



Making every school a health-promoting school

Global standards and indicators

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Making every school a health-promoting school: global standards and indicators for health-promoting schools and systems

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Foreword

Around the world, schools play a vital role in the well-being of students, families and their broader communities.

The closure of many schools during the COVID-19 pandemic has severely disrupted education, prevented an estimated 365 million primary school students from having school meals and significantly increased the rates of stress, anxiety and other mental health issues. Experience tells us that, in some parts of the world, when schools close for more than a few weeks, early and forced marriage, early pregnancy, child labour and domestic violence increase.

The right to education and the right to health are core human rights and are essential for social and economic development. Now, more than ever, it is important to make all schools places that promote, protect and nurture health; that contribute to well-being, life skills, cognitive and socioemotional skills and healthy lifestyles in a safe learning environment. Such schools are more resilient and better able to ensure continuity in education and services, beyond the delivery of literacy and numeracy.

The idea of health-promoting schools was first articulated by WHO, UNESCO and UNICEF in 1995. Yet, few countries have implemented it at scale, and even fewer have made the institutional changes necessary to make health promotion an integrated, sustainable part of the education system. In 2015, experts in health-promoting schools identified the lack of systematic support, limited resources and a common understanding and approach as major challenges.

No education system can be effective unless it promotes the health and well-being of its students, staff and community.

Every education system should have institutionalized policies, mechanisms and resources to promote health and well-being in all aspects of school life, including the teaching curriculum and school governance based on participatory processes that are inclusive of the broader community. This requires that education systems be re-oriented towards a systematic approach to health-promoting schools and allocation of resources, so that each level of governance has the infrastructure and the means to implement policies and programmes for better education, health and well-being.

The Global Standards for Health Promoting Schools provide a resource for education systems to foster health and well-being through stronger governance. Building on a large body of evidence, eight global standards are proposed, while the accompanying Implementation Guidance details 13 implementation areas, associated strategies and a process that will enable country-specific adaptation. In addition, case studies illustrate how health promotion in schools is being implemented in low- and middle-income countries.

Application of these global standards could improve the health and well-being of 1.9 billion school-aged children, adolescents and staff worldwide, delivering a triple dividend for students today, the adults of tomorrow and the generation of children to come.

Join our effort and let's "Make Every School a Health-promoting School".

Dr Tedros Ghebreyesus
Director-General
World Health Organization

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Director-General
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Abbreviations and acronyms

FRESH	Focusing Resources on Effective School Health
G-SHPPS	Global School Health Policies and Practices Survey
HPS	health-promoting schools
NGO	nongovernmental organization
RMNCAH	reproductive, maternal, newborn, child and adolescent health
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	The United Nations Relief and Works Agency for Palestine Refugees in the Near East
WHO	World Health Organization

Glossary

Community: School and local communities

Component (of a standard): A thematic, action-oriented statement that must be implemented to achieve the standard. Some components contain additional statements that describe quality implementation of the component.

Comprehensive (health services): the extent to which the spectrum of care and range of services respond to the full range of health problems in a given community. Ideally, comprehensive services address all health areas relevant to their student population, including: positive health and development; unintentional injury; violence; sexual and reproductive health, including HIV; communicable disease; noncommunicable disease, sensory functions, physical disability oral health, nutrition and physical activity; and mental health, substance use and self-harm. The term “comprehensive” is used in this document in accordance with the WHO guideline on school health services (1).

Curriculum: “A collection of activities implemented to design, coordinate and plan an education or training schedule. This includes the articulation of learning objectives, content, methods, assessment, material and training for teachers and trainers” (2) that enables students “to develop skills, knowledge and an understanding of their own health and well-being and that of their community” (3). The curriculum encompasses the totality of students’ experiences during the educational process and it includes planning and development and also students’ educational experience beyond the classroom (e.g. extracurricular activities).

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

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

Health education: Any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge, influencing motivation and improving health literacy. Can include communication of information on the determinants of health, individual risk factors and use of the health care system. Can involve task-based communication to support actions such as participation in immunization and screening programmes, adherence to medication or health behaviour change. Can also include skills-based communication to develop generic, transferrable skills for health that equip people to make more autonomous decisions about their health and to adapt to changing circumstances. Includes development of knowledge and skills that enable action to address the determinants of health

Health literacy: Health literacy represents the personal knowledge and competence that accumulate through daily activities, social interactions and across generations. Personal knowledge and competence are mediated by the organizational structures and resources that enable people to access, understand, appraise and use information and services to promote and maintain good health and well-being for themselves and those around them.

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