between the health-promoting school initiative and other similar projects or initiatives in some countries
- Limited partnership between the United Nations organizations in implementation of the health-promoting school initiative and similar initiatives

The main recommendations based on the information from the survey are:

- Advocacy: more advocacy of the health-promoting school initiative by the Regional Office to improve the political commitment of the countries; and more advocacy at national level to strengthen intersectoral cooperation among the concerned sectors.

- Policies and strategies: review and development of policies and strategies in a unified way to assist the countries in planning, implementation and evaluation of the health-promoting school initiative; and development of unified regional guidelines.

- Capacity building of the health-promoting schools: development of a unified regional training curriculum to help countries in training and conduct of regional training of trainers workshops to develop at least two master trainers in each country.

- Evaluation: development of a regional accreditation system; and development of unified regional standards which could be adapted by each country.
• System for exchange experiences among countries inside and outside the Region: establishment of a regional network, which could be connected to a global one; and organization of regular forums in countries and at regional level.

• Strengthening partnership between United Nations organizations in implementation of the health-promoting school initiative and similar initiatives.

• Financial and technical support.

3.2 The FRESH Initiative: current situation and future directions

Dr Abdel Halim Joukhadar

FRESH is an inter-agency initiative for Focusing Resources on Effective School Health. It proposes a framework for designing and implementing effective school health programmes. The overall goal of FRESH is to make schools healthier for children, children more able to learn, and Education for All as well as Health For All more likely to be achieved.

FRESH has four core components: school health policies; water, sanitation and the environment; skills-based health education; and school health services. FRESH uses three supportive strategies: partnerships between education and health; community partnerships; and pupil awareness and participation.

Specific issues that may need to be addressed in school policies include:

• rights, discrimination and gender issues
• environmental concerns
• school feeding programmes
• health education programmes
• drug education and treatment efforts
• violence prevention efforts
• health services
• services for students with special needs
• school-wide/community-wide efforts to address significant health problems
• emergency health procedures and responsibilities.

In addition to content related to specific health problems and issues, policies must contain provisions for implementing, monitoring and evaluating the standards and actions called for.

A healthy and secure learning environment is necessary for student participation and learning. The FRESH framework calls for the provision of safe water and appropriate sanitation facilities as basic first steps in the creation of a healthy learning environment. Schools offer a unique setting for the development and implementation of programmes to help meet that right.
More than ever before, health and well being are influenced by social and behavioural factors. The skills-based approach to health, hygiene and nutrition education focuses on the development of knowledge, attitudes and skills needed to make and carry out positive health decisions. Quality skills-based health education helps young people to acquire communication, negotiation and refusal skills, and to think critically, solve problems and make independent decisions. Skills-based health education contributes to the development of attitudes and values that promote respect for oneself and for others, tolerance of individual differences and peaceful co-existence. It results in the adoption of health-promoting habits. Young people who receive quality skills-based health education are more likely to adopt and sustain a healthy lifestyle not only during their school years, but throughout their lives.

Schools should provide, or link students to basic health and nutrition services for a variety of reasons: primarily, of course, because of the undermining effect that poor health and nutrition have on education outcomes; but also because schools are in some ways uniquely qualified to do so. Clearly, schools should not duplicate services that health professionals in the community are adequately providing. But when many students need the same service(s), and diagnostic and treatment procedures are relatively simple, better coverage at reduced cost can often be achieved by bringing community providers into the school. In addition, because many people don’t seek medical attention for themselves or their children until some problem is already under way, schools can have a significant impact on student health by providing preventive health services.

The key to the effectiveness of the FRESH approach lies in the reinforcing effect of activities across each of the core components. Programmes that include activities in all four components of the FRESH initiative are simply more effective than piecemeal, single-strategy approaches.

The first phase of FRESH in the Region (2002–2003) involved six countries: Egypt, Jordan, Lebanon, Oman, Sudan and Yemen. The UNESCO Regional Office in Beirut ensures the secretariat of the initiative in the region. American University of Beirut Health Sciences Faculty was subcontracted to assist in UNEDBAS in this task. Phases two and three (2004–2007) will cover all Arab countries. It is to be noted that the participants in the FRESH follow-up meeting held in Amman 22–23 June 2005 agreed to use a planning and reporting grid reflecting FRESH core components and supporting strategies, including FRESH tools. FRESH initiative should address the four above-mentioned core components and three supporting strategies, referring to the priority health topics, including HIV/AIDS.

3.3 Health-promoting schools in the Americas: experiences and lessons learnt

Dr Josefa Ippolito-Shepherd

The Pan American Health Organization, Regional Office of the World Health Organization (PAHO/WHO) Health-Promoting Schools Regional Initiative (HPSRI) was formally launched in 1995, in response to the situation, priorities, and perspectives of school health programmes in the Region of the Americas, and as a result of the Organization’s commitment to comprehensive school health promotion and health education.
The Initiative serves as a strategic mechanism for advocacy; social facilitation and mobilization; multisectoral and interagency collaboration for strengthening regional, national, and local capacities in health promotion to provide conditions for learning and integral human development. Recognizing the need for improvement and development of the school population, the Initiative works to improve the quality of life and well-being for children, youth, teachers, and other members of the school community.

One of the most significant achievements of the HPSRI is its contribution to the comprehensive needs of the child and youth school population for larger visibility in the political, socioeconomic and public health agendas of Member States. In addition, the Initiative has promoted a better understanding in the Region of the Americas of the importance of joint collaboration between the health and education sectors and the strategic potential that schools have for health promotion, sustainable development, and socioeconomic and spiritual growth of communities. Given that health is largely the product of the environment where one lives, studies, and works, the Initiative also has the challenge and, at the same time, the opportunity to contribute to the achievement of the Millennium Development Goals (MDGs). Within the context of the social sector, health and education have an unavoidable commitment in the attainment of these goals.

A regional survey in 19 Latin American countries\(^1\) showed that 94% of the countries were developing the health-promoting schools strategy. In almost all cases (90%), the health-promoting schools strategy is being implemented in public primary schools in urban areas. Eighty-two percent of the countries have school health plans predominantly in primary schools. Ninety-four per cent of the countries have policies aimed at health promotion of the school-age population, and 82% have specific policies related to the health-promoting schools strategy. Thirty per cent of the countries have designated budgets to finance school health programmes. Nongovernmental organizations (national or local) support the financing of such activities in 71% of the cases. About one-third of the countries (29.4%) received loans or financing from international organizations to support school health programmes. These data, together with other vital information from the countries, as well as information from case studies and countries’ visits provided the foundation for the development of the Plan of Action 2003–2012 for the Health-Promoting Schools Regional Initiative.\(^2\)

The Initiative is composed of three main components.\(^3\) The first component, comprehensive health education component, which includes life-skills training, is directed to strengthen the capacity of children, adolescents, and youth to acquire and utilize knowledge, attitudes, values, skills, and competencies necessary to promote and protect their own health and that of their families and communities. Eighty-eight per cent of Latin American countries

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include health education as a transversal element of their school curricula.¹ Subjects covered by the health educational activities include addictions (94%); personal hygiene, sexual and reproductive health, physical education and sports (88%); HIV/AIDS, food and nutrition, utilization of health services (82%); and self-esteem, immunizations, waste management and life skills (70%). Most Latin American countries also include physical exercise and recreation.

The second component, the creation and maintenance of healthy school settings and surroundings environments, guarantees the minimum conditions of safety and environmental sanitation conducive to the health, well-being, and development of the maximum potential of children and other members of the educational community. Seventy per cent of the countries have policies to prevent smoking in schools, and 64% have programmes to prevent violence in the school setting. There are major disparities among the countries of the Region with regard to the number of schools with access to water and drinking-water, and in at least half of the countries where this information is available; the coverage of these services is low or unsatisfactory.¹

The third component, access to health and nutrition services and to facilities for an active life in the school setting aims to the development of planned and organized activities that respond to the needs and priority of students and the educational communities. Seventy-six per cent of countries have established guidelines about health services to be provided to the school population, which almost always include periodic medical controls, vaccination and, to a very limited extent, other interventions such as early detection of scoliosis, psychological counselling and gynaecological care.

Delegates from the education and health sectors from all Member States and distinguished experts in school health from the Region of the Americas, along with the technical collaboration from the Pan American Health Organization, formulated a Strategic Plan for strengthening the Health-Promoting Schools Regional Initiative for the period 2003–2012. The plan took into account current status of school health programmes in the Region of the Americas, priorities for health and school performance, and experiences of school health in the Region. Also taken into account were the various levels of implementation of the Initiative in the Region, the MDGs, and the priority areas for technical collaboration.

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<td>1. Advocacy for comprehensive schools health programmes and the dissemination of the health-promoting schools regional initiative.</td>
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3.4 The Global School-based Health Surveillance System

Dr Abdel Halim Joukhadar

In 2001, WHO, in collaboration with UNAIDS, UNESCO, and UNICEF, and with technical assistance from the Centers for Disease Control and Prevention, Atlanta (CDC), initiated development of the Global School-based Health Surveillance System (GSH). The goal of the GSH is to obtain systematic information from students and school personnel to support school health and youth health programmes and policies globally. GSH is supported by WHO.

GSH has been designed to use very simple surveys that can be implemented completely at little cost at the country level (around US$ 8000 to 11 000). The purpose of the Global School-based Health Survey (GSHS) is to provide accurate data on health behaviours and protective factors among students to:

- Help countries develop priorities, establish programmes, and advocate for resources for school health and youth health programmes and policies;
- Allow international agencies, countries, and others to make comparisons across countries regarding the prevalence of health behaviours and protective factors; and
- Establish trends in the prevalence of health behaviours and protective factors by country for use in evaluation of school health and youth health promotion.

The GSHS is a school-based survey conducted primarily among students aged 13–15 years. The GSHS uses a standardized scientific sample selection process; common school-based methodology; and core questionnaire modules, core-expanded questions, and country-specific questions that are combined to form a self-administered questionnaire which can be administered during one regular class period. The 10 core questionnaire modules address the leading causes of morbidity and mortality among children and adults worldwide:

- Alcohol and other drug use
- Dietary behaviours
- Hygiene
- Mental health
- Physical activity
- Protective factors
- Respondent demographics
- Sexual behaviours
- Tobacco use
- Violence and unintentional injury.

On-going capacity building and support will be provided by WHO and CDC. Capacity building will include help with sample design and selection; training of Survey Coordinators and programme planners; provision of survey implementation handbooks and other materials;
provision and scanning of computer-scannable answer sheets; data editing and weighting; and
provision/facilitation of funding and resources to assist countries.

Two workshops are provided to specially selected Survey Coordinators from each
participating country. The first workshop builds the capacity of Survey Coordinators to
implement the survey in their country following common sampling and survey administration
procedures that ensure the surveys are standardized and comparable across countries and that
data are of the highest quality. The second workshop, conducted after the field work is
complete, builds the capacity of Survey Coordinators to conduct data analysis and generate a
country-specific report and fact sheet using Epi-Info software provided to them.

Two training workshops were implemented in the Region:

- Survey Implementation Workshop, September 2004 (Djibouti, Egypt, Lebanon,
  Morocco, Saudi Arabia, Sudan, Tunisia)
- Survey Implementation Workshop, October 2004 (Bahrain, Oman, Qatar, United Arab
  Emirates)
- Other participating country (Jordan): data collection completed.

The survey has been implemented in Jordan, Oman, United Arab Emirates, and is
currently being implemented in Lebanon, Djibouti and Morocco. Two workshops are planned
in 2006: Survey Implementation Workshop, 11–13 June 2006; and Analysis and Reporting

Expressions of interest in participating in the GSHS at a country level should be
directed to Ms Leanne Riley, Stepwise Team Leader at WHO: rileyl@who.int and Dr A.H.
Joukhadar, Regional Adviser, Health Education, at EMRO HED@emro.who.int

3.5 Prototype action-oriented school health curriculum for basic education: an
introduction to the experimental Arabic updated multimedia version
Dr Abdel Halim Joukhadar

School-age children represent a quarter of the population in the Arab region. They spend
most of their time at school, a setting that is ideally suited to teach health issues and to
develop health related life skills. Teachers play an important role in protecting and promoting
health at school, in close cooperation with school health staff. Moreover, pupils and students
interact with their family members, and as a result they transmit health knowledge and skills
to their parents, siblings, neighbours and friends.

 Acting on this conviction with a view to contributing to the achievement of Health For
All, the WHO Regional Office for the Eastern Mediterranean, in close collaboration with
UNICEF’s Regional Office for the Middle East and North Africa, and UNESCO’s Regional
Office for Education in Arab States, elaborated and produced in 1988 the Action-Oriented
School Health Curriculum for Primary Schools. The AOSHC includes 22 units, a teacher’s
guide and national guidelines. The AOSHC was well received by educational authorities and
teachers, and has been used to develop health education scope and sequence charts and to
revise school health education curricula in many countries in the Region, including the Islamic Republic of Iran and Pakistan. It has been translated into English and Urdu.

A number of important developments in recent years have implications for school health. Following the 1990 World Conference on Education for All and its follow-up in the Dakar Forum in 2000, an inter-agency FRESH initiative was launched by UNESCO, WHO, UNICEF and the World Bank for focusing resources on effective school health. Epidemiological transition is taking place in the Region, and dynamic changes are taking place in the fields of health and information technology and the internet. All these factors warrant the updating and revision of the AOSHC to cover all the grades of basic education.

The experimental updated multimedia Arabic version was elaborated on a CD ROM to allow the use of multimedia so as to draw on additional materials and resources, including the possibility of on line upgrading and updating through the website of WHO EMRO. The multimedia Arabic version offers a wide range of simple and powerful yet simple tools to access all materials and topics by a simple click on the mouse, including a media library containing printed books, documents, posters and leaflets, in addition to videos and sound tracks. These resources are accessible through hyperlinks that are included in the appropriate paragraphs of the different sections of each of the 22 units of the curriculum. All topics are printable, including graphs, illustrations and photographs. Moreover, the AOSHC includes sample lessons and a lesson bar that provides a Word template to prepare a lesson, using the different available tools including the information cart that allows cutting and pasting any paragraph or illustration in the AOSHC. In addition to the above, several other tools allow the user to search for any word or topic, to use a bookmark, to add comments and view them. The present CD ROM version is being tested until May 2006 in selected countries of the Region so as to revise it in the light of comments and inputs received. It is planned to issue Version 1.0 in September 2006.

3.6 Suggested regional guidelines for planning, monitoring and evaluation of health-promoting schools, and minimum indicators

Dr Mostafa A. Abolfotouh

Guiding principles for planning, monitoring and evaluating health-promoting schools

- Strong support from school communities is crucial in the initial stages. It is important to gain an active commitment from the regional or district education body as well as school principals and senior teaching staff who can legitimize and endorse proposed programmes. Credibility can be established by providing specific examples of the types of actions that schools can undertake and the type of support and assistance that can be provided.

- Providing school communities with a school-specific, data-based profile of the health status of students and current health promoting actions represents an important vehicle for demonstrating the need for intervention and hence, the potential for action. This practice also acts as a baseline which subsequent interventions and programmes can be evaluated.
• Identifying key individuals or “gatekeepers” in school communities, who are both interested in and motivated to become involved, facilitates the process of initiating health promoting actions. This approach is made easier by having a clear idea of the sort of tasks and activities they might be required to do.

• Principals should be encouraged to facilitate the involvement of these key individuals by allocating them time during work hours to meet with health workers, and plan and carry out health promotion actions. This practice would enable teachers to view health promotion as an important part of their role, and not as an additional task.

• A set of minimum actions should be developed to assist the people who serve as liaisons with schools. These actions should reflect current health promotion best practice from empirical evidence. Supporting resources such as pamphlets, letters, and policy statements should be developed to accompany the set of actions.

• Actions and accompanying resources should be introduced to schools one at a time, with schools advising on their suitability and suggesting how to implement actions. The people who serve as liaisons with schools should make it as easy as possible to implement actions by offering to undertake any administrative duties or paperwork, such as editing a pamphlet. It is particularly important to demonstrate in the early stages that the project team has done most of the work and little additional work is required by the school to undertake the actions to motivate schools toward further action.

• Schools should be provided with feedback on their progress in achieving the set of minimum actions on a regular basis as a means of reinforcing their efforts and maintaining motivation for further action. A comparison of efforts across schools also can be used to motivate individual schools.

• Someone on the management team should be in regular contact with the school liaison officers to monitor their progress as well as assist in problem-solving and overcoming barriers.

• In addition to the set of minimum actions for schools, the project management team should undertake a range of supplementary activities across all schools, including running workshops, providing regular newsletters and quarterly reports, and information resources such as touchscreen computer interactive programs to be used by staff and students during classes and recess.

Barriers to the health-promoting schools approach

• lack of support from education department staff
• poor in-service training of teachers regarding health promotion
• perceived lack of administrative support and commitment
• competing demands on teacher time and energy
• little parent and family involvement
• competition with other curriculum areas, timetabling and resource issues
The regional/national healthy school standard

- Partnerships: the local healthy schools programme must work in partnership at a strategic and operational level.
- Management of programme: the local healthy schools programme must ensure that systems are established to deliver effective services to schools.
- Working with schools
  - The local healthy schools programme must work with schools, offer challenge and support while contributing to whole school education and health improvement
  - The local programme must ensure that a whole school approach is used in working on specific themes.

Indicators of school health programmes

- Indicators of children’s health status
- Indicators of academic performance
- Indicators of behaviour and healthy lifestyle
- Indicators of quality of various school health programmes

Performance indicators for health promotion in schools

- Structure of the curriculum
- Quality of courses or programmes
- Meeting pupils’ needs
- Pastoral care
- Personal and social development
- Ethos
- Partnership with parents and the School Board
- Links with other schools, agencies, employers and the community
- Provision of accommodation and facilities
- Organization and use of resources

Outcome indicators for health promotion in schools

- Be healthy: Physically healthy; Mentally and emotionally healthy; Sexually healthy; Choose not to take illegal drugs; Parents, carers and families promote healthy choices.
- Stay safe: Safe from maltreatment, neglect, violence and sexual exploitation; Safe from accidental injury and death; Safe from bullying and discrimination; Safe from crime and anti-social behaviour in and out of school; Parents, carers and families provide safe homes and stability.
- Enjoy and achieve: Ready for school; Attend and enjoy school; Achieve stretching national educational standards at primary school; Achieve personal and social development and enjoy recreation; Achieve stretching national targets at secondary school; Parents, carers and families support learning.
• Making a positive contribution: Engage in decision-making and support the community and environment; Engage in positive behaviour in and out of school; Develop positive relationships and choose not to bully and discriminate; Develop self-confidence and successfully deal with significant life changes and challenges; Parents, carers and families promote positive behaviour.

• Achieve economic well-being: Engage in further education, employment or training on leaving school; Ready for employment; Live in decent homes and sustainable communities; Access to transport and material goods; Live in households free from low income; Parents, carers and families are supported to be economically active.

3.7 Planning evaluation of health-promoting schools and minimum indicators and standards of accreditation

Dr Hassan Bella Al-Amin

A health-promoting school is defined as one in which all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health. The definition of health-promoting school will vary from place to place according to need and circumstances. This is the reason for the existence of many definitions.

Schools can contribute to the promotion of health status in a country more than any other institution. There are therefore many reasons for wanting to establish a successful health-promoting schools programme. Children in school age represent around 25% to 30% of the population in most countries of the world. This group is easily accessible at schools in basic and other levels of education, and it is easier to influence children at this age. The school experience shapes an individual outlook, expectations, relationships, and behaviour not only while a student but also for a lifetime. In addition, schoolchildren can pass on their knowledge and healthy behaviour from school to their families and local communities.

The overall aim of a health-promoting programme is to promote the health of students and the community, both the school community and the local community. The health-promoting schools initiative specifically aims at:

• Linking health to the educational process and those involved (teachers, students, parents and community leaders);
• Making the school environment healthy;
• Promoting health of the students and the educational staff;
• Strengthening links between school and community;
• Exchanging experiences between the different schools participating in the health-promoting schools initiative through the development of an information network among them.

Traditionally, school health programmes in many countries in the Region emphasized only three components: school health services, health education and school environment. With the advent of the health-promoting schools concept, and in response to changes in roles
and responsibilities within schools, the scope of school health was expanded to a more comprehensive model, “comprehensive coordinated school health programmes”, with 8 components:

- Comprehensive health education
- Physical education
- School health services
- School nutrition services
- Healthy school environment
- School site health promotion for staff
- School counselling psychological and social services
- Family and community involvement in school health.

Health promotion in schools involves a wide range of issues. This poses a challenge for managing health-promoting school programmes. Setting valuable policies becomes essential. It may be easy to accept or adopt the idea of a health-promoting school programme, but its implementation, coordination and follow-up could be a demanding task. Countries of the Eastern Mediterranean Region can learn and benefit from world experience with school and health-promoting schools, particularly the experiences of heavily populated countries.

A number of key factors for success have been identified in health-promoting school programmes. Such factors, such as focusing on prevention, emphasizing the role of the teacher and involving the families of students, should be taken into account when planning and implementing the programmes.

Before starting a health-promoting school programme, an information system should be developed to monitor progress and measure achievements. Monitoring allows early detection of obstacles so that they can be managed promptly. Equally important is evaluation, which measures the extent to which objectives have been attained. To evaluate the quality of a health-promoting school programme, eight quality indicators must be measured: relevance; adequacy; accessibility; progress; efficiency; effectiveness; impact; and equity in relation to beneficiaries.

For any school to be recognized as a health-promoting school, it needs to satisfy certain criteria and standards. The health-promoting school programme is built on national standards of accreditation. Maintaining the standards of a health-promoting school programme will ensure: the programme is based on sustainable education and health partnership; the active participation of students and school staff; quality management of the programme; and responsiveness of the programme to school and community needs and national priorities. As well, at country level there should be a national quality assurance system for the health-promoting school programme, consisting of random visits to local health-promoting school programmes, visits by external consultants, use of school records and documents to indicate qualitative performance, and use of quality assurance manuals where they exist.
3.8 Networking in health-promoting schools in the Eastern Mediterranean Region

Dr Salih Al-Ansari

Networking health-promoting schools in the Region would provide an opportunity to exchange experiences, involve other health agents, promote teaching and education, and connect schools directly with higher national authorities. Networking can take place through a variety of channels, including meetings, collaborative activities, exchange visits, internet mailing groups and websites. The website is a particularly important forum because of its accessibility and information-dissemination capacity. Material that should be included on a regional health-promoting school website should include: general information, such as the health-promoting school concept, related articles and links, and profiles of national health-promoting school initiatives in the Region; regularly updated information, such as upcoming conferences and meetings, recent news and articles; and practical information such as printable, downloadable materials for use in a health-promoting school. The website would be a useful resource for teachers, school health workers, students, researchers and media, and Ministry officials.

3.9 The Latin American and Caribbean Networks of Health-Promoting Schools

Dr Josefa Ippolito-Shepherd

The mission of the Latin American and the Caribbean Networks of Health-Promoting Schools (LANHPS and CNHPS, respectively) is to strengthen the capacity of Member States for the organization and development, implementation and evaluation of health-promoting schools and the networks of health-promoting schools in each country of the Region of the Americas, in order to facilitate the interchange of knowledge and experiences, providing access to information and multi-directional and disciplinary communication for the improvement of education and health of students, teachers, and other members of the school community.1

The LANHPS was formally created in 1996 in San José, Costa Rica, with the participation of representatives from Argentina, Bolivia, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Mexico, and Panama, as well as members of the Spanish Network and the WHO collaborating centres on school health (Education Development Center and the Centers for Disease Prevention and Control of the United States).4

The second meeting, held in Mexico in 1998, was attended by all the countries of Latin America, including Cuba and the Dominican Republic. The third meeting, held in Quito, Ecuador on 10–13 September 2002, was attended by representatives of all the countries in Latin America, with the exception of Argentina and Mexico, and included the participation of delegates from international agencies, nongovernmental organizations and the private sector. In the third meeting, participants agreed to strengthen the network management based on the

analysis of critical aspects regarding its operation, and taking into account the participants’ recommendations.\(^5\)

The fourth meeting, conducted on 11–16 July 2004 in San Juan, Puerto Rico, was attended by official delegates of health and education from Argentina, Brazil, Chile, Costa Rica, Cuba, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Dominican Republic and Venezuela, as well as participants from Aruba, Australia, Canada, Colombia, Ecuador, Italy, Spain, Trinidad and Tobago and the United States of America. The meeting also included active participation from representatives of PROINAPSA-UIS/PAHO/WHO Collaborating Center, nongovernmental organizations, the private sector, academic institutions and international organizations, with a total of 115 participants coming from 26 countries. Currently all of the Latin American Member States participate actively in the activities of the LANHPS.\(^6\)

In an effort to continue supporting the countries of the Caribbean in the dissemination and strengthening of comprehensive school health programmes, within the context of the diverse cultural characteristics and identities, as well as resources and priorities, the constitutive meeting of the CNHPS was held in Bridgetown, Barbados, in November 2001, with the participation of representatives from the Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, Puerto Rico, Saint Vincent and the Grenadines, Saint Lucia, Saint Kitts and Nevis, Suriname, and Trinidad and Tobago. The objectives of the Caribbean Network of Health-Promoting Schools are to:\(^7\)

- support the countries of the subregion in the improvement of health conditions and development of the school-age child and adolescent population;
- support the countries of the Caribbean in the implementation of healthy policies in the school setting;
- strengthen ties through community organization and participation;
- increase the participation of parents in the health and well-being of children and adolescents, in order to facilitate the acquisition and maintenance of healthy lifestyles;
- disseminate knowledge and successful practices in health promotion and education with regard to: smoke-free schools, sex education, food and nutrition, physical activity, prevention of addiction, life-skills education, healthy spaces (free from violence), prevention of suicide, mental health, healthy lifestyles, etc;


• provide incentives for closer collaboration between the Ministries of Health and Education with a view to achieving the healthy development of children and adolescents;
• advocate and promote the added value that the existence of a Caribbean Network of Health-Promoting Schools has among all the strategic partners, especially those already working in subjects related to health promotion in the schools; and
• strengthen the capacity of the Ministries of Health and Education to promote the Health-Promoting Schools Initiative.

The operation of the LANHPS and CNHPS is based on the following principles:

• It is an organization that brings together institutions and agencies from various sectors that promote the health of the members of educational communities in all countries of the Region.
• It is open to free membership by all institutions and countries.
• It responds to the special features of the Region and of countries.
• It focuses on the needs of students and has a comprehensive vision of health education.
• It is committed to the comprehensive development of children and adolescents.

4. COUNTRY EXPERIENCES

4.1 Bahrain

The health-promoting schools programme in Bahrain is a collaborative effort between the Ministry of Health and Ministry of Education (through the Joint Committee), with other relevant partners including the Gulf Cooperation Council (GCC) School Health Committee and WHO. The first steps in planning the programme were to conduct advocacy to raise awareness about the concept of health-promoting schools. After building local support, the programme was formally announced and schools were selected to implement the programme. The first group of schools selected for implementation of the programme (2004–2005) comprised 11 schools in Muharraq governorate. This number was later expanded to 50 schools in 5 governorates (2005–2006).

To implement the programme in the selected schools, meetings were held with community leaders to discuss basic ideas. A small group (team leaders) of interested people from the schools and the community was established, and a training workshop held for the team leaders. A local planning process was then undertaken for creation of the health-promoting school:

• establishing the school health team
• reviewing the current school health promotion effort
• assessing the health problems
• finding opportunities for action
• setting goals
• defining objectives
• developing the action plan
• demonstrating progress
• collecting information.

4.2 Egypt

The health-promoting school programme in Egypt started in June 1999, when an agreement was signed with WHO. The first schools started to apply the programme after the important addition of the environment sector. The programme was first executed in 20 schools distributed among three governorates, namely Cairo, Assiut and Kafr El Sheikh. Six more governorates later joined the programme.

A number of training programmes and workshops have been conducted for administrators, teachers and students to explain the scope of the health-promoting school programme, its importance, methodology and the concept of twinning and exchange of ideas of information among schools joining the programme. The programme has included the development of health promotion slogans for use in schools, such as “No to smoking, yes to health”, and the production of three publications, on community participation, health promotion and democracy as a behavioural principle. An electronic network exists for schools participating in the health-promoting schools programme, all of which have internet services available. Future steps are to expand the programme to cover 14 governorates and 200 schools.

4.3 Jordan

In Jordan, the Ministry of Education launched the health-promoting schools programme in December 2003. A joint committee was formulated between the Ministry of Health and Ministry of Education, headed by the Director of School Health in the Ministry of Health. Twenty schools were chosen to apply the health-promoting school programme, and the components of school health programmes were applied by these schools. An evaluation tool was used to evaluate the performance of health-promoting schools according to the guide lines of Arab Organization of School Health an Environment. Three of the schools won an award from this organization.

4.4 Lebanon

Lebanon has a unique experience in school health due to the leading role played by nongovernmental organizations and international agencies in implementation of many school health services. The only role of the Ministry of Public Health is the coordination and distribution of resources among schools at the primary level of education.

In 2005, the Ministry of Public Health appointed a health supervisor in each school. An agreement was also signed with the Medical Syndicate to provide physicians with training on school health before allowing them to work in schools. The Ministry of Public Health is also responsible for organizing training courses for health supervisors and production of newsletters and leaflets about healthy environments. Relevant activities of nongovernmental
organizations include provision of healthy meals to students, organization of campaigns for oral health and hygiene among students, and construction of health clubs.

### 4.5 Oman

Health promotion in schools is not new in Oman. Since 1991, efforts have been directed towards promoting health in schools through the strong role of the joint school health committee, integration of health concepts in the curriculum and the strong Omani community participation.

To implement health-promoting schools in Oman, the concept was discussed in the joint school health committee meeting. A proposal was sent to the decision makers in both the Ministry of Health and Ministry of Education. Teams were then formulated at national, local and school level and a national taskforce team was formulated consisting of representatives of the Ministries of Health and Education, UNICEF and WHO.

Out of 1042 schools, 19 (1.8%) were selected to be health-promoting schools. The selection was based on certain criteria such as previous experience of the school, geographical distribution and student level and gender. The school teams were trained on the concept, objectives and components of the health-promoting schools. They also trained on conducting situation analysis for the health problem in the school, setting objectives and developing a plan of action. Manuals and health education materials were prepared and, finally, the schools were launched in a national conference in December 2004.

Factors for the success of health-promoting schools in Oman are strong commitment by the national authorities and the schools, well-developed school infrastructure, and support from WHO. The main challenges are turnover of school personnel and competing priorities (i.e. educational curriculum) in schools.

Future plans are to establish a health-promoting schools network, organize regular forums to present history of success and failure, and identify and prepare indicators for evaluation.

### 4.6 Saudi Arabia

Although the health-promoting schools programme in boys’ schools is being applied in 73 schools divided among 42 education directorates, health promotion through schools takes a horizontal approach, where central and peripheral programmes are run to target the majority of the approximately 12 000 boys’ schools in the country. This approach is taken to give the majority of schoolchildren the benefit of health promotion, and also to prepare the other schools to be health-promoting.

A number of important activities have taken place since the programme started in 2003.

- Two consultative meetings and 3 central workshops were held on health-promoting schools to train school health physicians and supervisors.
• A total of 75 000 booklets, posters and flyers were produced and distributed to introduce the concept to all schoolteachers in the country.

• A total of 35 000 copies of the booklet prepared by the Arab Organization for School Health and Environment on health-promoting schools were printed and distributed to schools in Saudi Arabia and other GCC countries.

• Ninety-five training workshops on health-promoting schools were conducted for school health workers and schools participating in the programme.

• A supervisor for health-promoting schools was assigned as a focal point for the programme in each education directorate.

• A memorandum was circulated to all education directorates to implement and support the programme application in the assigned schools.

• One school from each directorate was selected, except in Al Ahsa, which selected 31 schools in order to determine how the programme could be operated in a large number of schools. Teams were then formulated within schools. The programme was widely publicized, with considerable media coverage. Field visits were also made by the Director-General of School Health to the health-promoting schools in various directorates.

• Two schools from the Al Jouf region were awarded as health-promoting schools by the Arab Organization for School Health and Environment (Beirut) in 2005.

• Two parallel programmes are supported by the UNESCO Chair for Health Education and Teachers’ Education in Riyadh. These two programmes were started in Al Jouf region, where the programmes have enrolled 140 schools in the past two years. In early 2005, a second region joined, enrolling an additional 44 schools.

• School health programmes in the region started to formulate their own guides and manuals for operating and evaluating their programmes locally, but according to the booklet prepared and circulated by the Director General for School Health (Boys).

• The Director General for School Health (Boys) is also maintaining older school health initiatives, such as the Model Healthy Schools (Jazan), Health-Promoting Teachers (Bisha) and Community Schools (Al Baha) initiatives, and other similar initiatives in Sarat, Hail and Jeddah. This is to ensure that a diversity of approaches given the wide range of social, cultural and economic variables in Saudi Arabia.

Future plans are to maintain the current 73 health-promoting schools for at least two more years before evaluation and possible expansion of the existing programme. Efforts will also be directed at developing local networks for health-promoting schools in the country.
4.7 Syrian Arab Republic

A community health-promoting school programme is being implemented in the Syrian Arab Republic, with practical impact on students. The programme depends mainly on self-education and cooperation. It provides the students with healthy life skills which enable them to respond positively to health and environmental problems.

The programme includes training for schoolteachers and administrators. Teams also conduct planning, evaluation and training at central and local levels. Special rooms are used for conducting school health activities, together with health education materials. The school health activities are adapted to different home and community activities.

Implementation of the programme includes identification of general and specific objectives; providing students with the necessary health information material related to specific subjects, and guiding them to sources of further information; and evaluation of results.

4.8 Tunisia

In the early 1990s, a programme was implemented that aims at promoting health education in basic schools. Principal health topics were carefully selected to design new learning curricula. Developers of educational books and materials—mainly schoolteachers—cooperate with health institutions such as the National Institute of Nutrition. Schoolteachers also make use of some documents developed by the Ministry of Public Health, especially those prepared for health education campaigns held in schools. Health education sessions are organized by school doctors and nurses on topics selected according to school level. School health groups may propose new topics and programme additional health sessions in which school teachers might participate.

National, Mahgrebian and international health days are celebrated in schools and represent the most important manifestations of health education in schools. In addition two yearly sensitizing campaigns are conducted in schools about various health issues. School Health Day has been celebrated since 1978 in primary schools, and has evolved into the Maghrebian week of school health, which has been celebrated since 1994.

Health clubs, which are health education gatherings held in primary, basic, secondary schools and universities, play a crucial role in the school milieu in Tunisia. There are 995 clubs in basic and secondary schools; 659 in primary schools; 29 in professional schools and 7 in universities as well as in residence halls. The health clubs are headed by voluntary teachers who are interested in health topics and who enjoy working with children and teenagers. Technically, these volunteer teachers are assisted by health commissions that may participate in some clubs sessions as well as in supervising youths’ research and feedback. The clubs help youth acquire a good health education that enables them to adopt healthy behaviours. These clubs also help develop pupils’ leadership qualities and skills which will prepare them to play an important role of intermediary health “ambassadors” at the level of the family and the community and to act as peer-educators.
4.9 United Arab Emirates

The school health programme started in the United Arab Emirates in 1968. Through this programme, school health personnel were developed, along with an infrastructure that functions both inside and outside the schools under the umbrella of the health authority. A plan of action was developed addressing the eight components of a coordinated school programme, namely: comprehensive school health education; school health services; healthy school environment; physical education; school nutrition services; health promotion of school staff; school counselling and social services; and family and community involvement in schools.

In 2000, efforts began to adapt the health-promoting schools concept by raising awareness on the concept among concerned partners. A WHO expert mission introduced the concept to 400 national health and education officials. The topic was further discussed in the first international school health conference in Abu Dhabi in 2002.

The first plan for the development of health-promoting schools was set in January 2003. In December 2003 an agreement was signed by the health and education officials, followed by selection of 18 pilot schools, conduct of a baseline study for the evaluation process and establishment of a higher committee for health-promoting schools. The committee comprised members from the ministries of health and education and other governmental sectors. Several orientation activities were also carried out for participants from different sectors.

In several meetings supported by the Health Ministers’ Council of the Cooperation Council States, the school health officials have agreed on steps to be taken towards the establishment of national health-promoting schools networks. On several occasions experts and school health staff were also sent to attend health-promoting school conferences to benefit from other countries’ experiences in this field.

In December 2003, a training workshop to train trainers on the development of health-promoting schools took place based on a WHO (Regional Office for the Western Pacific) publication. Later, several other training workshops for the schools followed. Based on this training, schools started forming their teams, analysing their situation, identifying and prioritizing their main health problems and developing an intervention plan. Adopting the WHO framework and plan of action (which is based on health promoting strategies of the Ottawa Charter and WHO) which are:

- personal health skills
- school health policy
- school social environment
- school physical environment
- community relationships
- health services.

In April 2004 the first annual meeting for health-promoting schools took place to review the school projects and share experiences. To facilitate evaluation of health-promoting schools
in the United Arab Emirates, a national expert was supported to attend a health-promoting schools evidence for effectiveness workshop.

School health activities are evaluated for process and outcome through continuous monitoring by local and central teams from the Ministry of Health and Ministry of Education based on school visits, meetings, documentation and outcomes compared with the baseline data and the indicators that are appropriate for the schools’ problems and projects.

Strengths of the national programme include:

- high political commitment among decision-makers
- commitment and partnership between the health and education sectors
- support and experience from other health-promoting school networks
- ongoing follow-up and meetings with the schools.

The main barriers are:

- lack of proper work group interaction in some of the schools and overdependence on key staff
- frequent change and transfer of staff from the work group to different schools
- overburdening of school curricula
- lack of intersectoral collaboration in some areas.

4.10 Republic of Yemen

In the Republic of Yemen, the school health directorate has been under the umbrella of the Ministry of Public Health and Population since 1976. Recently, a school health programme was established in the Ministry of Health. In 2005, an assistant director in the Ministry of Education was designated to coordinate between both ministries. As a result of this cooperation, several training courses were conducted for health supervisors and mental health instructors in some governorates. The role of school health clinics was also reactivated.

Concerning the health-promoting schools programme, 10 schools were chosen to apply this programme. Several activities related to the school environment have been conducted in these schools. Several training programmes were also carried out for students, headmasters, educational and public health administrators on health-promoting schools. A strategic plan is now established to allow the expansion of this programme into other schools.
5. GROUP WORK

5.1 Guidelines for planning, monitoring and evaluation of health-promoting schools and the minimum data set of indicators

*Suggested indicators at national level*

1. Political commitment
   • Presence of policy document or statement concerning health-promoting schools
   • Institutionalization of health-promoting schools at the Ministry of Education
   • Presence of joint national committee for health-promoting schools
   • Presence of budgetary allocation for health-promoting schools

2. Policy
   • Presence of national school health programme
   • National strategy and plan of action for health-promoting schools
   • National coordinator for health-promoting schools
   • Presence of national guidelines and standard for health-promoting schools
   • Presence of national network
   • Presence of supervisory mechanism evaluation
   • Institutional cooperation and coordination mechanism among key stakeholders and partners, e.g. media
   • Presence of baseline data and surveillance system.

*Suggested indicators at provincial/governorate level*

- Presence of health-promoting schools coordinator at provincial/governorate level
- Presence of joint provincial committee for health-promoting schools that involves education/health and all stakeholders
- Presence of provincial/governorate plan of action for health-promoting schools
- Presence of periodic reporting system
- Number of supervisory visits/year
- Number of school health supervisors involved in monitoring internal evaluation visits.

*Suggested indicators at school level*

- Presence of health-promoting schools team
- Composition of health-promoting schools team school administration, student, teacher, health workers, parents, community members, nongovernmental organizations, others, etc.
- Presence of a health-promoting schools statement/school charter
- Presence of health-promoting schools plan of action at school level
- Presence of vision/mission statement
- Presence of situation analysis data, documents.
- Presence of health-promoting schools training plan
- Number of team members trained
• Presence of programme document

*Minimum data set of indicators for health promoting schools for various programmes and policies*

<table>
<thead>
<tr>
<th>Components/standards</th>
<th>Indicators</th>
<th>Level score</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Comprehensive health education</strong>&lt;br&gt;1.1 Presence of and awareness about HPS in schools</td>
<td>• Presence of a notice board on HPS in school&lt;br&gt;• Presence of posters and/or other means of publicizing and popularizing HPS in school and local community&lt;br&gt;• Student awareness and understanding of HPS concept, objective and strategies</td>
<td>1 2 3 4</td>
<td></td>
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<tr>
<td>1.2 Training for HPS programme</td>
<td>• Presence of school team member(s) who received training on HPSs&lt;br&gt;• Presence of a coordinator for the HPS programme</td>
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<td></td>
</tr>
<tr>
<td>1.3 Curriculum and extracurricular activities</td>
<td>• Curricula emphasize health subjects&lt;br&gt;• Presence of extracurricular activities in school&lt;br&gt;• Presence of sources and/or lectures on priority health subjects for students and staff&lt;br&gt;• Change in behaviour&lt;br&gt;• Staff are setting the role model for students in their health behaviour</td>
<td></td>
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</tr>
<tr>
<td>1.4 Preparing and providing of health education material</td>
<td>• Providing health education by students in all grades in school</td>
<td></td>
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</tr>
<tr>
<td><strong>2. School health services</strong></td>
<td>• Presence of a health record for every student, staff and other workers&lt;br&gt;• Completion of immunizations by all students&lt;br&gt;• Presence of a health screening programme&lt;br&gt;• Presence of first-aid kit&lt;br&gt;• Training of students and staff on first aid&lt;br&gt;• Presence of referral system in school&lt;br&gt;• Regular presence of a physician or school nurse</td>
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</tbody>
</table>
### 3. Healthy school environment
- Easy access to free, safe and clean drinking-water
- Sufficient clean toilets (5 for the first 100 students, then 1 for every 50)
- Sufficient dustbins for refuse disposal
- Adequate lighting, cooling and heating
- Precautions for traffic safety
- Surrounding environment clean and safe
- Presence of a garden (or pot garden) in school
- Student participation in decision-making in school
- Spirit of cooperation between all
- Presence of evacuation plan for which everyone is trained

### 4. School nutrition services
- Presence of nutrition education in school
- Healthy food and drink options
- Regular monitoring of school canteens for specifications
- Regular health checks for workers in school canteens
- Presence of one or more nutrition programmes in school
- Staff are setting the example in eating habits

### 5. Physical education
- A minimum number of hours of physical activity per week to all students in or outside the school curriculum
- Opportunities for all students to participate in extra-curricular activities that promote physical activity
- Staff encouraged to undertake physical activity
- Community involved in school physical activities

### 6. School-site health promotion for staff
- Providing regular health checks for staff
- Educating staff on their health and health risks
- Presence of physical activity programme for staff
- Staff contributes to the HPS programme components
7. School counselling, psychological and social services

| Presence of social and recreational programmes in school |
| Presence of programmes for controlling health-risk behaviours (e.g. smoking, drug abuse) |
| Special provisions for students with special needs |
| Students trained in life skills |
| Presence of preventive and guidance programmes in school |
| Presence of management, plan for psychological and behavioural problems |

8. Family and community involvement in school health

| Families and members of the community participate in decision-making and planning regarding HP activities in school |
| The local community is contributing and supporting the HPS programme morally and financially |
| Community uses school premises for community activities (outside school hours) |
| School has health education activities for the local community |
| Any other proof of cooperation between school and the local community |

Source: H. Bella

*Measurable effects (outcome indicators) of school health activities*

- Improved attendance and reduced suspensions and dropout rates
- Less smoking among students and staff
- Increased participation in physical fitness activities
- Greater interest in healthier diets
- Increased use of school health and counselling services
- Decreased disciplinary problems
- Increased awareness and involvement by families and community in health needs of students

5.2 Approaches and mechanisms for creating national and regional networks of health-promoting schools

Most of the countries implementing health-promoting schools have some sort of network in a way or another, such as team meetings, newsletters, conferences and exchange materials. However, the vision and mission of this network is not always clear. Most countries have website for Ministry of Health and or Ministry of Education but there is no specific links for health-promoting schools. Schools in most countries have access to internet.
Suggested actions

- Health-promoting schools committee should support coherence between the planning of health-promoting schools and other key development in Ministry of Education.
- A clear vision and mission should be developed for the network in health-promoting schools at national level.
- Efficient communication arrangement that ensure all partners are appropriately consulted and informed about network business.
- Regular well-planned forums and meetings.
- Establish an electronic communication with pupils, parents, school personnel, agencies etc.
- Publicity as a process for communication with media and wider community.
- Communication with networks beyond the national one.
- Establishment of clear management arrangements that ensure efficient coordination of the activities of all partners.
- Effective and systematic evaluation of the network process.
- A signed agreement from the higher authorities of Ministry of Health and/or Ministry of Education.
- Establishment of a website on the regional level with a commitment from all countries to continuously supply the site with all materials and information needed.
- The countries should nominate a person to be designated as country coordinator for this website.
- The network could be also established in the form of: exchange visits, newsletter, annual meetings, e-mail groups and twinning between schools.
- Working committees to address special priorities and issues in different countries.
- Periodical well-planned meetings between different regional committees of health-promoting schools on international level.

5.3 Achievements, challenges and acknowledgements

Achievements

- National standards for the implementation and evaluation of health-promoting schools are developed in some countries in the Region.
- The concept of health-promoting schools has been well received by the majority of Member States and there was no objection to it despite the difference in nomenclature.
- The majority of Member States have an adequate understanding of the concept of health-promoting schools.
- Partnership between education and health has been strengthened.
- There are strong motivations and serious trials to start implementing health-promoting schools programmes.
- Nongovernmental organizations play an important role in the application of health-promoting schools in some countries.
- Research institutions, universities, medical colleges (family and community medicine department), and college of education have been involved.
• The health-promoting schools initiative draws upon existing initiatives and best practices as well as lessons learned from neighbouring countries and other regions.
• In some countries, a teacher was allocated as a full-time supervisor to monitor and coordinate health promotion activities at the governorate/regional level.
• Health-promoting schools provided opportunities for students to actively participate, and in some countries, students were successful in introducing positive changes in the school and neighbouring community environments and in changing parents’ attitudes and health-risk behaviours. This was also reflected in increased parents’ interests and participation in health-promoting schools.
• Health-promoting schools increased the sense of responsibility among students and developed decision-making skills and taking initiatives.
• Some health-promoting schools encouraged other neighbouring schools to become health-promoting schools in addition to twinning among some of health-promoting schools.
• In Member States, training was conducted on the different aspects of health-promoting schools at all levels.
• In some countries, the existence of health-promoting school programmes has contributed to institutionalization of the health promotion concept in health and education ministries.
• Health-promoting school programmes contributed to preparation and production of relevant manuals and guidelines.

Challenges

• Lack of standards in some countries.
• Lack of technical experience.
• Lack of coordination between concerned authorities.
• Insufficient budgetary resources and/or human resources.
• Lack or insufficient training programme and trained personnel on the health-promoting schools strategy.
• Insufficient coordination between the organizations.
• Difficulty to define the most suitable strategy to be applied for each country, this is because of presence of several approaches and strategies.
• Sustainability is a real challenge.
• Ministry of Education and other educational staff have to be oriented with the concept of health-promoting schools to allow the proper execution of this programme.
• There is a real need for re-orientation of school health medical teams towards the preventive role of school health and the concept of health-promoting schools.
• Stressing at the national level that health-promoting schools can contribute in the achievement of the objectives of the Millennium Development Goals (MDGs).
• Absence of national policy for health-promoting schools, except in a few countries.
• Shortage of financial resources for health-promoting schools programmes.
• Poor mobilization of resources from the community and private sectors.
• Lack of research and scientific publications on health-promoting schools.
• In some countries, there are no counterparts/focal points at the Ministry of Education.
• Some countries suffer poor coordination.
Acknowledgements

- WHO EMRO and headquarters
- GCC
- Arab Organization of School Health and Environment
- PAHO/AMRO
- Nongovernmental organizations in the countries
- Yemen, for success in implementing health-promoting schools in a very short time
- Countries that have formed national school health committees and networks
- Arab Bureau for Education in the Gulf Cooperation Council
- Executive Office of the Health Ministers’ Council for the Cooperation Council States
- The private sector

6. RECOMMENDATIONS

To Member States

1. Adopt clearly defined and widely publicized health-promoting school programmes with legislation and competent authorities to promote and enforce their provision.

2. Develop and adopt a national strategy for health-promoting schools with a detailed and comprehensive plan of action which coordinates and identifies the role of each partner.

3. Establish a suitable comprehensive database on health-promoting schools services and indicators, and provide easy access to the database through a network and website.

4. Establish permanent consultative committees from the first secretaries of the concerned ministries and authorities aiming at steering, supervising and planning for necessary actions and steps.

5. Formulate strategic alliances with nongovernmental organizations.

6. Seek technical collaboration for strengthening health-promoting schools and for network development.

7. Maintain flexibility in adopting different approaches, to concentrate on any of the components of health-promoting schools. “Think globally, act locally”

8. Build on existing activities in health promotion.

9. Ensure allocation of sufficient resources for all schools, not just health-promoting schools, which are a minority of schools in almost all countries.

10. Encourage and develop policy- and action-oriented research on health-promoting schools, and involvement of professional institutions.
11. Base health-promoting school strategies on up-to-date evidence-based models and theories in social and behavioural sciences, in order to achieve the desired changes.

12. Establish a surveillance system through conducting regular periodic surveys to assess the impact of the programme and for early detection of obstacles.

13. Undertake advocacy activities directed at legislators and policy-makers and senior government officials and dignitaries, and ensure allocation of budgeting resources.

14. Ensure continued provision of sustained support to school health as the main source of technical and administrative health promotion inputs in the school setting to enhance health-promoting schools. Also, emphasize that health-promoting schools provide a setting for health promotion to students, school staff, and community.

15. Ensure quality initial and in-service training and re-training of all staff and persons involved in health-promoting schools programmes.

16. Enlist support from the private sector, observing ethical considerations and avoidance of conflict of interests, and tap all available resources.

To WHO and Member States

17. Include health-promoting schools on the agenda of the Regional Committee.

18. Develop training curricula, modules and manuals for health-promoting school programmes.

19. Develop regional and national indicators and standards to assess attainment of objectives.

20. Develop regional and national guidelines and standards including an accreditation system for health-promoting schools.

21. Organize more regional conferences on school health, including a specialized workshop for developing guidelines and indicators.

22. Collect all country information available and add it to the AOSHC and make it available on the EMRO website.

23. Formulate a regional advisory committee on school health to coordinate activities at the regional level.

24. Strengthen interregional partnership for school health, such as through organizing inter-regional meetings on school health.

To WHO and other international organizations

25. Join forces to achieve goals and achievements of the health-promoting schools setting.

26. Convey the message to donor agencies to mobilize resources for school health.
Annex 1

AGENDA

1. Opening ceremony
2. Objectives, mechanisms and expected outcomes of the regional consultation
3. Health-promoting schools in the Eastern Mediterranean Region: achievements and challenges
4. FRESH initiative in the Eastern Mediterranean Region: current situation and future directions
5. Health-promoting schools in the Americas: accumulated experiences and lessons learned
6. School health in the Sixth Global Conference on Health Promotion
7. Health education in health-promoting school
8. Suggested regional guidelines for planning, monitoring and evaluation of health-promoting schools and the minimum data set of indicators at national and regional levels: Discussion paper
9. Suggested approaches and mechanisms for creating national and regional networks of health-promoting schools in countries for the Region: Discussion paper
10. Group working
11. Conclusion and closure
Annex 2

PROGRAMME

**Monday, 12 December 2005**

08:30–09:00  Registration
09:00–10:15  Opening ceremony
  Message of H.E. Dr Mohamed Al-Noami, Minister of Public Health and Population
  Message of H.E. Dr Abdelsallam Mohamed Jofi, Minister of Education
  Message of Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean
  *First Plenary Session*
  10:15–10:30  Election of Chairman, Vice-Chairman and Rapporteur
  Adoption of Agenda
  Introduction of the Temporary Advisers
  10:30–10:45  Objectives, mechanisms and expected outcomes of the consultation/ Dr Said Arnaout
  10:45–11:30  Health-promoting schools in the Eastern Mediterranean Region: achievements and challenges/ Dr Said Arnaout, Dr Sahar Abdou Helmi
  11:30–12:00  FRESH initiative in the Eastern Mediterranean Region: current situation and future directions/ Dr Abdel Halim Joukhadar
  12:00–12:30  Health-promoting schools in the Americas: accumulated experiences and lessons learned/ Dr Josefa Ippolito-Shepherd
  12:30–14:15  Discussion
  14:15–17:30  Discussion and review of success stories from the Region

**Tuesday, 13 December 2005**

  *Second Plenary Session*
  08:30–10:00  The Global School Health-based Surveillance System/ Dr Abdel Halim Joukhadar
  10:00–11:30  Discussion
  *Third Plenary Session (Introduction to Group Work)*
  11:30–12:00  Suggested regional guidelines for planning, monitoring and evaluation of health-promoting schools and the minimum data set of indicators at national and regional levels: Discussion paper/ Dr Hassan Bella Alamin, Dr Mostafa Abolfotouh, Dr Said Arnaout
  12:00–12:30  Suggested approaches and mechanisms for creating national and regional networks of health-promoting schools in countries of the Region: Discussion paper/ Dr Salih Al Ansari, Dr Josefa Ippolito-Shepherd, Dr Said Arnaout
  12:30–14:15  Discussion
  14:15–17:30  Working groups:
    Group 1: main assignment: to develop a minimum data set of information and indicators used for planning, monitoring and evaluation of health-
promoting schools at regional and national levels;
Group 2: main assignment: to identify the best approaches and mechanisms for creating the national and regional networks of health-promoting schools in countries of the Region

**Wednesday, 14 December 2005**

08:30–12:00 Working groups

*Fourth Plenary Session*

12:00–14:15 Groups’ presentations, conclusions and recommendations

14:15–14:45 Closing session
Annex 3

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