



Whole school approach to health: a global perspective

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Global Health
& Education

Objectives of presentation



- Introducing the UNESCO Chair Global Health & Education
- Why health and well-being in schools matter
- Focusing on health assets: Promoting health and well-being for children and young people
- Supporting the role of school nurse in health promoting schools
- Getting informed about the Schools4Health project



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UNESCO Chair + WHO Collaborating Centre

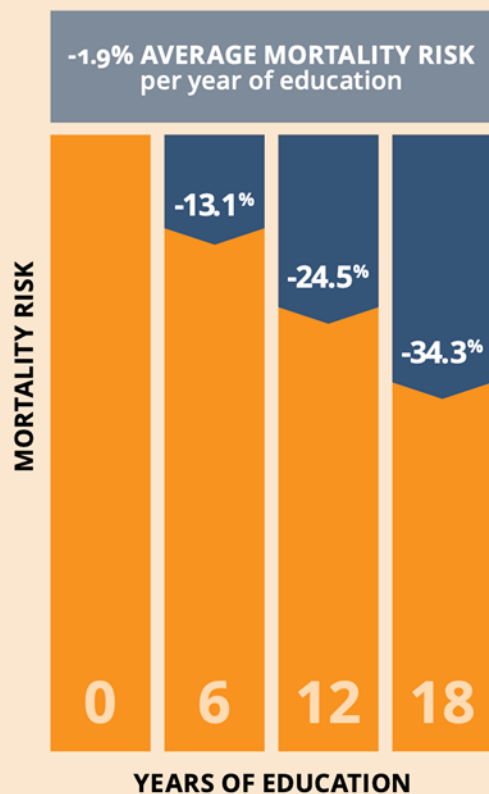
Aligning health – education

1. **Transforming education through health and well-being**
 - Leads to better learning
 - Improves learner's health + well-being
 - Cost-effective and improves equity
2. **Focus on school environment and transformative education**
 - Effective participation by all stakeholders
 - Focus on sustainability for the long term
3. **Funding opportunities for long-term research on**
 - Effectiveness
 - Implementation
 - upscaling



Each year of education reduces all-cause mortality risk

Compared to 0 years of education, completing 6 years of education (roughly primary school level in most areas) was associated with a 13.1% reduction in all-cause mortality risk when controlling for age, sex, and marital status. This value increased to 24.5% after 12 years and 34.3% after 18 years of education. This translates to an average 1.9% reduction per year of education across the 18 years.



- > Education is one of the main determinants of health
- > A complete education reduces the risk of mortality by 34% compared with no education at all!

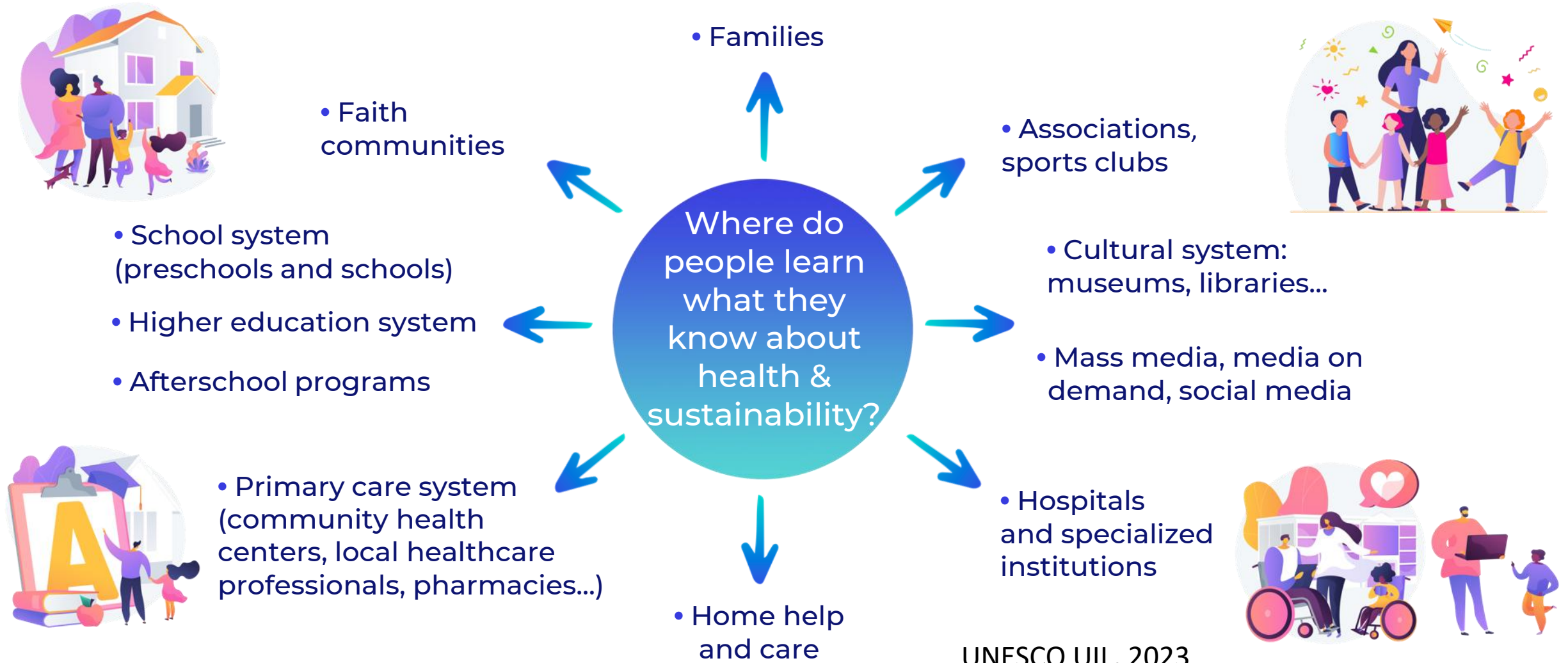
The Lancet Public Health, 2024

School: a setting like no other






Every day, 20% of the world's population is in school.

Schools are vital social settings because they cater for this large proportion of the population, and because they are places of learning where children and adolescents navigate their own development.

Schools in the heart of community



What schools can provide

Good Health and Optimum Nutrition 	Connectedness, Positive Values, and Contribution 	Safety and a Supportive Environment 	Learning, Competence, Education, and Skills 	Agency and Resilience 
<ul style="list-style-type: none"> • Physical, mental, and sexual health • Access to healthcare and nutritious food • Early intervention and preventive care 	<ul style="list-style-type: none"> • Relationships with family, peers, community • Inclusion, respect, and cultural identity • Civic engagement and opportunities to contribute 	<ul style="list-style-type: none"> • Protection from violence and exploitation • Stable and safe home/school/community • Psychological safety 	<ul style="list-style-type: none"> • Quality education access • Life skills and employability • Inclusive, learner-friendly environments 	<ul style="list-style-type: none"> • Voice and participation in decision-making • Self-efficacy and goal setting • Capacity to cope with stress and adversity

There can be no student well-being without educator well-being...

A school is a community that includes students, teachers, staff, families, and the broader environment, all of whom play a vital role in supporting health and learning.

The well-being of students is inseparable from the well-being of the entire school community.

New webversion AA-HA! guide - Spanish version

Global Accelerated Action for the Health of Adolescents (AA-HA!)

Guidance to support country implementation

Second edition

ONLINE version

WHO Factsheets Adolescent and young adult health

Key facts

1. Over 1.5 million adolescents and young adults aged 10–24 years died in 2021, about 4500 every day.
2. Young adolescents aged 10–14 years have the lowest risk of death among all age groups.
3. Injuries (including road traffic injuries and drowning), interpersonal violence, self-harm and maternal conditions are the leading causes of death among adolescents and young adults.
4. Half of all mental health disorders in adulthood start by age 18, but most cases are undetected and untreated.
5. Early onset of substance use is associated with higher risks of developing dependence and other problems during adult life, and younger people are disproportionately affected by substance use compared with older people.
6. Globally, there were 42 births per 1000 to girls aged 15–19 years in 2021.



WHO Factsheets Adolescent and Young Adult Health- Spanish version

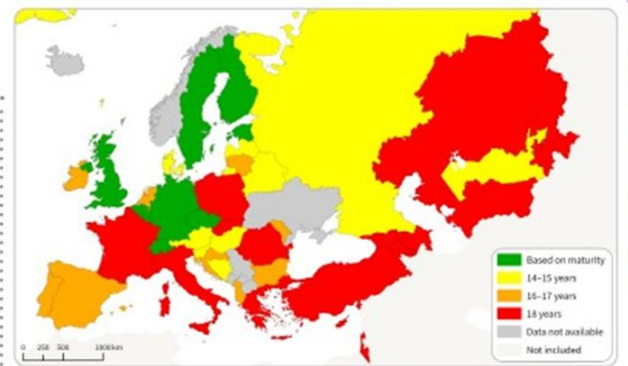


Including:

- [Drowning](#)
- [Injuries and violence](#)
- [Alcohol use](#)
- [Tobacco use](#)
- [Adolescent mental health](#)
- [Obesity and overweight](#)
- [Adolescent pregnancy](#)
- [Physical activity](#)

Child and Adolescent and Health in WHO Europe policy briefs 2024

AGE OF ADOLESCENT CONSENT FOR MEDICAL TREATMENTS IN THE WHO EUROPEAN REGION



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Source: adapted from Park et al. Child and adolescent health in Europe: Towards meeting the 2030 agenda. JoGH. 2023;13.04011 (<https://doi.org/10.7189/jogh.13.04011>, accessed 23 July 2024) CC BY 4.0

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

ACCESS TO CARE WITHOUT PARENTAL CONSENT

- Adolescents should have access to health services according to maturity.
- The United Nations Convention on the Rights of the Child states:

SUCCESSFUL GOVERNANCE:

- Brings their legal and regulatory frameworks in line with the Convention on the Rights of the Child.
- Ensures that mature and competent adolescents can give consent or refuse treatment without parental involvement.

1. [Sexual and reproductive health fact sheet](#)
2. [Refugee and migrant children fact sheet](#)
3. [Providing services to adolescents fact sheet](#)
4. [Overweight and obesity fact sheet](#)
5. [Mortality fact sheet](#)
6. [Early childhood development fact sheet](#)
7. [DIGITAL ENVIRONMENT FACT SHEET](#)
8. [Impact of COVID-19 on education fact sheet](#)
9. [Breastfeeding fact sheet](#)
10. [Adolescent mental health fact sheet](#)

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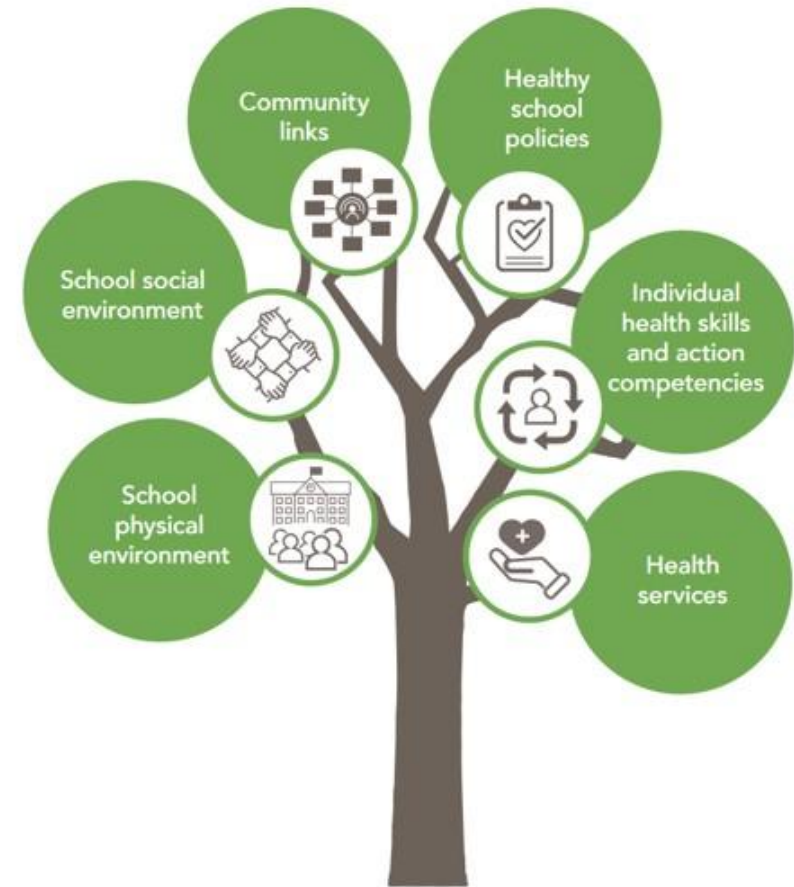
What is a health promoting school



A health promoting school pays attention in a **structured and systematic** way to the health and well-being of pupils and of school-staff as part of the school plan (SHE)

Whole school approach to health

1. Healthy school plan
2. School physical environment
3. School social environment
4. Individual health skills and action competencies
5. Community links
6. Health services



The eight global standards for HPS intended to function as a system

1

Government policies and resources

The whole of government is committed to and invests in making every school a health-promoting school.

2

School policies and resources

The school is committed to and invests in a whole-school approach to being a health-promoting school.

3

School governance and leadership

A whole-school model of school governance and leadership supports a health-promoting school.

4

School and community partnerships

The school is engaged and collaborates with the local community for health-promoting school.

5

School curriculum

The school curriculum supports physical, social–emotional and psychological aspects of student health and well-being.

6

School social–emotional environment

The school has a safe, supportive social–emotional environment.

7

School physical environment

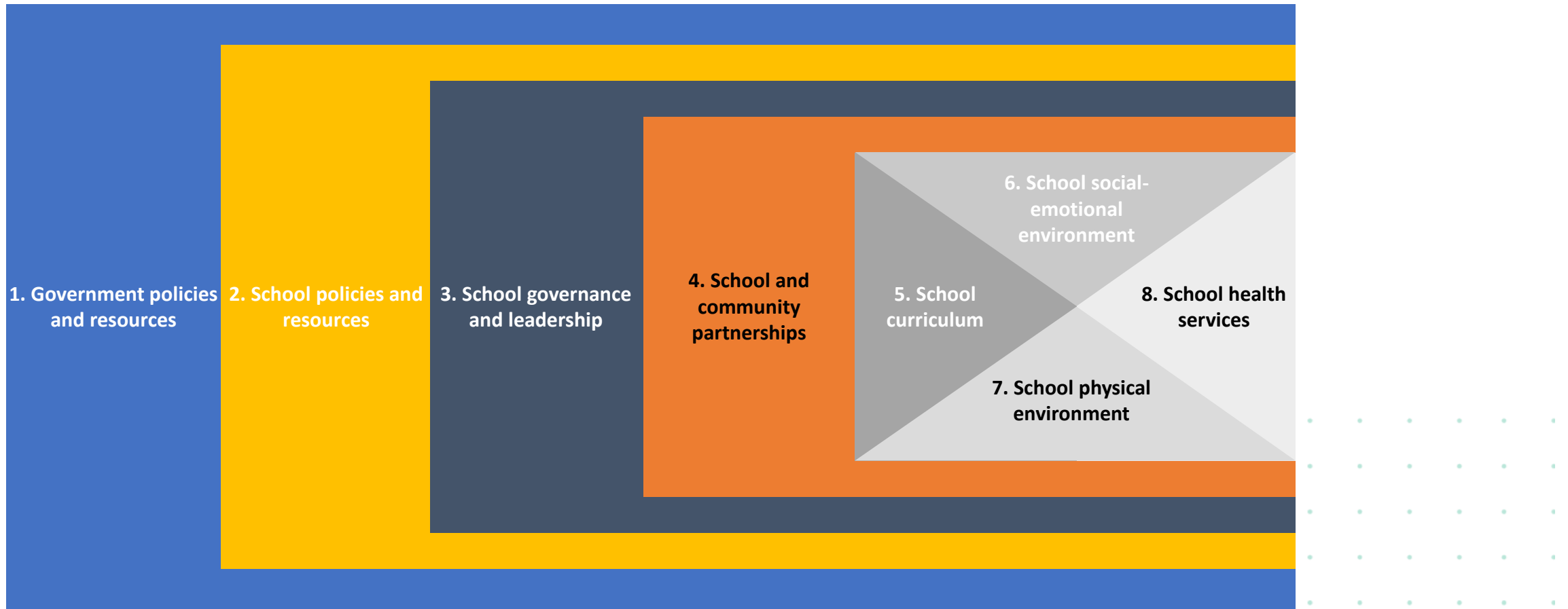
The school has a healthy, safe, secure, inclusive physical environment.

8

School health services

All students have access to comprehensive school-based or school-linked health services that meet their physical, emotional, psychosocial and educational health-care needs.

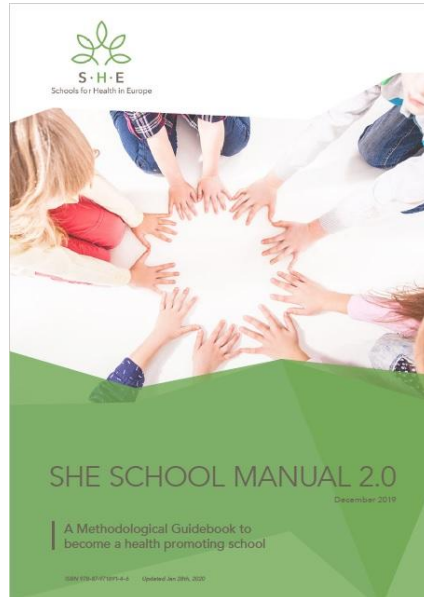
The eight global standards for HPS intended to function as a system



Tool to support school policy

Manuel Escolar de SHE - Spanish version

A Methodological Guidebook to become a health promoting school



5 steps for a whole-school approach to health



Step 1: Getting started

STARTUP	
Describe what motivated you to participate in becoming a health promoting school.	
Do you have support from the school management in relation to health promoting work? <i>If yes, describe how did you secure this support and how does the school administration support you?</i> <i>If no, explain why.</i>	
Do you have support from colleagues in relation to health promoting school work? <i>If yes, how did you secure this support and how do your colleagues support you?</i> <i>If no, explain why?</i>	
Have you involved students and/or parents in the decision to become a health promoting school? <i>If so, describe how they got involved and what their response was.</i>	
Have you involved other stakeholders in the decision to become a health promoting school? <i>If so, describe who these stakeholder are and how they were involved.</i>	
Have you identified available resources during the pilot project (resources can be financial, physical, and human)? <i>If so, describe these resources.</i>	
Is there a working group set up for the pilot process? <i>If so, describe the members of the group and explain why exactly these members were selected.</i>	

Step 2: Your starting point

WHAT IS YOUR STARTING POINT	
Have you used the SHE Rapid Assessment tool? <i>If yes, describe how you used it and who was involved in the process.</i> <i>If no, explain why.</i>	
<i>If the SHE Rapid Assessment tool was used, what was the result?</i>	
<i>If the SHE Rapid Assessment tool has been used, have the results influenced the choice of theme and objective(s) for the project.</i> <i>If yes, describe how.</i> <i>If no, describe why.</i>	

Rapid Assessment tool - Spanish version

- The SHE rapid assessment tool:
 - set of questions related to whole-school approach health
 - helps identify what school already does well
 - what areas need improvement
 - prioritise health + wellbeing themes in school plan
- The SHE rapid assessment tool can also be used once your health promoting school is in place.

Step 3: planning for action

STEP 3: ACTION PLANNING	
Use the project and evaluation template	
Describe your initial ideas on how and to whom the project results should be communicated.	
Do you plan to involve other stakeholders in the pilot (e.g. other colleagues, healthcare professionals, parents)? <i>If yes, describe who you plan to involve and how.</i>	

Step 4: Taking action

Themes: What priorities have you set for the project?	Describe the overall theme(s) you want to address in the project.
Theme 1:	
Theme 2:	
Theme 3:	
Objectives What do you want to change?	Describe what kind of changes you want the project to contribute to. For example, it could be related to social inclusion, social relationships, mental health ,healthy lifestyle. <i>Insert additional lines if necessary.</i>
Planning and scheduling Through which activities will you achieve the goals?	Describe the specific activities you will carry out to achieve the goals. This could be concrete learning activities, new collaboration structures and/or partners. <i>Insert additional lines if necessary</i>
Activity 1:	
Activity 2:	
Activity 3:	

Step 5: Monitor and evaluate

- Progress of on-going activities
- Challenges and successes
- Effectiveness HPS regarding aim and objectives
- Appropriateness HPS for the school community

Circular process 3-4 years



Introducing Schools4Health



An EU4Health-funded project (2023-2025) which aims to introduce, strengthen, and sustain the adoption of a health promoting school (HPS) approach and other whole school approaches to health.



Schools4Health – Objectives

Enabling **positive changes** in the school culture which promote the health and wellbeing of students and staff.

A **better understanding** among all stakeholders of HPS approaches and their importance for improving students' health and wellbeing and addressing current societal challenges.

Identification of **policy-related factors** that enable or hinder the implementation of whole school approaches in participating countries, and **actions** that can be taken to optimise opportunities and overcome barriers.

Increased capacity, opportunities and motivation among policymakers and practitioners to implement HPS approaches thanks to the wider availability of tools to inspire and enable them to act.

Close, sustained **collaboration** among project partners and experts from different sectors to promote HPS approaches, exchange good practices, harness opportunities and address common challenges.



Schools4Health – Key activities

Practice

Applying a **participatory approach**, the project will work with approximately **16 schools** and their communities to transfer and implement practices on good nutrition, physical activity and mental health, and the underpinning health promoting school approach

Policy

Understanding the **broad policy context on health promotion in school settings**, bringing together key stakeholders, through policy rapid situation analysis, national roundtables in partner countries and today's seminar

Engagement

- **Online information campaign** on the value of the HPS approach
- Concise **toolkit for policymakers**
- **Guidelines** for health practitioners
- Knowledge exchange among partners through thematic working groups / “communities of practice”
- Discussions on possible **Schools4Health accreditation process**



Online Hub live on
schools4health.eu



Good practices



Healthy nutrition

Snack & Chill

Serving healthy snacks in an attractive way at lower price

Owned by: Gezond Leven

Implemented by: Spain, Hungary, Slovenia

Smaaklessen

Taste lessons

Owned by: Wageningen University

Pilots: Hungary



Physical Activity

Better Movers Thinkers

Social and emotional core competences

Owned by: Education Scotland

Implemented by: Romania



Mental Health

Lifeskills

Social and emotional core competences

Owned by: Hogeschool Leiden

Implemented by: Greece, Latvia

Training in the Netherlands, Belgium and Romania



Lifeskills



The Netherlands



Snack&Chill



Belgium



**Better Movers
Thinkers**



Romania



*Policy context of health promoting school approaches in eight Schools4Health partner countries: overview of outcomes**



Key objective: to raise awareness, mainstream and scale up HPS among policymakers and practitioners, and engage them in efforts to integrate this approach in their national/sub-national contexts.



*reflecting the opinions of the experts involved

Most experts were **aware** or **partly aware** of the concept of Health Promoting Schools.

While there is consensus that health promotion/health promoting school approaches are essential, there is a **lack** of, or **weak implementation** of legislation and voluntary initiatives.

In order not to overburden schools:

Provide a **clear(er) framework** with more mandatory requirements, but continue to give schools **freedom** and **flexibility**.

Make it **easier** for schools to understand what is expected of them, and also to implement health promotion/HPS approaches.

Strengthening **existing cooperation** between ministries, institutes and other bodies to create a network **around schools**.

Establish a **central coordinating body *within* schools**, to implement relevant activities, and ease the burden on teachers.

Three conclusions

1. Andalusia good practice of HPS implementation

2. Key role for school health services



3. Continue bringing health and education sectors together - speak same language



Thank you for your attention

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