Global School Health Initiatives: Achieving Health and Education Outcomes

REPORT OF A MEETING

Bangkok, Thailand, 23–25 November 2015

World Health Organization

WHO/NMH/PND/17.7

Suggested citation. Global school health initiatives: achieving health and education outcomes. Report of a meeting, Bangkok, Thailand, 23–25 November 2015. Geneva: World Health Organization; 2017 (WHO/NMH/PND/17.7). Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

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Printed by the WHO Document Production Services, Geneva, Switzerland
Design and layout: Severin Haselmann

List of abbreviations

FRESH	Focusing Resources on Effective School Health
HPS	Health Promoting School
IEC	Information, education and communication
JC-GSHR	Japan Consortium for Global School Health Research
LMICs	Low- and middle-income countries
NCDs	Noncommunicable diseases
NGOs	Nongovernmental organizations
NTDs	Neglected tropical diseases
PCD	Partnership for Child Development
SEAMEO	Southeast Asian Ministers of Education Organization
SEAMEO TROPMED Network	SEAMEO Tropical Medicine and Public Health Network
SHN	School health and nutrition
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Contents

Executive Summary

The WHO School Health Technical Meeting was held in Bangkok on 23–25 November 2015 to consolidate what had been learned from regions and countries since the last WHO Technical Meeting on School Health in 2007 and to renew commitments and scale-up of the institutional capacity of the health and education sectors to achieve health and educational outcomes especially low-resource settings.

More than 60 experts from a wide variety of geographical and professional backgrounds participated in the meeting. All the participants confirmed that successful activities and good practices varied depending on economic, social, demographic, and geographical factors. The types of programmes that were working in low-resource countries were identified: deworming; school lunches; immunization; health screening weight and height measurement; eyesight and hearing; water, sanitation and hygiene (WASH). Successful programmes for the prevention of Noncommunicable diseases (NCDs), such as programmes on physical activity, healthy eating (increasing vegetable and fruit intake, control of sugar and fat intake), oral health, and tobacco use were reported from high-resource countries.

The factors in successful implementation of school health programmes were identified; ownership by government; existing national policies and prioritizing school health programmes; involvement of all relevant ministries (e.g., ministries of health, education, agriculture, finance) and local government; financial and/or technical support by donor agencies; participation of children and communities including parents and guardians; allocating appropriate funding; ownership by school principals and/or teachers; scheduling interventions as official school activities; allocating focal teachers and providing teacher training; including school health in the curriculum of teacher training institutions; setting culturally appropriate menus for school lunches including using locally available food. The identified factors related to barriers of implementation of school health programmes were lack of policies, guidelines, scale up plans, policy implementation; insufficient lobbying and advocacy for school health and nutrition (SHN) programmes, and lack of political and legal support for implementation on SHN activities; insufficient amount of and timeliness of budget allocation; lack of coordination among related ministries and stakeholders (e.g. United Nations (UN) bodies, non-governmental organizations (NGOs) and academic institutions); lack of technical capacity on human resources and training; lack of quality and quantity of resources for implementation, monitoring and evaluation, as well as insufficient data and evidence for promoting SHN activities; and cultural barriers to implementation, especially reproductive health programmes.

The meeting concluded with the following nine points, recognized as key factors for implementing school health programmes successfully with limited human and financial resources; 1) establish systems for collecting better data, monitoring, reporting, providing evidence and utilizing evidence to make policy and implementation plans; 2) strengthen inter- and intra-ministerial cooperation and collaboration among all stakeholders at all levels; 3) strengthen advocacy at all levels for moving from policy to implementation; 4) ensure sustainable funding, better costing, long-term financing plans and procedures; 5) establish the health education curriculum as a home for all topics; 6) develop institutionalized human resource, such as pre-service and in-service training for teachers, health personnel and government staff; 7) promote a comprehensive approach; 8) collaborate with all stakeholders at all levels (including the private sector); 9) promote the engagement of parents, students and teachers.

1. Background

Childhood and adolescence offer opportunities for health gains through both prevention and early clinical intervention. Preventive interventions undertaken in developmental phases often have greater benefits than interventions to reduce risk and restore health in adults[1].

Due to a decline in the number of deaths in earlier childhood in many countries, Non-communicable diseases (NCDs), injuries and mental health are the emerging priorities in the global child health agenda[2]. Estimated 1.2 million adolescents died in 2015, over 3000 every day, mostly from preventable or treatable causes. Road traffic injuries were the leading cause of death in 2015. Other major causes of adolescent deaths include lower respiratory infections, suicide, diarrhoeal diseases, and drowning[3]. The global disease burden due to NCDs affecting children in childhood and later in life is rapidly increasing, even though many of the risk factors can be prevented[4]. For example, obesity rates in the world's children and adolescents increased from less than 1% (equivalent to five million girls and six million boys) in 1975 to nearly 6% in girls (50 million) and nearly 8% in boys (74 million) in 2016. Combined, the number of obese five to 19 year olds rose more than tenfold globally, from 11 million in 1975 to 124 million in 2016[5]. Moreover, globally, almost 25 million younger adolescents smoke tobacco - one in every 10 girls and one in every 5 boys. Additionally, almost half of the adolescents - both girls and boys - are exposed to second-hand smoke in public places[6].

Although significant numbers of school-age children are unfortunately not in formal education, the compulsory school years provide an easy entry point to engage this age group and embed healthy life style for lifetime health promotion[7] i.e., a school is an ideal setting for promoting health, because behaviours and routines are developed and established during childhood, and students' acquired knowledge and experiences enhance the lives of other family members[8]. Additionally, health education is already a part of the school curriculum[9].

Various global initiatives such as the Global Strategy for Women's, Children's and Adolescents' Health[10] and the Commission Ending Childhood Obesity[7], the World Health Organization (WHO) Global Action Plan for the Prevention and Control of NCDs 2013-2020[11], and Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development[12] acknowledge the critical role of schools in providing the foundation for ensuring a heathy growth of children and adolescents.

WHO launched its Global School Health Initiative in 1995 with the purpose of spreading Health Promoting School (HPS)* approach worldwide[13,14]. The general direction of WHO's Global School Health Initiative is guided by the Ottawa Charter for Health Promotion (1986); the Jakarta Declaration of the Fourth International Conference on Health Promotion (1997); and the WHO's Expert Committee Recommendation on Comprehensive School Health Education and Promotion (1995)[15].

Afterwards, a critical moment in the current global school health movement came in 2000 at the World Education Forum, where WHO, United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF) and World Bank jointly organized a strategy session on raising the educational sectors' awareness of the implementation of an effective school health, hygiene and nutrition programme as part of a major strategy to achieve Education for All. As part of this session, they jointly launched Focusing Resources on Effective School Health (FRESH); a FRESH framework to enhancing the quality and equity of education. The FRESH framework is a starting point for developing effective school health policies, programmes and services.

The latest WHO School Health Technical Meeting was held in 2007 to draw upon existing evidence and practical experience from regions and countries and individual schools in promoting health through schools[16]. At the meeting, the consensus on the core components of effective school health programmes – policy, skills-based health education, a supportive social and physical environment, community partnership and health services, such as WHO HPS's key features. Moreover, five key challenges were identified; the need to continue building evidence and capturing practical experience in school health; the importance of improving implementation processes to ensure optimal transfer evidence into practice; the need to alleviating social and economic disadvantage in access to and successful completion

* WHO defined Health Promoting Schools (HPS) as "A health promoting school can be characterized as a school constantly strengthening its capacity as a health setting for living, learning and working". The Key feature of HPS is to 1) Engage health, education, and community leaders, 2) Provide a safe, healthy environment (physical and psychosocial), 3) Provide health education, 4) Provide access to health services, 5) Implement health promoting policies and practice, 6) Improve the health of community.

of school education; the opportunity to harness media influences for positive benefit, and the continuing challenge to improve partnership among difference sector and organizations[17].

2. Objectives

The WHO School Health Technical Meeting was held in Bangkok on 23–25 November 2015 to consolidate what has been learned from regions and countries since the WHO Technical Meeting on School Health in 2007 and to renew commitments and scale-up of the institutional capacity of the health and education sectors to achieve health and educational outcomes.

To increase the implementation and effectiveness of school health programmes in low- and middle-income countries (LMICs), it is therefore essential to examine not only what works, but also why it works. In particular, the contextual variations such as education resources available to schools; the buy-in by policy makers, schools, families and communities; and, the social environment in schools, all of which are recommended to be addressed in order to achieve best practices in HPS. It is also imperative to identify the barriers to and opportunities for uptake of interventions that have been proven effective and evaluated with methodological rigour.

To ensure equity, which is a focus of school health promotion, attempts must also be made to ascertain if students from disadvantaged groups who are more in need of school health services have been provided with school health programmes[17].

Therefore, the main objectives of the meeting were to:

- Identify achievements from school health initiatives: what works and why;
- Identify lessons learnt from school health programmes: the barriers and opportunities;
- Identify strategic recommendations to address the barriers and optimize the opportunities;
- Identify emerging health issues that are being encountered in schools;
- Renew commitments on school health for all children, ensuring health equity and equal opportunities for education.

At the end of the meeting, participants:

- Identified interventions that have been proven to be effective and evaluated with methodological rigour, contributing factors that led to successes and taking country variations into consideration;
- Identified barriers to the uptake and effective implementation of evidence-based interventions in LMICs;
- Provided strategic recommendations for actions in LMICs to address the barriers;
- Identified emerging health issues in schools.

3. Overviews

The meeting was co-organized by WHO headquarters in Geneva and its Regional Office for South-East Asia. Other WHO regional offices participated in the meeting by sending regional experts. Sixty-seven participants attended the meeting, with representatives of health or education ministries coming from the South-East Asia, the Western Pacific, the Middle East and Africa. Representatives of international nongovernmental organizations (NGOs) and United Nations (UN) agencies, as well as academic experts, also participated. The meeting aimed at renewing commitments to, and scale-up of, the institutional capacity of the health and education sectors to achieve health and educational outcomes. For that purpose, the meeting focused on the implementation of school health programmes in LMICs. The three-day meeting covered the following themes: lessons learnt from school health programmes and how to scale up and maximize opportunities for school health (Day1); how to address the barriers and current situation faced by each country/region (Day2); and responding to emerging health and educational issues (Day3). Participants discussed how to improve implementation in each country/region on the basis of presentations by 20 experts and during round-table discussions that took place on each day. The participants then agreed on a set of common challenges and opportunities in implementation of school health programmes.

4. Salient Points of Discussion

4.1. What works and what does not work in school health programmes: – the facilitators and barriers

School health programmes that participants reported as being successful are shown in Table 1. All the participants confirmed that successful activities and good practices varied depending on economic, social, demographic, and geographical factors. For example, the types of programmes that were working in low-resource countries were: deworming; school lunches; immunization; health screening weight and height measurement; eyesight and hearing; water, sanitation and hygiene (WASH). Successful activities for the prevention of NCDs, such as programmes on physical activity, healthy eating (increasing vegetable and fruit intake, control of sugar and fat intake), oral health and tobacco use were reported from high-resource countries.

Table 1 also shows the health, education and psycho-social impacts of school health programmes. Health impacts were reported in more countries than educational and psychosocial impacts. The reported health impacts included: increasing physical activity (physical activities in Singapore, comprehensive school and health nutrition (SHN) activities in Thailand), decreasing obesity (school lunches in Singapore, comprehensive SHN activities in Thailand), decreasing the smoking rate (substance abuse prevention programmes in Republic of Korea, Singapore), increasing vegetable and fruit intake (school lunches in Singapore), reducing unhealthy food intake (nutrition programmes in Thailand, Republic of Korea), improving oral health (oral health programmes in Thailand and Cabo Verde), decreasing stunting (comprehensive SHN activities in Thailand), successful early detection of vision and hearing disorders in children (health screening in Singapore, Maldives, Indonesia, Sri Lanka, comprehensive SHN activities in Bhutan and Nepal), and boosting immunization efforts (immunization programme in Indonesia, comprehensive SHN activities in Bhutan). The reported educational impacts were: increasing attendance rate (health screening in Indonesia), reducing absenteeism (oral health programme in Thailand, comprehensive SHN activities in Nepal), increasing enrolment rate (comprehensive SHN activities in Nepal), and improving academic score (iron supplementation and comprehensive SHN activities in Sri Lanka, health screening in Indonesia). The reported psychosocial impact was improving mental health status (school lunches in Thailand, mental health programmes in Singapore and iron supplementation and comprehensive SHN activities in Sri Lanka).

The factors in successful implementation of school health programmes are summarized in Table 2: ownership by government; existing national policies and prioritizing school health programmes; involvement of all relevant ministries (ministries of health, education, agriculture, finance) and local government; financial and/or technical support by donor agencies; participation of children and communities including parents and guardians; allocating appropriate funding; ownership by school principals and/or teachers; scheduling interventions as official school activities; allocating focal teachers and providing teacher training; including school health in the curriculum of teacher training institutions; setting culturally appropriate menus for school lunches including using locally available food.

The barriers in successful implementation are shown in Table 3: lack of policies, guidelines, scale up plans, policy implementation; insufficient lobbying and advocacy for SHN activities, and lack of political and legal support for implementation on SHN activities; insufficient amount of and timeliness of budget allocation; lack of coordination among related ministries and stakeholders (e.g. UN bodies, NGOs and academic institutions); lack of technical capacity on human resources and training; lack of quality and quantity of resources for implementation, monitoring and evaluation, as well as insufficient data and evidence for promoting SHN activities; and cultural barriers to implementation, especially reproductive health programmes.

Meeting participants suggested the actions necessary to conduct school health programmes successfully, while confirming that further work is required to understand the impact on school health programmes of factors such as: (a) contextual variations; (b) buy-in by policy-makers, schools, families and communities; (c) social environments in schools; (d) barriers to the implementation of proven interventions; and (e) external factors, such as the influence of social media and marketing.

There was a clear consensus among participants on the effectiveness of, and necessity for, a comprehensive school health programme to include all the FRESH pillars (school health policies, water, sanitation and environment, skills-based health education, school health and nutrition services).

Besides these findings, participants recognized the importance of creating an integrated approach among the different activities so as to minimize the implementation costs and the burden on the implementers, as well as the importance of setting up a system to develop human resources, such as training for sustainable school health programmes.

Participants also indicated that the role of the Southeast Asian Ministers of Education Organization (SEAMEO) is very important. For example, SEAMEO should take the leadership role in facilitating regional school health programmes, providing technical support to obtain evidence through research activities, organizing training of personnel, and making efforts to realize inter- and intra-sectoral cooperation on school health in the WHO South-East Asia and Western Pacific regions.

4.2. Lessons learnt from school health successful programmes upscaling

The following nine points were identified as being vital for successful implementation of school health programmes.

- **Establishing better data collecting systems for monitoring, reporting, providing evidence and utilizing evidence to make policy and implementation plans**

  Participants recognized the necessity of building the evidence base on school health and the impact of school health programmes on education. In particular, the problem of insufficient country data (e.g. pre-primary and primary school level data) in LMICs was emphasized. The importance of strengthening monitoring and evaluation to promote implementation was also pointed out as being a challenge for many countries. Collaborative methods of monitoring, evaluation and research across stakeholders need to be strengthened.

- **Strengthening inter- and intra-ministerial cooperation and collaboration among all stakeholders at all levels**

  Participants recognized the necessity of building long-term partnerships within and among relevant ministries (Ministries of Education, Health, Agriculture, Finance and Local Government). In particular, strengthening connections between health and education sectors are needed.

- **Strengthening advocacy at all levels in order to move from policy-making to implementation**

  Participants noted that although school health and nutrition/health promoting school policies were often in place in their countries, the implementation of these overarching policies remained a challenge. They suggested that advocacy at all levels on the school health programmes are necessary in order to improve both children's health and their education.

- **Sustainable funding, better costing, long-term financing plans and procedures**

  Participants identified a number of actions needed to be taken regarding costing, funding and long-term financing of school health and nutrition programmes. These include identifying financing mechanisms and budget lines for school health and nutrition elements within ministerial budgets; providing guidance; cutting tax rates for medicines; and developing better use of public–private partnerships.

- **Establishing the health education curriculum as a home for all topics**

  The need for a mandatory health education or life skills education curriculum was noted as an urgent and important issue in many sessions. Enhancing the quantity of time available for health education curricula is an urgent and global issue, which is needed to achieve a basic level of health literacy and to cover all relevant health issues, as well as to improve the quality of teaching in classrooms through pre-service and in-service training.

- **Institutionalized human resource development**

  Human resources development is required. Teachers were not the only category of personnel requiring more pre- and in-service education and training. Building professional skills and knowledge is necessary at all levels and for various types of personnel (e.g. government officials, teachers, students, community leaders, community health workers, school health and nutrition staff) with innovative approaches.

- **Promotion of a comprehensive approach**

  Participants agreed that it was necessary to integrate the various health and nutritional elements into one comprehensive package/national framework when planning school health programmes. This comprehensive package needs to be adjusted to different contexts. Prioritized interventions then need to be selected on the basis of need and feasibility and to obtain quick wins.

- **Collaboration among all stakeholders at all levels (including the private sector)**

  Participants agreed on the importance of promoting political leadership at both local and central levels and the necessity of developing coordinating mechanisms (e.g. taskforces/committees) at all levels with clear roles and responsibilities. Participants also confirmed the importance of strengthening partnerships with communities, and with both the public and private sectors, with clear roles and responsibilities based on memorandum of understanding and explicit commitments.

- **Promoting the engagement of parents, students and teachers**

  Long term engagement of students, teachers and parents in school health and nutrition/health promoting school programmes (e.g. through participation in student health clubs and parent-teacher associations) is a challenge because participation often declines after external funding or initial enthusiasm wanes. Incentives, awards, or accreditation for schools and communities are needed to sustain programmes.

4.3. Emerging important agendas in school health

The following activities were identified as emerging important agendas in school health:

- Addressing equity issues and the determinants of children's health and well-being through school health programmes (e.g. services in schools to students of low socioeconomic status, geographically isolated children in low-resource countries, students from indigenous communities, and students from disadvantaged communities in high-resource countries, inclusive school health environment);
- Responding to mental health, which is a growing problem in a wide variety of regions and countries, is required to integrate approaches with psycho-social support, prevention of personal violence (bullies) especially at the secondary school level;
- Adding further safety and injuries prevention in school curriculums;
- Addressing challenges related to climate change in school health programme and respond to the needs of emergency preparation among school-age children during disease outbreaks (e.g. Ebola) and/or in disasters, conflict and humanitarian crisis situations.

4.4. Development of drafts of a statement on control of neglected tropical diseases (NTDs) in Asia

In addition to the results mentioned above, participants in the meeting achieved the following results: drafts of a statement on control of NTDs in Asia were circulated and discussed with a view to future adoption in each country; the regional network on NTD control in Asia was strengthened; opportunities to seek feasible solutions to difficulties in each country were provided by sharing experiences during experts' presentations and round-table discussions. They also agreed that more works are needed to prioritize research issues that were important to different country/regional contexts and recognized that there was a need to update, gather and synthesize the experiences, data-based reports concerning the effectiveness of school health programmes in low-resource countries.

5. Conclusion

The meeting concluded with the following nine points, recognized as key factors for implementing school health programmes successfully with limited human and financial resources:

- Establish systems for collecting better data, monitoring, reporting, providing evidence and utilizing evidence to make policy and implementation plans;
- Strengthen inter- and intra-ministerial cooperation and collaboration among all stakeholders at all levels;
- Strengthen advocacy at all levels for moving from policy to implementation;
- Ensure sustainable funding, better costing, long-term financing plans and procedures;
- Establish the health education curriculum as a home for all topics;
- Develop an institutionalized human resource, such as pre-service and in-service training for teachers, health personnel and government staff;
- Promote a comprehensive approach;
- Collaborate with all stakeholders at all levels (including the private sector);
- Promote the engagement of parents, students and teachers.

6. Way Forward Next Steps

The following recommended actions aim to address some of the barriers and facilitate the strengthening of school health promotion, and the way forward at the regional and country level:

- Response to the UN Sustainable Development Goals through further multi-sectoral coordination and roles of school health programme or HPS;
- Make a national strategic plan for school health (including prioritizing, costing and setting a time frame, monitoring and evaluation);
- Strengthen the connections between the health and education sectors across all regions and with other sectors (agriculture, local government, etc.), and strengthen collaboration within sectors (e.g. among different units in a ministry) understand and work better with and within education systems;
- Cost programmes and advocate for sustainable financing;
- Strengthen human resources (e.g. develop training curricula and modules for pre-service teacher training);
- Share good practices among countries and within/among regions.

The concept note provided to participants and several issues that were raised at the meeting requires further investigation. The following six actions were identified as important for follow-up in collaboration with WHO Headquarters and regional offices as well as other development partners:

- Organize regional forums for reporting progress (every two years);
- Follow up with regard to the Asian regional NTD statement (with WHO Headquarters , and the South-East Asia and the Western Pacific regions);
- Increase understanding of how different cultures and various diversities affect the development, implementation and maintenance of school health programmes and approaches;
- Conduct a situation analysis and prepare country profiles (African countries);
- Set up a school health technical expert group;
- Advocate for the importance of comprehensive and integrated school health programmes and packages (including development of integrated package).

In addition, the following five actions were identified as being needed to undertake in collaboration with academia:

- Ensure that decision-makers pay attention to school health by producing research evidence;
- Distribute and promote the regional statement on NTDs;
- Prioritize research issues that are important to country/regional contexts, including human resources development for researchers (e.g. examining the impact of school health among students at the population level);
- Strengthen the collection of health information and baseline data (e.g. expanding target populations from secondary to preschool and primary school children in statistical surveys, such as the Health Behaviour in School-aged Children survey and the Global school-based student health survey), and make better use of data and monitoring/reporting surveys and data sources/reports in decision-making;
- Conduct research into the attribution of effectiveness of school-based interventions, such as the contribution of school tobacco control interventions to reductions in tobacco use among students, and identify the costs of action and inaction for school health promotion using deworming as an example.

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Table 1. What works: health, educational and psychosocial impacts of school health activities as reported by countries (by country income groups)

	High-income			Upper-middle-income			Lower-middle / Low-income		
	Health	Education	Psychosocial	Health	Education	Psychosocial	Health	Education	Psychosocial
Child participation	—	—	—	—	—	—	Philippines	—	—
Child protection	—	—	—	—	—	—	—	—	—
Comprehensive health and nutrition services	Oman	—	—	Thailand		—	Egypt, Sri Lanka, Nepal, Bhutan, India	Nepal, Sri Lanka Bhutan, India	Sri Lanka
Health care services	—	—	—	—	—	—	Indonesia	—	—
Health screening (weight, height, eye, hearing)	Singapore	—	—	Maldives	—	—	Indonesia, Sri Lanka,	Sri Lanka, Indonesia	—
Health school day	—	—	—	—	—	—	Timor-Leste	—	—
Hygiene and sanitation / environment	Republic of Korea	—	—	—	—	—	Egypt	—	—
Immunization	—	—	—		—	—	Indonesia		—
Mental health	Singapore	—	Singapore				—	—	—
Nutrition (unhealthy diet: salt, sugar, and fat)	Republic of Korea	—	—	Thailand	—	—	—	—	—
Nutrition (school lunch)	Singapore	—	—	Thailand	—	Thailand		—	—
Nutrition (iron folic)	—	—	—	—	—	—	Sri Lanka	Sri Lanka	Sri Lanka
Oral health	—	—	—	Thailand	Thailand		Cabo Verde	—	—
Physical activity	Singapore	—	—	—	—	—	—	—	—
Substance abuse (smoking, alcohol, drugs)	Republic of Korea	—	—	—	—	—	—	—	—
Substance abuse (smoking)	Singapore	—	—	—	—	—	—	—	—
Worm control	—		—		—	—	Myanmar	—	—

—: Not reported.

Table 2. Factors related to successful implementation of school health programmes as reported by countries.

		Government				Partnership, Donor support		Local government	Community	School				
Health Topic	Contributing factors / Countries	Ownership and commitment by government	Existing national policies	Existing guidelines, implementation guidance and/or frameworks for school health programmes	Involvement of relevant ministries, such as Ministries of Health, Education, Agriculture, Finance	Involvement of relevant organizations or donors, such as NGO, development agencies, international organizations (WHO) and voluntary groups	Donor support (fund, technical support)	Decentralization/ Existing local policies/ Ownership and commitment by government	Support from communities including health centers/Involvement of parents and guardians	Ownership and commitment by school principals and/or teachers	Participation of children	Receiving funding allocated for activities	Scheduling interventions as official school activities/Existing school health plans	Allocating focal teachers for promoting school health and/or providing teachers' training
Child participation	Philippines	✓									✓			
Child protection	Maldives	✓			✓		✓		✓	✓				
Comprehensive health and nutrition services	Bhutan			✓			✓			✓				
	Cabo Verde				✓	✓			✓				✓	
	Egypt				✓		✓							
	India	✓												
	Nepal	✓					✓							
	Oman				✓			✓	✓					
	Sri Lanka	✓							✓	✓				
	Thailand		✓							✓			✓	
Disaster risk reduction	Maldives				✓	✓			✓	✓			✓	
Health care services	Indonesia	✓		✓	✓		✓	✓	✓			✓	✓	
	Myanmar	✓			✓	✓								
	Nepal	✓					✓							
Health school day	Timor-Leste			✓			✓	✓	✓					✓
Health screening (weight, height, eye, hearing)	Indonesia			✓	✓		✓		✓			✓		
	Maldives	✓							✓	✓				
	Singapore	✓							✓	✓				
	Sri Lanka				✓		✓		✓	✓			✓	
Hygiene and sanitation/ environment	Egypt				✓				✓		✓			
	Republic of Korea			✓	✓		✓		✓				✓	
Immunization	Indonesia				✓				✓		✓			
	Myanmar	✓			✓		✓		✓		✓			
Mental health	Singapore	✓							✓	✓				

		Government				Partnership, Donor support		Local government	Community	School				
Health Topic	Contributing factors / Countries	Ownership and commitment by government	Existing national policies	Existing guidelines, implementation guidance and/or frameworks for school health programmes	Involvement of relevant ministries, such as Ministries of Health, Education, Agriculture, Finance	Involvement of relevant organizations or donors, such as NGO, development agencies, international organizations (WHO) and voluntary groups	Donor support (fund, technical support)	Decentralization/ Existing local policies/ Ownership and commitment by government	Support from communities including health centers/Involvement of parents and guardians	Ownership and commitment by school principals and/or teachers	Participation of children	Receiving funding allocated for activities	Scheduling interventions as official school activities/Existing school health plans	Allocating focal teachers for promoting school health and/or providing teachers' training
Nutrition	India			✓										
Nutrition (iron folic)	Sri Lanka				✓		✓		✓	✓				
Nutrition (sugar consumption	Thailand					✓			✓					
Nutrition (unhealthy diet: salt, sugar, and fat)	Republic of Korea			✓										
	Philippines	✓												
Oral health	Thailand			✓	✓	✓	✓		✓	✓			✓	
Physical activity	Singapore				✓	✓								
School feeding/ School lunch	Singapore				✓	✓								
	Thailand								✓			✓		
	Timor-Leste			✓	✓				✓	✓		✓		✓
School health education	Myanmar			✓									✓	✓
Substance abuse control	Republic of Korea		✓	✓										✓
	Singapore	✓							✓	✓				
Worm control	Myanmar				✓		✓							

Table3: Challenges and suggested actions

Note: a) Government; b) School; c) Community; d) Others

Topic	Country	Challenges	Suggested actions
Adolescent health	India	a) No plan for scale-up b) Parallel programs d) Sensitiveness of this topic	a) Top-down approach; Institutionalization of the programme; Develop guidance on policy implementation
	Indonesia	a) No plan for scale-up; Focus on pregnant women; Lack of support for regular data surveillance b) Lack of awareness (e.g. School canteen provides unhealthy food, No lesson for anaemia prevention in health education) c) Low compliance of intake - iron tablet, poor healthy diets, no breakfast, junk food d) Low priority for procurement of iron tablets in local government	a) Update guidelines on the iron tablet programme for adolescents in collaboration with WHO supporting technical assistance; Strengthen health information system on gathering health information regularly; Local government should allocate funding for iron tablets for adolescent girls b) Teachers' and parents' participation in monitoring compliance with intake of iron tablets; Collaboration between school and parents on monitoring healthy food in school canteens c) Develop information, education and communication materials (IEC) on prevention of anaemia in adolescents
	Myanmar	d) Untouched area	a) Effective plan for training of trainers; Dissemination information from top to bottom b) Health staff and teachers d) Financial support from WHO
Comprehensive school health (health promoting school)	Republic of Korea	a) Korean school health system and plan is based on each school initiative so that nationwide monitoring and evaluation of school health programme is hard b) Emerging new problems such as computer addiction and school violence; Lack of bonds between teacher, students and parents; Mental health and stress cause school problems c) Shortage of pedestrian walkways and other forms of physical exercise environment in local communities	a) Make each school evaluate own programmes b) Based on each student's level and situation, physical activity, mental health and personality education are provide; Need for a memorandum of understanding with community groups for consulting and evaluation; "Saturday sports programme" is having a positive effect on students and their ability to form friendships, healing camp programme helping teachers and students to bond. c) Operate sports clubs for the community
	Myanmar	a) Lack of funding to employ human resources to conduct school health promotion	d) Financial support from donors
	Thailand	a) Although schools obtain 100% policy support by Ministry of Public Administration, implementation is voluntary by each school b) Lack of teachers in small schools; Turnover of school teachers c) Vaccine/oral care are painful for students d) Time required for parents to participate in the programme, to produce documentation for report and sustain the project	a) Policy and budget support b) School giving information to students' families and communities, meeting, consulting, training teachers on dealing with need and problem assessments, refreshing/reorienting teachers' skills

Note: a) Government; b) School; c) Community; d) Others

Topic	Country	Challenges	Suggested actions
Human resource development	Myanmar	a) Lack of funding, training, and technical expertise (e.g. mental health)	a) Refer WHO guidance; Collaboration with experts d) Obtain financial support from donors
Immunization	Thailand	a) Difficulty in providing vaccine including logistical problems c) Some parents/guardians do not allow their children to be vaccinated (because of pain, vaccine safety, side-effects such as fever, etc.)	a) Ensure quality of vaccine by production company and quality of transfer of vaccine by health officers b) Inform the advantages of vaccination; Conduct population-based immunization (not only target individuals but community immune); Provide information on quality and safety of vaccinations and how to deal with side-effects, especially in case of refusal
Nutrition	Philippines	b) Policies are implemented in school premises but in community (e.g. the no junk food policy undermined when children leave school, as ambulant vendors are present)	a) Involve the local government unit in the implementation of the policy theme, orientation, creation of task force, and local organization
NCDs prevention	Malaysia	a) Only 20 % of students have health education component	a) Develop a task force for curriculum development with Ministry of Education and Ministry of Health; In collaboration with Ministry of Education and Ministry of Health, providing life skills education, including NCDs in teacher training, identifying responsible persons, lobbying and advocacy
	Myanmar	a) Lack of national action plan specified in health education for NCDs in schools b) Schools have less capacity to teach NCDs related topics in life skills education	a) Advocacy to develop a national action plan b) Conduct training for teachers
Nutrition (school feeding)	Egypt	a) Insufficient budget for implementation	a) Allocate budgets in collaboration with Ministry of Finance
Nutrition	Malaysia	a) Difficulty in access sufficient quantities and quality of iron folate; Limited local supplies and insufficient quality; Tax rates are high for imported drugs	a) Reduce tax from imported drugs; Build capacity through investments in infrastructure to produce drugs; Enhance intersectoral cooperation; Lobbying and advocacy to obtain zero rate tax for drugs
Nutrition	Maldives	a) Lack of expertise in school health and nutrition b) Inadequate practice of knowledge delivered	a) Need more collaboration and involvement of stakeholders including Health Protection Agency, Ministry of Health and NGOs at national level, health personnel and NGOs at local level; Need capacity building of staff and increasing number of staff in school health section b) Encourage use of healthy food/drink in class/school events; Obtain more parental involvement

Note: a) Government; b) School; c) Community; d) Others

Topic	Country	Challenges	Suggested actions
Nutrition (anaemia in schoolgirls)	Myanmar	a) Difficulties in access high quality drugs (in-sufficient quantities/low quality drugs) b) Lack of NCDs related health education in schools	a) Enhance intersectoral cooperation with Ministry of Finance to set zero % tax; Importing drugs from international suppliers; Building capacity in country and encouraging investment in identifying responsible persons; Establish task force; Conduct in-service and pre-service teacher training d) Financial support from WHO and private funding (long-term solution)
Nutrition (healthy meals in childcare centres)	Singapore	a) Different ministries have different mandates; Difficulty in finding the balance between each mandate b) Cost; Increase in parental complaints; Difficulty in finding school cooks who can prepare healthy and tasty food c) Healthy food in schools but unhealthy food just outside the school gates d) Lack of evidence of link between healthy eating, health outcomes and educational attainment	a) Investment, detailed roadmap and action plan / timelines, constant encouraging and advocating with Ministry of Education and schools, nutrition education and culinary training, constant monitoring b) Buy-in, relationship among school cooks and Health Promotion Board c) Parental support/advocacy
Nutrition (midday meal)	Sri Lanka	a) Public health inspector does not have the power to take legal action b) Not enough action taken c) Lack of interest in the community on this activity d) Canteen owners must pay 50 cents per child; No adherence to policy targeting income generation in large schools	a) Provide authority for public health inspector to take legal action b) Proper monitoring of implementation c) More involvement of parents and communities in obtaining support for the provision of quality meals
Nutrition (canteen policy implementation)	Sri Lanka	a) Insufficient budget allocated for implementation b) Lack of linkage between teaching of balanced diet and provision of such a diet due to financial restrictions c) Lack of interest in community on this activity d) Not enough data on country-specific effectiveness	a) Provide more funds, coverage should be improved to all schools; Request academic sectors and WHO to provide technical assistance in developing monitoring and evaluation mechanism b) Provision of balanced diet as described by teachers in lessons c) More involvement of parents and communities in obtaining support for the provision of quality meals
Nutrition (school milk)	Thailand	a) Budget allocation to local administrative office: sometimes delays in payment leading to delays in obtaining food; some local sources of milk production are still unqualified in terms of storage	a) Early collaboration for budget management between schools and local administrative offices on numbers of students; Ensuring that milk distributed by a company or cooperative is of sufficient quality, that milk is not stored for too long, and that providers take part in a bidding process (before school opening each semester)

Note: a) Government; b) School; c) Community; d) Others

Topic	Country	Challenges	Suggested actions
Nutrition (sugar consumption)	Thailand	a) Changing policy/priorities and budget allocation; Changing the evaluation criteria for reporting b) Changing or rotating of responsible persons, leads to less motivation to carry out routine work; Personnel not using the feedback data to be self-motivated c) Changing the authorities, and then priorities are changed as well as changing of administration and financial support policies d) No retraining or refreshing for the new/old responsible persons, the professional support is not strong and consistent to give technical support to the schools	a) Convince the Government to maintain activities that promote children's health b, c) Try to maintain the same responsible persons or giving the responsibility to more members of school staff, since the benefit will not only be for the schoolchildren but for their families as well; Provide training and refresher courses to the new/old responsible persons to motivate them and help them rethink their responsibilities to be more effective; Organize an active and participatory discussion with all stakeholders: Use social media as a means of sharing knowledge as well as problems and solutions, especially moral support; Give rewards and recognition to those who have best the outcomes and achievements d) Try to be self-supported or using local support, using local volunteers, recruiting NGOs and the private sector to take part in activities, such as financial support and technical support from profession
Oral health	Cabo Verde	a) Lack of resources to scale up pilot programme and to make it sustainable, pilot programme has stalled, lack of human resources and dental skill sets c) Lack of awareness in the community of the importance of tooth brushing	a) Provide educational programmes, especially with mothers to raise their awareness, changing diet campaigns, identifying local sources to procure toothpaste and toothbrushes; Identify international partners; Obtain budgets for oral health screening in pilot programme; Monitor successful pilot programme and utilize evidence to advocate for budget to scale up programme
	Malaysia	a) Lack of resources, pilot programme has stalled, lack of human resources	a) Identify local resources to procure toothpaste and toothbrushes, mouth screen of pilot programme for budget b) Conduct campaigns to change diet c) Conduct education for mothers
	Thailand	a) Change policy/priorities and budget allocation; Change the evaluation criteria for reporting the task b) Changing or rotating of responsible persons leads to less motivation to carry out routine work; not using the feedback data to be self-motivated c) Change authorities leads to changing priorities as well as changing administration and financial support policies d) Other: No retraining or refresher courses for the new/old responsible persons. The professional support to the schools is not strong and consistent enough	a) Convincing the government to maintain activities that promote children's health b, c)Try to maintain the same responsible persons or giving the responsibility to more members of staff in the school since the benefit will not only be for the schoolchildren but also for their families; Providing training and refresher courses to new/old responsible persons to motivate them and help them rethink their responsibilities to be more effective; Organizing an active and participatory discussion with all stakeholders; Use social media as a means of sharing knowledge as well as problems and solutions, especially moral support; Provide rewards and recognition to those

Note: a) Government; b) School; c) Community; d) Others

Topic	Country	Challenges	Suggested actions
Oral health	Thailand		who have the best outcomes and achievements d) Try to be self-supported or use local support, local volunteers, NGOs and the private sector to take part in activities part of the financial support, including technical support from profession
Physical activity	Egypt	a) Insufficient budget b) Lack of playgrounds and deficiencies in equipment c) Parents do not motivate their children; Children are not interested in physical activity	a) Allocate funds; Provide health education with parents, students and teachers d) Make a playground and equipment available in schools
	Maldives	a) Insufficient number of trained professionals to develop the materials; Learning content is too difficult for early grades; Late introduction of lifestyle behaviours leading to NCDs (included from grade 4 (Healthy lifestyle behaviours should be introduced as early as possible, from grade 1)) b) Insufficient number of trained teachers in schools; Inadequate tools for teaching, curriculum and training for teachers; Insufficient resources and facilities d) Geographical challenges	a) Providing more resources and facilities; Conduct more training courses for teachers
	Myanmar	a) Insufficient budget; Less prioritisation b) Less prioritisation c) Not an interest area and not a priority d) Children are not interested in physical activity	a) Decision-makers must obtain an adequate budget for creating an enabling environment with the necessary equipment and resources b) Raise awareness among principals c) Raise community awareness
	Sri Lanka	a) Not providing enough physical activity opportunities within schools b) Not enough activities undertaken because school concentrates on teaching c) Lack of interest in the community on this activity d) Present lifestyle	a) Should provide more recreational opportunities b) Proper monitoring of the implementation c) Awareness generation among parents and the community
School health policy	Nepal	a) Policy not translated into an implementation plan, especially after the earthquake; Lower priority given to school health in national budget; Current Education Act does not support school health as a priority area; No resources to scale; Poor monitoring system which does not collect information for school health	a) Include a school health programme under the regulatory/policy framework (e.g. midday meal, school nurse); Enhance intersectoral collaboration; Strengthen monitoring system including through collaboration between education and health, technical assistance for Education Development Plan; Develop a joint school health network between Ministry of Education and Ministry of Health for implementation; Collaborate with NGOs to advocate for changes to the Education Act; Develop comprehensive plan and budget

Note: a) Government; b) School; c) Community; d) Others

Topic	Country	Challenges	Suggested actions
WASH	Liberia	d) No WASH and poor infrastructure; No policy implementation and ownership for WASH; Multiple layers of bureaucracy	a) Establish a taskforce including: Ministry of Education, Ministry of Health, Ministry of Public Works, Ministry of Finance (with memorandum of understanding between ministries), international NGOs, civil society, UN and WHO; Identify system of accountability (taskforce with roles allocated); Obtain high-level political support
	Malaysia	d) No WASH and poor infrastructure	a) Develop policy for water and sanitation; Enhance multisectoral ownership (Ministry of Education, Ministry of Finance, Ministry of Works); Improve accessibility to the system
	Maldives	d) Limited technical capacity; WASH is a "silent" issue in the Maldives as infrastructure is not seen as poor; Hygiene practices are poor; Sustainable environmental health behaviours and practices are poor	a) Advocate importance of WASH at school and community; Revise health and physical education curriculum for improving WASH practices; Conduct training for school staff as part of professional development or refresher trainings b) Increase accessibility to accurate information for children (through the designed child-friendly IEC materials) a) Increase involvement of parents and children to achieve behavioural impacts
	Timor-Leste	a) Limited budget of Ministry of Health and Ministry of Education to support activities; Lack of staff for health promotion and teachers to undertake promotion in schools; Lack of facilities in schools for hand washing	a) Make an action plan with an expected outcome and discussing with Ministry of Finance the allocation of budgets to support recruitment, staff promotion and teachers; Government must request technical assistance from both academics and WHO b) Provision of posters and health education on deworming day by the Government; Relevant divisions in Ministry of Education should be requested to insert worm-preventive education in next curriculum revision c) School principal should explain about deworming in School Management Committee and reach consensus with parents; Community health personnel should help provides information about deworming and respond when children have problems after deworming
Worm control (Deworming Programme)	Indonesia	a) No plan for scale-up; Government focusing on filariasis control; Budget of local governments not yet allocated as priority programme; Epidemiological information are not available b) No lessons about deworming in health education; Lack of community involvement c) Lack of awareness of parents and students on deworming prevention; Some parents report concerns about side-effects	a) Make plan for scale-up through improving local government; District with non-endemic filariasis should be allocated funding for deworming programmes; Request WHO to provide technical assistance in developing prevalence maps and support with monitoring and evaluation b) Request Ministry of Education to incorporate worm prevention in curriculum c) Raise awareness among parents and students on worm prevention

Note: a) Government; b) School; c) Community; d) Others

Topic	Country	Challenges	Suggested actions
Worm control (Deworming Programme)	Indonesia	d) Procurement of Albendazole by Government –distribution is only at province level	
	Timor-Leste	a) Government has data on the prevalence but does not have any plan and budgets for scale-up b) Deworming activities are not incorporated in health education (no lesson in health education) c) Parents do not motivate the children to take their medicine on deworming day; Some parents raise objections about side-effects d) Not enough academic data on effectiveness of deworming	a) Develop dissemination plan and action plan with expected outcomes; Discuss with Ministry of Finance to allocate budgets; Provide posters and health education on deworming day by the government; Request the relevant divisions in Ministry of Education to insert worm-preventive education in next curriculum revision; Request technical assistances from both academic sectors and WHO b) School principal explains deworming in School Management Committee and achieves a consensus with parents c) Community health personnel help to provide information about deworming and respond in case children have health problems after deworming

ANNEX

Meeting Proceedings

Day1: 23 November (Monday)	
8:30-9:00	**Registration**
9:00-9:45	**Inauguration Ceremony** **Welcome** *Dr Sompong Chaiopanont, Senior Public Health Officer, Department of Health, Ministry of Public Health, The Royal Government of Thailand* **Opening Remarks** *Dr Kwok Cho Tang, Coordinator for Health Promotion, WHO Headquarters* **Meeting Overview** *Dr Kwok Cho Tang, Coordinator for Health Promotion, WHO Headquarters* **Meeting protocol** *Dr Suvajee Good, Programme coordinator, the WHO Regional Office for South-East Asia*
9:45-10:00	**Group Photo**
10:00-10:15	**Healthy Break**
10:15-12:00	**Plenary Session: Lessons learned from school health practices for achieving health and educational outcomes** *Chaired by Dr Suvajee Good* *Co-chair: Professor Eun Woo Nam* **The Evolution of School Health and Nutrition: Looking Forward** *Dr Lesley Drake, Partnership for Child Development, Imperial College, London, Co- author of the "School health, Nutrition and Education for All"* **Evidence-based school health interventions for NCD prevention in low- and middle-income countries** *Professor Masamine Jimba, The University of Tokyo, Japan Consortium for Global School Health Research (JC-GSHR), Japan* **Health Promoting School - Holistic Practice and Inter-sectoral Actions for Health and Education Outcomes** *Dr Khalipha Bility, former Deputy Minister of Education, Policy and Research* **School Health in the Island: Collaborative efforts of Ministry of Education & Ministry of Health Maldives** *Mr Hussein Rasheed Moosa, Deputy Director General, School Health & Safety Section, Educational Supervision and Quality Improvement Division in Maldives , Ministry of Education, Republic of Maldives* **Q & A**
12:00-13:00	***Lunch Break***
13:00-14:15	***Thematic area 1: What works and why - how to scale up and maximize opportunities*** *Chaired by Professor Jun Kobayashi* *Co-Chair: Dr Meenakshi Jolly*

13:00-14:15	**Achieving evidence-based school health interventions and intervention sustainability: barriers and opportunities** *Dr Adel Ebraheem, Head of School Health Department, Ministry of Health, Oman* **Global Study on Operations & Maintenance Financing of WASH Facilities in Schools** *Ms Mohini Venkatesh, Save the Children, USA* **Nutrition-Friendly Schools Initiative (NFSI)** *Ms Kaia Engesveen, WHO Headquarters* **Harnessing technology and gamification to promote physical activity in schools** *Mr Alex Fun, Senior Deputy Director, School Health Planning, School Health & Outreach Division, Health Promotion Board, Singapore* **Q & A**
14:15-15:30	**Round Table 1 – Country Dialogue:** **Sharing lessons learnt from country experiences** *Chaired by: Professor Ernesto Gregorio Jr* **4 breakout groups**
15:30-16:00	***Healthy Break***
16:00-17:00	**Report back and Q&A**

Day2: 24 November (Tuesday)

9:00-9:30	**Brief recap on previous day**
9:30-10:30	**Thematic area 2: How to address the barriers** *Chaired by: Dr Lesley Drake* *Co-Chair: Dr Agbodjan-Prince, Adjoa* **Barriers to and opportunities for building institutional capacity to promote health in schools in low and middle-income countries** *Professor Jun Kobayashi, University of the Ryukyus, JC-GSHR, Japan* **Innovative and Integrated Approaches to SHN** *Dr Laura Appleby, Partnership for Child Development, Imperial College, London* **The barriers to and opportunities for using integrated approaches to oral health, food intake and tobacco control for addressing NCD through school health** *Professor Yupin Songpaisan, Dean of Institute of Dentistry, Suranaree University of Technology, Thailand* **Q &A**
10:30-11:00	***Healthy Break***
11:00-12:00	***Thematic area 2: How to address the barriers*** *Chaired by Dr Carmen Tolabing* *Co-Chair: Dr Kitti Larpsombatsiri* ***Addressing Health of School Children with Child/Youth Participation and Comprehensive Intervention Model*** *Dr Monika Arora, Heritage City Development and Augmentation Yojana in India, Public Health Foundation of India, India (presented by Dr Suvajee Good)*

	Adolescent health and menstruation hygiene *Dr Stewart Kabaka, Deputy Head Neonatal and Child and Adolescent Health Unit, Ministry of Health, Kenya (presented by Prof. Summy Njenga)* **Improving School Health: Usefulness of Surveillance Data** *Dr Saoirse Nic Gabhainn, Department of health promotion, School health sciences, National University of Ireland, Galway* **Q & A**
12:00-13:00	***Lunch Break***
13:00-15:30	**Round table 2 - Country Dialogue: How to achieve high quality and sustainable school health activities** *Chaired by Dr Noor Rain Abdulah* *Co-Chair: Dr Sachi Tomokawa* **Introduction for round table: Creating innovative school health approach for adapting to low- and middle-income countries** *Dr Sachi Tomokawa, WHO Headquarters, JC-GSHR, Japan* **4 breakout groups**
15:30-16:00	***Healthy Break***
16:00-17:00	**Report back and Q&A**

Day3: 25 November (Wednesday)

9:00-9:30	**Brief recap on previous day**
9:30-10:30	**Thematic area 3: Responding to emerging health and educational issues to achieve health and educational outcomes** *Chaired by: Dr Jasbir Singh Dhaliwal* *Co-chair: Mr Alex Fun* **Climate change: Disaster Prevention and Preparedness through School Health** *Dr Pratap Singhasivanon, Secretary General / Coordinator of SEAMEO Tropical Medicine and Public Health Network (SEAMEO TROPMED Network), Thailand* **Empowering Adolescents using Life Skills Education in Schools** *Dr Srikala Bharath, Department of psychiatry, National Institute of Mental Health and Neurosciences, India* **Health Equity and Equal Opportunity for Education** *Dr Suvajee Good, the WHO Regional Office for South-East Asia*
10:30-11:00	***Healthy Break***
11:00-12:00	**Thematic area 3: Responding to emerging health and educational issues to achieve health and educational outcomes** *Chaired by: Mr Sunil Raj Sharma* *Co-chair: Dr Adel Ebraheem* **Ebola Epidemic: Vulnerability and Resilience of Community-School in Liberia** *Dr Khalipha Bility, former Deputy Minister of Education, Policy and Research, Liberia* **Access to schools and school health interventions in conflict and humanitarian crisis situations** *Professor Gehan Mohamed Mounir Ismail, Department of Family Health, Alexandria University, Egypt*

	School Health Initiatives for Conflict-Affected Children in the Eastern Mediterranean Region *Dr Iman AHMED, Public Health Officer, WHO, Emergency Support Team for Syria (EmST), Amman, Jordan* **Q & A**
12:00-13:00	***Lunch Break***
13:00-14:00	**Round table 3: Country Dialogue: Action to address current challenges** *Chaired by: Dr Bachir Sarr* **4 breakout groups**
14:00-14:20	**Report back**
14:20-15:35	**Regional and Experts Discussion** *Chaired by: Dr Kwok Cho Tang* *South-East Asia region* *African region* *Partnership for Child Development (PCD), Save the Children, SEAMEO* *Experts*
15:35-15:55	***Healthy Break***
	Final Thoughts: • View from Regions (African, South-East Asia) • View from technical experts • Development partners (PCD, UNESCO, Save the Children, SEAMEO)
16:45-17:00	**Recommendations and ways forward**
17:00	**Vote of Thanks & Closing Remarks**

List of Participants

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