World Health Organization

United Nations Educational, Scientific and Cultural Organization

Report of the first Virtual Meeting of the External Advisory Group (EAG) for the development of

Global Standards for Health Promoting Schools and their implementation guidance

18–19 March 2020 by Webex

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Contents

Background and scope

The World Health Organization (WHO) defines a health promoting school as "a school that is constantly strengthening its capacity as a healthy setting for living, learning and working". Health promoting schools (HPS) have been recognized as strategic vehicles for promoting positive development and healthy behaviours such as physical activity, physical fitness, recreation and play, and balanced nutrition, and for preventing tobacco use, bullying and aggressive behaviour. Although the concept of HPS was articulated by WHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Children's Fund (UNICEF) in 1992, few countries have successfully implemented HPS at scale. Even fewer have made sustainable institutional changes so that health can be integrated and sustained in all aspects of school life and the education system – teaching content and methodology, school governance, campus and facility management, and cooperation with partners and the broader community. To address this problem, UNESCO is working with WHO and other United Nations agencies to redefine school health as an approach that is embedded and sustained within the education system.[1]

Recent guidance by WHO and other United Nations partners – *Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation*[2] – recommended that "every school should be a health promoting school". This is in line with the redefinition of school health. A standards-driven approach to the implementation of this recommendation is expected to accelerate global progress by addressing key areas for improvement, as identified at an expert meeting convened by WHO in Bangkok, Thailand, in 2015. One of the priorities identified was to establish systems for collecting better data, monitoring, reporting, providing evidence and utilizing that evidence to make policy and to plan implementation.

WHO and UNESCO consequently launched a new initiative – "Making Every School a Health Promoting School" – by developing and promoting global standards for HPS. The initiative will serve over 2.3 billion school-age children and will contribute to one of the targets of WHO's 13th General Programme of Work – i.e. "1 billion lives made healthier" by 2023.

To provide input to the development of the global standards and the guidance for their implementation, WHO and UNESCO commissioned two evidence reviews that were carried out by the Centre for Adolescent Health at the Royal Children's Hospital and the University of Melbourne, Australia, a WHO Collaborating Centre for Adolescent Health. Review 1 identified current recommendations by WHO and other United Nations agencies and national governments related to comprehensive school health programmes. Review 2 focused on key barriers to, and enablers of, implementation. The findings of these reviews were summarized in the draft background document that was shared with participants prior to the Expert Advisory Group (EAG) meeting.

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1 The interim working definition is proposed as follows: "School health is a multisectoral approach to the design and delivery of coordinated and comprehensive strategies, activities and services that are integrated and sustained within the education system for protecting and promoting the physical, emotional and social development, health and well-being of students and the whole school community".

2 See: https://www.who.int/maternal_child_adolescent/topics/adolescence/framework-accelerated-action/en/, accessed 6 June 2020.

The EAG was established in order to advise WHO and UNESCO on the next phase for developing and implementing global standards for HPS. The EAG comprises 29 non-WHO and non-UNESCO secretariat members, including representatives from ministries of health and education from 23 countries, representing all WHO and UNESCO regions. The backgrounds of the EAG members are academia, civil society (including student and youth organizations) and United Nations agencies – namely the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNICEF, the United Nations Population Fund (UNFPA), UN Women, the World Food Programme (WFP) and the Food and Agriculture Organization of the United Nations (FAO), as well as the World Bank. EAG members from United Nations agencies represent the views of their respective organizations while other EAG members act in their individual capacities and do not express the official views of their countries or institutions.

The EAG advises the drafting team of WHO and UNESCO on the scope and content of the global standards for HPS, the guidance on implementation and the monitoring and evaluation (M&E) framework (referred to as the global standards documents) in order i) to maximize the documents' relevance and usefulness to countries and partners and ii) to ensure that the guidance is evidence-based and technically sound. The EAG is consulted at critical stages of the development of the global standards for HPS. One of the process milestones involves a review and critical appraisal of the results of evidence reviews and consideration of what the findings mean for the global standards for HPS. With this aim, a two-day face-to-face meeting was planned to take place in WHO headquarters in Geneva from 18 to 19 March 2020. WHowever, because of travel restrictions and social distancing requirements during the COVID-19 pandemic, the face-to-face meeting was replaced by a virtual meeting and the format adjusted accordingly. Prior to the meeting, participants were provided with the two systematic reviews, prerecorded welcome addresses from WHO and UNESCO, presentations on the two reviews and a cross-talk among the review researchers. In order to capture feedback and contributions in addition to the proceedings, a questionnaire survey was circulated to all EAG members, including those who were not able to attend the virtual meeting.

Objectives of the virtual meeting of the External Advisory Group for the development of Global Standards for Health Promoting Schools

The objectives of the meeting of the EAG were to:

1. Review key findings emerging from Review 1 and Review 2.
2. Identify key lessons learned – with a focus on sustainability, governance and intersectoral working – which might have implications for the new guidance.
3. Agree on a process to engage with countries and other relevant stakeholders to develop and finalize global standards for HPS and the guidance for their implementation.

Expected outcomes of the virtual meeting of the External Advisory Group for the development of Global Standards for Health Promoting Schools

1. Familiarity of the group with key contents, findings and recommendations of Review 1 and Review
2. Mapping and, if possible, an agreement on how key lessons learned – with a focus on sustainability, governance and intersectoral working – could be reflected in the new guidance.
3. Agreement on a roadmap for engaging with countries and other relevant stakeholders to develop and finalize global standards for HPS and the guidance for their implementation.

Participants

The list of participants of the virtual meeting is included in Annex 1.

Proceedings

The virtual meeting was attended by 56 participants, including observers. Morning sessions were intended for participants from WHO's African, Eastern Mediterranean, European, South-East Asia and Western Pacific regions. The afternoon sessions were intended for participants from the Region of the Americas and persons from other regions who were unable to attend the morning sessions.

The meeting was conducted in two 2-hour virtual sessions each day (18 and 19 March 2020) using the WebEx platform, with prerecorded materials (PowerPoint presentations with voice-over and video files). The agendas of the sessions are presented in Annex 2. Participants were also provided with a set of questions to guide them in the discussion (Annex 3).

The virtual meeting was structured as follows:

DAY 1 (18 March) was dedicated to discussions on Review 1 and Review 2 and included clarifications from participants, validation of key findings and identification of gaps. The day's two sessions were chaired by Dr Habib Benzian, Research Professor in Epidemiology & Health Promotion, Associate Director Global Health & Policy, WHO Collaborating Center for Quality Improvement & Evidence-based Dentistry, New York University College of Dentistry.

DAY 2 (19 March) focused on Review 2 and dealt with barriers to, and enablers of, the implementation of HPS. There were discussions in particular on the role of governance, intersectoral working and linkages with sustainability. The day's two sessions were chaired by Dr Anastasiya Dumcheva, Expert on noncommunicable diseases and promoting health through life-course, Ministry of Health, Ukraine.

Questionnaires were distributed after the virtual meeting in order to gather additional or complementary feedback.

Salient points of discussion and recommendations

General comments and general principles on the standards

- There was general agreement that it is important to have global standards for HPS to strengthen and scale up current work and to enhance education and health outcomes. Countries are looking for practical guidance and technical support to review their national standards and bring them in alignment with global standards.
- The work should focus on developing standards that are universally applicable, based on a whole-of-school approach and go beyond initiatives and programmes that use schools as a platform to deliver interventions. Participants recommended a set of universal standards that will articulate the overall direction and consider the different stages of development of countries. Country-specific contexts could be reflected in different elements of implementation (e.g. different starting points of countries from basic to advance levels of implementation) and in differentiation of benchmarks and time frames for each standard.
- The standards should be based on a systems approach and should articulate actions at national, subnational, local and school levels. While there was agreement that country capacities to adopt and implement standards vary, global standards will help define what constitutes an HPS and what does not.
- While the findings from the literature reviews reflect past and current experiences, it is important that standards are forward-looking and relevant to the realities of the coming decades. Issues such as environment and climate change, migration, children with chronic conditions and other special needs, the role of commercial determinants of health (such as the marketing of unhealthy products to children), innovation and technology, emergency preparedness and response were listed as areas of potential consideration in the guidance.

Value of the evidence reviews, plus limitations and implications for the next steps

- There was consensus that the two reviews provided solid and scientifically sound analyses of current recommendations and implementation factors relating to school health and HPS.
- The limitations of including the literature in English, French and Spanish was discussed, as was the WHO–UNESCO plan to address limitations through national, regional and local public consultations, as well as case studies. A proposal was made to include in the implementation guidance case studies from low- and middle-income countries to reflect better their experiences.
- The language of the global standards should capture the differences both between countries and within countries. Due consideration should be given to variations in translating terms into different languages since this can represent a challenge in some contexts.

- The scope of the reviews is skewed towards adolescents and should take better account of the life cycle approach.
- Experiences that did not meet the inclusion criteria because of a narrow approach (e.g. as in some nutrition and physical activity programmes) should be considered in order to inform the discussion on implementation and sustainability.
- Review 1 highlighted the limited evidence base for many recommendations and showed the need for more evidence to be generated (i.e. through an update of the Langford R et al., 2015 Cochrane review).[3]

Gaps

- The domains, as described, do not reflect the equity concerns and disparities within countries in terms of individual and city-level socioeconomic differences.
- The language used in the reviews should reflect the role of young people not only as beneficiaries but also as active agents of change.
- Equity is not reflected.

Governance, intersectoral working and sustainability

- Implementation of the global standards will require decision-making and actions at different levels (e.g. national, subnational, local community, school). The accountability of various stakeholders at various levels should be articulated (e.g. partners' roles, government's role). The operationalization of the standards should go beyond setting up cross-sectoral committees; clear structural mechanisms are needed at multiple levels of implementation in order to highlight accountability. The standards' domains should be linked to the relevant entity (authority) and levels of responsibility.
- There is a tension between being led by one ministry (e.g. the Ministry of Health in many countries), and intersectoral working. There should be support and commitment above individual ministries in order for schools to become institutions that include health and well-being in their core business and accountability frameworks. The mandate of the Ministry of Education includes its contributions to health outcomes for their students and staff. Therefore the standards should be integral to the Ministry of Education agenda.
- Governance, intersectoral working and sustainability domains are interlinked. Participants recommended that sustainability factors should be cross-cutting across various standards, not as separate standard(s).
- The governance should reflect mechanisms for facilitating the integrated approach of global standards for HPS in the education curricula.

[3] Langford R et al. The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement. Cochrane Database Syst Rev. (https://doi.org/10.1002/14651858.CD008958.pub2, accessed 3 June 2020).

- Little consideration has been given to issues related to the coordination mechanisms between the ministries of health and education and the roles of the private school sector, faith-based organizations and other organizations providing health and/or education services in the school context.
- The domains should include the roles, responsibilities and levels of authorities at national and school levels.

Monitoring and evaluation (M&E)

- Participants acknowledged that the reviews included only limited references to indicators and monitoring frameworks. Most of the information available referred to indicators related to school premises.
- The M&E framework should cover both health and educational outcomes. In this regard it was acknowledged that, even where it is possible to assess health outcomes, more time is required to do so than is required to assess educational outcomes; consequently, the focus should thus be on implementation and process indicators.
- The M&E framework should be flexible and ideally should not add to the schools' workload. Nor should the framework establish a parallel system to existing M&E frameworks or indicators used for measuring other aspects of school performance. Indicators are powerful and should accompany standards. Self-assessments are powerful tools for engaging stakeholders and to guide them through a process of self-learning and improvement.

Clarifications from the research team

- The findings from the reviews are intended to inform the development of global standards for HPS. The reviews do not as yet outline the standards.
- The description of the 12 domains and subdomains attempts to group key themes emerging from reviews. These may or may not be part of the new standards.

Other issues and specific comments

- The role of private schools should be taken into account. In some countries, a significant proportion of the student population is registered in private schools. Standards should be applicable and relevant to all schools, irrespective of whether privately or publicly funded and/or managed.
- There should be clear financing mechanisms and budget allocation.
- The use of terms relating to school health and health promotion should be consistent and a glossary of terms should be developed to facilitate common understanding. It was mentioned that the health-related language in the title may create a barrier to uptake by the Ministry of Education. However, no alternative suggestions were discussed.

- Equity should be integral to all standards.
- There should be separate standards for the physical and social environments.
- Standards for safety and security should be linked to the wider community in which the school is located.
- The health curriculum should be strengthened; the role of health education in the school curriculum should be made clearer.
- The "community engagement" domain should be divided into distinct elements (students, parents, guardians, local authorities, partners) for otherwise it cannot be operational and risks overlooking specific roles and contributions.
- Local ownership of school policies is facilitated by using local data and planning local actions accordingly.
- Various emergency contexts must be considered.
- In light of the 2020 COVID-19 crisis, the inclusion of domains/considerations for emergency preparedness and response were strongly recommended.
- COVID-19 has exposed new realities and social distancing has implications for schools. The pandemic is a challenge but also an opportunity to draw attention to the importance of school health and a clean/healthy school environment.
- Guidance on implementation should include guidance for the training of teachers and other school staff, as well as pre-service education for teachers. The concept of HSP should be integral to this training.
- HPS training and implementation should be integral to career development and performance assessment. It can be both a driver of, and an incentive for, teacher engagement in implementation.
- There should be more emphasis on issues related to the external environment and safe school environment.
- Effective multisectoral collaboration beyond bilateral collaboration is a key enabler of HPS.
- The global standards and implementation guidance should speak to the education stakeholders as a priority but should also clearly define the role of the health sector and other sectors supplying technical support.
- Participants recommended the development of clear communication about HPS that reflects the health and education outcomes; this should help to manage expectations since improvements in health and education outcomes are hard to measure as a result of HPS.

Ways forward

Following the virtual meeting, participants were provided with a questionnaire as an opportunity to provide additional information. The results are summarized in Annex 4.

In order to address the evidence gap from low- and middle-income countries and to mitigate this limitation, country case examples will be developed through key informant interviews.

Once the standards statements have been drafted, a second virtual meeting of the EAG will be held to obtain additional inputs before the zero draft of the global standards and their implementation guidance is produced.

Annex 1. List of participants

Virtual meeting of the External Advisory Group for the development of Global Standards for Health Promoting Schools

18–19 March 2020 by WEBEX

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Annex 2. Agenda

Virtual meeting of the External Advisory Group for the development of Global Standards for Health Promoting Schools

WebEx session 1, 18 March, 08:00–10:00 CET

Time	Content	Notes/reference material
07:50–08:00	Test session	Connect a couple of minutes in advance to become acquainted with the WebEx page and its tools
08:00–08:10	Welcome by WHO	Recordings of the welcome by UNESCO and WHO directors. These should be viewed prior to the session as it is not planned to repeat them
08:10–08:15	Introduction by the chair and ground rules	Please consult the list of participants; a round of introductions is not planned
08:15–08.30	Questions about Review 1, for clarification only	Review 1, recording on Review 1
08:30–09:00	General comments, reflections about the overall findings and recommendations of Review 1	
09:00–09:15	Questions about Review 2, for clarification only	Review 2, recording on Review 2
09:15–09:45	General comments, reflections about the overall findings and recommendations of Review 2	
09.45–09:55	Summary by the chair of the key discussion points	
09.55–10:00	Thanks from WHO	

WebEx session 2, 19 March, 08:00–10:00 CET

Time		Notes/reference material
07:50–08:00	Test session	Connect a couple of minutes in advance to make sure the tool is working
08:00–08:10	▪ Welcome back by WHO ▪ Welcome by the chair ▪ Objective of this session: To address four specific questions that will inform the next stage of developing the global standards and implementation guidance. ▪ Reminder about ground rules	Prerequisites for this session: read the background documents and listen to the recordings before the session
08:10–08.30	**Question 1.** The proposed global standards will define what a health promoting school is and how every school should function in terms of health and well-being. From Review 1, beyond the roles of schools, the significance of addressing HPS at the level of government was also apparent. One approach would be to bring greater prominence to government by having government-level policies as one of the standards. An alternative approach would be to include in the M&E framework for the standards indicators which define roles and responsibilities for national and local governments, as well as for schools, as the responsibility for implementing HPS is shared. What should WHO consider in relation to a decision around this?	
08:30–08.50	**Question 2.** The reason to focus on sustainability as a distinct set of domains in Review 1 (pages 20, 21 and discussion on page 72) was that the data suggested the importance of it. In developing global standards, this might suggest that sustainability per se, or some of its domains, might be a distinct standard(s). Alternatively, because sustainability is arguably central to everything about HPS, rather than a separate standard, it might be more functional to ensure that there are indicators that address sustainability. What should WHO consider in relation to these alternative approaches?	
08:50–09:10	**Question 3.** Within the 12 domains of Review 1, physical and social environments are distinct. Yet they are combined within some standards (e.g. Standard 3 of the 8 standards within the SHE framework for HPS). While clearly overlapping in terms of their contribution to student safety, health and well-being (e.g. clean sanitary facilities [physical environment] are likely to promote school attendance for menstruating girls, and may help reduce the stigma of menstruation [well-being]), the types of actions that are required to meet a standard such as this are quite distinct (Review 1, page 84). What should WHO consider in relation to these alternative approaches?	
09:20–09:40	**Question 4.** The challenge of intersectoral work between ministries of health and education is a common refrain within the literature, yet very few studies in Review 2 reported on barriers to, and enablers for, intersectoral working. Perhaps surprisingly, given how essential this is for school functions, there was also little evidence about how vertical alignment can be achieved between ministries of education and schools. This is also required to support the implementation and sustained practices that underpin HPS. What should WHO consider in relation to intersectoral work and vertical alignment?	
09.40–09:50	Summary by key discussion points	
09.50–10:00	Next steps (WHO)	

Annex 3. Questionnaire for inputs by members of the EAG

EXTERNAL ADVISORY GROUP FOR THE DEVELOPMENT OF GLOBAL STANDARDS FOR HEALTH PROMOTING SCHOOLS AND THEIR IMPLEMENTATION GUIDANCE

Name:

Position:

Affiliation:

Country:

Did you participate in WebEx session 1, 18 March 2020?

Yes ☐ No ☐

Did you participate in WebEx session 2, 19 March 2020?

Yes ☐ No ☐

This questionnaire is for all members of the External Advisory Group, whether or not you participated in the WebEx sessions. If you participated in WebEx session(s) 1 and/or 2, you can choose to include either your ***additional*** comments only, or all your comments. In the latter case, please insert "no additional comments". Your inputs during the sessions were recorded and will be taken into consideration.

Question 1. Review 1 focused on identifying current standards/principles/recommendations of WHO and other United Nations agencies and national governments related to comprehensive school health programmes. Please provide any general comments or reflections about the overall findings and recommendations of Review 1 (remember that Review 1 is not a proposal for the standards, but summarizes current standards/principles/recommendations in order to inform the development of global standards).

Question 2. Review 2 focused on identifying key barriers to, and enablers for, implementation. Please provide any general comments or reflections about the overall findings and recommendations of Review 2.

Question 3. The proposed global standards will define what a health promoting school (HPS) is, and how every school should function in terms of health and well-being for better educational outcomes. From Review 1, beyond the roles of schools, the significance of addressing HPS at the level of government was also apparent. One approach would be to bring greater prominence to government by having government-level policies as one of the global standards. An alternative approach would be to include some indicators in the M&E framework for the global standards which define roles and responsibilities for national and local governments, as well as for schools, as the responsibility for implementing HPS is shared. What should WHO consider in relation to a decision around this?

Question 4. The reason to focus on sustainability as a distinct set of domains in Review 1 (page 20, 21 and discussion on page 72) was that the data suggested the importance of it. In developing global standards, this might suggest that sustainability per se, or some of its domains, might be a distinct standard(s). Alternatively, because sustainability is arguably central to everything about HPS, rather than a separate standard, it might be more functional to ensure that there are indicators that address sustainability. What should WHO consider in relation to these alternative approaches?

Question 5. Within the 12 domains of Review 1, physical and social environments are distinct domains. Yet they are combined within some standards (e.g. Standard 3 of the 8 standards within the Schools for Health in Europe framework for HPS). While clearly overlapping in terms of their contribution to student safety, health and well-being (e.g. clean sanitary facilities [physical environment] are likely to promote school attendance for menstruating girls, and may help reduce the stigma of menstruation [well-being]), the types of actions that are required to meet a standard such as this are quite distinct (Review 1, page 84). What should WHO consider in relation to these alternative approaches?

Question 6. The challenge of intersectoral work between ministries of health and education is a common refrain within the literature, yet there were very few studies in Review 2 that reported on barriers and enablers to intersectoral working. Perhaps surprisingly, given how essential this is for school functions, there was also little evidence about how alignment between ministries of education and schools can be achieved, as this is also required to support the implementation and sustained practices that underpin HPS. What should WHO consider in relationship to inter-sectoral work and vertical alignment?

Question 7. For pragmatic reasons, and to capture a reasonable number of countries, the evidence reviews included literature published in English, French and Spanish. Review 1 captured 150 country documents representing 86 countries, and Review 2 captured 75 documents describing experiences from 75 countries. We acknowledge limitations due to language restrictions and because the latest situations are not well reflected in the published literature. For instance, parents' mass migration leaving children behind is a relatively new phenomenon and is not reflected in the findings and recommendations. We therefore plan alternative strategies to ensure that the findings of the reviews are augmented with experiences from a wider set of countries. These alternative strategies will include: consultations with an external advisory group at various stages of the process to ensure regional representation; regional and national consultations to validate the findings in other contexts; public consultations to capture additional experiences; case studies of selected low- and middle-income countries; and comparison of the current findings with similar projects such as the European Standards and Indicators of Schools for Health in Europe (2019). As a member of the EAG, please fill out the box below if you are aware of any country experience that *is different* in one or more aspects from what was captured in the key findings and recommendations of reviews 1 and 2. More specifically, if you know of country experience that *is different* from the key findings, we request the following information:

Country name
Please list the aspects of the experience that are *different* or *not reflected* in the key findings and recommendations of Review 1 and Review 2
Please provide a full reference to the source where this experience is described

Question 8. Do you have additional comments that will help WHO and UNESCO to develop the global standards for HPS and their implementation guidance?

Please submit this form to healthpromotion@who.int, copy baltagv@who.int and benabdelazizf@who.int by 26 June 2020.

THANK YOU FOR YOUR PARTICIPATION!

Annex 4. Summary of inputs received from the members of the EAG

EXTERNAL ADVISORY GROUP FOR THE DEVELOPMENT OF GLOBAL STANDARDS FOR HEALTH PROMOTING SCHOOLS AND THEIR IMPLEMENTATION GUIDANCE

The survey included eight open-ended questions (See Annex 3) asking the EAG members to provide additional comments and input to the literature review findings and to the development of the global standards and implementation guidelines.

The 16 respondents who completed the questionnaire represented a balanced mix of backgrounds: 3 were from the education sector (1 Ministry of Education official and 2 school heads); 5 were Ministry of Health officials, 4 were researchers/NGO representatives, and 5 persons were from United Nations agencies (4 from WHO and 1 from UNICEF). Of the respondents, 10 were from country level and 6 from regional/global level.

This summary attempts to capture the comments and suggestions made by the respondents. A number is included next to comments or suggestions that were mentioned by multiple respondents.

Q1. General comments on Review 1 (n = 15)

Strengths:

- The review was comprehensive, covering different HPS dimensions and summarizing current standards/principles and recommendations (6), with balanced data from both low-income and high-income contexts.
- The review widened the range of ideas and methods for developing the global standards for HPS.
- Some useful analytical framework domains were shown.
- There was overall agreement on the key findings in the review.

Gaps:

- There was limited coverage of the literature because of the narrow search protocol. (3)
- Because there was no well-defined technical glossary, some statements were ambiguous.
- There was a lack of indicators.
- The role of the student body was not highlighted.
- The roles of WHO and other United Nations agencies in supporting HPS implementation were mentioned only in terms of initiation of the HPS programme.
- The whole-of-school approach was diluted by variations in standards/principles/ recommendations.
- Subdomains often overlapped and were defined very narrowly, making HPS a complex issue.

- The section on results would benefit by adding the domain name to the title of the tables instead of number – e.g. Table 13: Example text for domain 10: Financial, resources and training support for HPS.
- Economic justification should be added to the background.
- Page 32 could also mention *Drinking water, sanitation and hygiene in schools. Global baseline report 2018* [4] and *Global survey on school health.*[5]

Suggestions for the global standards

HPS framework

In addition to specific suggestions to consolidate overlapping subdomains and simplify the framework for developing the global standards for HPS, the following should be taken into account:

- A "global standard" should be "inclusive" in that it should be applicable to all types of schools, but it should also be adaptable to different contexts and should facilitate continuous improvement towards HPS.
- Consider a balance between a programmatic approach and the whole-of-school approach when conceptualizing HPS.
- Consider the 12 domains for developing global standards for HPS.
- Embed the global standards for HPS in the framework of the 10 core life skills listed by WHO.
- Specify a role and a responsible agency/sector/person for standards/indicators. (2)
- The presence of governance-, systems- and sustainability-related domains (2) would be crucial to ensure country ownership and sustainability.
- The health education curriculum should be highlighted.
- It is crucial to address parent and community engagement.
- Teaching and non-teaching staff should be distinct categories of stakeholders.
- Include the curriculum for teacher training at the policy-level domain.
- Include economic investment and benefits/contributions to national development or similar in the government domain.
- Replace "collaboration" with "multisectoral and/or whole-of-government approach".
- Be cautious when saying "lack of evidence", as the HPS is a process-based programmatic approach that moves from basic issues – such as water, sanitation and hygiene (WASH) – to nutrition, safety etc. and on to mental health.

Indicators

- Indicators used in other areas – such as in WASH, the global school health survey, transportation and safety surveys (e.g. injuries and deaths for those aged 5–18 years), school gardens (FAO), the global report on nutrition, and several reports by UNICEF and UNESCO – could at least be used by countries and WHO as proxy indicators for following the progress of HPS. Data sets already collected could be used and could be developed in future to better suit HPS.
- Use the 58 subdomains (with some modifications) to lay out indicators to ensure full implementation of all 12 domains.

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[4] Drinking water, sanitation and hygiene in schools. Global baseline report 2018. New York: United Nations Children's Fund (UNICEF) and World Health Organization; 2018 (https://www.who.int/water_sanitation_health/publications/jmp-wash-in-schools/en/, accessed 6 June 2020).

[5] Global school-based student health survey (GSHS). Geneva: World Health Organization (https://www.who.int/ncds/surveillance/gshs/en/, accessed 6 June 2020).

Additional elements for the global standards for HPS

Consider incorporating the emerging global priorities that have implications for school health, namely:

- safety measures (e.g. for natural and artificial disasters, peripheral school environment);
- emotional/psychological/mental health/well-being; (4)
- basic first-aid, prevention of bullying and gender-based violence;
- injury prevention;
- bullying and violence prevention; (2)
- environment/climate change;
- digital tools and platforms to support learning outcomes;
- healthy and nutritious food in school grounds and the effects of direct marketing to children;
- elimination of tobacco products and harmful substances in and around schools;
- road safety around school premises;
- peer support networks and youth participation;
- self-assessment as a measure for quality improvement and for facilitating learning;
- commercial determinants of health (especially food marketing aimed at children);
- vulnerable population groups, including migrants and disabled children

Additional resources suggested for consideration in developing global standards for HPS

Additional resources could include:

- insights from WHO's Western Pacific Region on effective school-based interventions;[6]
- National Standards of Health Promoting School (WS/T 495–2016), issued by China's National Health Commission (2016); and Provincial HPS standards in Beijing, Guangdong and Jiangsu;
- Healthy China Action Plan (2019–2030), which includes primary and secondary health promoting action plan as one of 15 special actions;[7]
- examples of self-assessment tools such as the Effective Vaccine Management (EVM) assessment adapted by the immunization programme for digital hand-held devices and being rolled out in countries at the health facility and higher levels;[8]
- the Fit for School programme,[9] which contributes to HPS in Cambodia, Lao People's Democratic Republic, Philippines and the Pacific Island countries and territories through the DepEd WinS Program[10] in https://wins.deped.gov.ph in the WHO Western Pacific Region and elsewhere.

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6 Xu T, Tomokawa S, Gregorio ER Jr, Mannava P, Nagai M, Sobel S. School-based interventions to promote adolescent health: a systematic review in low- and middle-income countries of WHO Western Pacific Region. Plos One. 2020; doi: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0230046, accessed 6 June 2020)..

7 Healthy China Action Plan (2019–2030) (http://en.nhc.gov.cn/HealthyChinaActionPlan.html, accessed 6 June 2020).

8 Effective Vaccine Management Initiative. Geneve: World Health Organization (https://www.who.int/immunization/programmes_systems/supply_chain/evm/en/, accessed 6 June 2020).

9 See: Fit for School International (http://www.fitforschool.international/, accessed 6 June 2020).

10 See: Department of Education of the Philippines WinS Program (https://wins.deped.gov.ph, accessed 6 June 2020).

Q2. General comments on Review 2 (n = 15)

Strengths:

- There was overall agreement with the review's findings which were felt to provides excellent insight for the implementation guidance. (3)
- Comments welcomed the initiative to conduct additional case studies in order to address the lack of data from low- and middle-income countries. (2)
- The framework of constructs can be useful for building tools to facilitate the implementation, stimulation, development and evaluation of HPS.

Gaps:

- A lack of consideration was given to children, and especially those with special needs.
- There were overlaps between Construct 9 (sustainability), Enabler 1 and Construct 10 (upgrading physical facilities).
- Building the key barriers and enablers on the 12 constructs would lead to over-extension with widely dispersed impact. For instance, Construct 5 could be part of Construct 1.
- More studies from low- and middle-income countries are needed to strengthen the key barriers and enablers.

Areas to emphasize in the implementation guidance

Areas for emphasis include:

- the leadership roles and collaboration between the Ministry of Health and the Ministry of Education; (3)
- teacher training; (2)
- an equal balance of high-income and low-income contexts to make the guidance more universal and more feasible for countries to follow as the gaps between goals and practice are diminished;
- adequate structure and resources at national, state and school levels in order to ensure sustainability;
- investment in education and health as human rights and as a benefit for national development;
- the importance of parents and guardians as well as community engagement as important but distinct facilitators for HPS;
- the use of technology in teaching/sharing/learning of HPS issues at globally and national/school levels to ensure sustainability, particularly for dispersed populations and island communities;
- the influence of urban development and urban planning on the school physical environment, because the density of construction and the lack of space in and around schools challenges the health of students (e.g. in terms of personal space, ergonomy, air quality, noise, pollution, walkability to/from schools, transport, space for play and physical activity);
- dedicated space in schools for counselling and consultations as well as dedicated non-teaching staff for ensuring a positive social environment and mental health;
- the school climate, school organization (preparing/planning for HPS implementation and policy/institutional embedding), teacher commitment (professional development and learning, and school leadership and management practices) and school community participation are important for facilitating HPS as an endogenous process for schools.

Q3. Addressing the significance of government policies (n = 16)

The majority (9) of the respondents explicitly favoured a greater prominence for government by having both government-level policies as one of the global standards and an M&E framework that defines shared responsibilities at all levels for HPS implementation. The two approaches could complement each other. One respondent preferred the inclusion of standards and indicators related to M&E to make it possible to identify more specific policy issues relating to education.

Only one respondent expressed a concern that, unless linkages are stressed, separating school actions from government-level policies may be counterproductive since the two are closely connected.

Other comments echoed the significance of national government policies, coordination and M&E. Additional suggestions include:

- ensuring that government policies on education include health as a goal that is related to educational outcomes and is within the competence of the education system (and not simply collaboration with the health services), and that health is mainstreamed into the educational curriculum and into the evaluation criteria of the education system;
- ensuring representation of students, teachers and school principals in national policy-making;
- having lean and SMART (Specific, Measurable, Achievable, Relevant and Time-bound) national indicators, ideally with selected key indicators integrated in the Education Management Information System (EMIS), as is the case with the WASH in School process, for standardized HPS implementation and comparison across regions;
- involvement by WHO and other United Nations agencies from preparation and planning to M&E to ensure the sustainability and success of HPS implementation;
- having global standards for HPS that support/complement existing national school health policies and do not replace them;
- assignment of HPS focal persons at school, regional and national levels to monitor HPS implementation.

Q4. Addressing the significance of sustainability (n = 15)

All respondents agreed that sustainability is crucial, while six respondents explicitly favored it as a distinct domain to avoid it being diluted within other domains. Nevertheless:

- Three respondents specifically suggested that sustainability, as a crosscutting element of every aspect of HPS, should be integrated as a subdomain to both the government and school-level domains.
- One respondent emphasized that sustainability depends on the commitment of governments as reflected in financing, human resources, teacher training and the school curriculum of the Ministry of Education, and that it can be traced to accountability, leadership and ownership of HPS.
- One respondent expressed "no preference" for options A or B, while another noted that the concept of sustainability is relevant to initiatives/projects without funding rather than integrated components/programmes of a national development plan.

Additional suggestions provided to ensure sustainability were:

- Develop strong political commitment to ensure the commitment of school leadership.
- Ensure measurement and evaluation of HPS.
- Integrate HPS in other United Nations initiatives such as Healthy Cities (WHO), Learning Cities (UNESCO) and Child Promoting Cities (UNICEF).
- Calculate the cost all school services, and have the cost shared between different sectors and agencies to sustain HPS.
- An accreditation system can facilitate recognition and sustainability.

Q5. Addressing physical and social learning environments (n = 15)

Out of 10 respondents who directly responded to this question, eight explicitly favoured separating the physical and social learning environments as two distinct domains because they require different actions and measurements. However, two respondents pointed out that these two domains may overlap and contribute to same outcomes, while a further two suggested keeping the physical and social learning environments as one domain in order to ensure a comprehensive and complementary approach.

One respondent suggested keeping the social and physical environment together as "healthy environment" with differentiated standards for each element, while bearing in mind that the physical environment is more visible and real while the social environment is more invisible and intangible.

The remaining two respondents emphasized the importance of physical and social learning environments, without suggesting whether they should be kept as one domain or separated into two.

Q6. Considerations on intersectoral work and vertical alignment (n = 16)

The majority of respondents stressed the importance of interministerial collaboration and coordination, particularly in the relationship between the ministries of education and health. It was proposed that consideration should be given to building the capacity of senior officials in these ministries and strengthening the understanding and analysis of capacity concerns and perceptions of feasibility in both sectors.

Nine respondents proposed considering a multisectoral platform (such as a joint commission/committee or a designated agency that can work across sectors) to ensure intersectoral coordination and collaboration and to oversee/support HPS implementation. A suggestion was also made to assign, instruct and support schools' HPS focal persons and to ensure the information flow between the focal persons and the central platform/committee.

Consideration should be given to the entry points, incentives and potential benefits for different groups at different levels of the system in order to motivate their commitment and engagement to HPS. Three respondents suggested promoting and ensuring leadership by the education sector (perhaps the Ministry of Education), and there was one suggestion that the health ministry should step back and accept a technical advisory role. It was also suggested to incorporate educational and health outcomes in one framework in order to give balanced attention to the two sectors, to incorporate HPS into both sectors' plans, documents and guidance, and to ensure policy coherence between the two sectors.

Two additional issues need to be considered in addressing intersectoral work and vertical alignment:

- There are evidence gaps in process and policy implementation as the existing literature is mainly driven by the health sector and focuses on health impacts, interventions and outcomes, with limited relevance to the education sector's mandate and interest. Targeted research and documentation on barriers to and enablers of implementation would help address this gap.
- Many countries have a mix of public and private schools, and some countries have informal/religious schools. One must take account of the variable willingness of different parties to coordinate with the government and to adopt a common framework

Q7. Additional country experiences (n = 8)

Eight respondents provided information about additional country experiences, as follows.

1. HPS implementation in Oman, Saudi Arabia and other countries of the WHO Eastern Mediterranean Region covered eight components, namely: a) health education; b) school environment (physical and social); c) school health services; d) nutrition and food safety; e) mental health; f) physical activity; g) attention to the health of the school's educational staff; h) community participation.
2. A major element of implementation in Oman[11] and Saudi Arabia[12] that was not reflected in the reviews was emergency preparedness and response at school level. This included preparedness and response in case of: natural disasters and other emergencies; accidents at school level (such as local fires, falls, exposure to hazardous substances in laboratories, etc.); disease control and prevention; environmental factors and waste management; and injury/violence prevention.
3. a) Corruption in the education sector is one of the governance challenges in both centralized and decentralized systems (a school-level solution is to use using transparency bulletin boards);[13] b); there is a need to take account of the need to respond to external needs (i.e. disaster preparedness and response); c) the World Bank has promoted the School Based Management (SBM) framework, which has become the standard for school management in many countries.
4. Spirituality-based well-being practices in schools (yoga, meditation, mindfulness, Zen practices) should be taken into account.[14]
5. The United Arab Emirates recommended the community participatory approach as used in Sharjah.
6. The role of school headmasters in ensuring HPS sustainability is jeopardized by their high mobility. A lesson learned from Best Practices in School Food Management in Thailand demonstrated that providing school headmasters/teachers with a career advancement or recognition as a reward for HPS engagement could potentially motivate a higher number of headmasters and teachers. Alternatively, the involvement of parents and community members can also influence the direction of the school and thus lead to better sustainability of the initiative.[15]

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[11] See: https://www.educouncil.gov.om/article.php?id=3699&scrollto=start, accessed 6 June 2020.
[12] See: https://www.moh.gov.sa/Ministry/Projects/Healthy-Schools/Documents/003.pdf, accessed 6 June 2020.
[13] For a resource on transparency bulletin boards, see: https://www.tandfonline.com/doi/full/10.1080/0161956X.2014.862474, accessed 6 June 2020.
[14] Revised School Health Manual, Volume 1. Delhi: Central Board of Secondary Education; 2010: Appendix 3 (http://cbseacademic.nic.in/web_material/HealthManual/HEALTH%20MANUAL%20VOL%201.pdf, accessed 7 June 2020).
[15] Food and Nutrition Policy for Health Promotion. A lesson learned from Best Practices in School Food Management in Thailand, 2020 [ongoing research].

7. In Malaysia, HPS is named differently with modifications to suit Ministry of Education requirements. Although the understanding of HPS is fragmented, teachers and schools are nevertheless implementing it. (Experiences not documented)
8. HPS was shown to help students to develop skills and live positive experiences for health in Aragon, Spain.[16]

Q8. Additional comments (n = 12)

Suggestions for supporting HPS implementation

Global level

- Consider the capacity to adapt standards to the health needs of each country and to the organization and characteristics of primary and secondary schools in the different countries.
- Consider optional or special provision for the implementation guidance in order to bring out-of-school children into school and make their lives healthier and better.
- Make sure that teaching and non-teaching staff and faculty thoroughly understand HPS.
- In order to avoid competition between organizations and schools, make clear that HPS is the only (and joint) United Nations tool to enhance the health of school-age children during the coming five years.
- Form an international taskforce for HPS working under the regulations and supervision of WHO and other United Nations agencies.
- Translate documents related to HPS to ensure their use worldwide.
- Initiate a training programme related to HPS capable of the training of trainers at both national and subnational levels.
- Declare an international day for HPS (in March or April) every year to celebrate success globally.
- Consider the role of school networks in supporting, exchanging and disseminating experiences of HPS.
- Encourage HPS studies and research at all levels (including the infrastructure, process, output and impact from the implementation of HPS initiatives).

Country level

- Draw up a hierarchy of national authorities responsible for the implementation of HPS (national, subnational, regional and school levels).
- Create supportive organizational structures to implement HPS, or similar, such as the establishment of committees within schools that include students and stakeholders in the school community.
- Articulate the leadership and collaboration between the ministries of health and education in the international guidelines and integrate them into the system and the policy. Individual enthusiasm is good but is not enough.

[16] Aliaga P, Bueno M, Ferrer E, Gállego J, Ipiéns JR, Moreno C et al. The Health Promoting Schools, an environment to develop skills and live positive experiences for health: the experience of Aragon. In: Gavidia V (Coordinator). The eight areas of health education at school. COMSAL project, subsidized by the Ministry of Economy and Competitiveness (MINECO). Valencia: University of Valencia; 2016 (https://www.uv.es/comsal/pdf/librocomsal.pdf, accessed 7 June 2020).

Suggestions for the implementation guidelines – additional resources

- School-based interventions to promote adolescent health: a systematic review in low- and middle-income countries of the Western Pacific Region.[17]
- An example for a stepwise implementation approach – the Three Star Approach for WASH in schools. The stepwise implementation sets stakeholders on a path towards achieving the full standards with confidence and available resources.[18]
- In the United Arab Emirates, the Health Education and Promotion Department of the Ministry of Health and Prevention developed a simple needs assessment checklist to enable schools to assess their needs in terms of providing an environment that is conducive to HPS.

Suggestions for the global standards

- Because standards already exist in some locations, ensure the relevance of the global standards by allowing some aspects to be adaptable to local contexts and by supporting greater data collection on outcomes (including educational outcomes).
- Cater for learners with disabilities (both mental and physical) by helping them to obtain support to start and finish school.
- Agree on the scope of the global standards which may go beyond defining what an HPS is. What needs to be achieved is to reach the countrywide goal of "Making every school a health promoting school".
- Develop indicators that do not simply inform on a country's HPS status but that help countries identify gaps in HPS work.
- In order to link HPS work with a collective effort to achieve the Sustainable Development Goals (SDGs), consider merging well-known global indicators with high global commitment related to the well-being of children (such as SDG 2.2, SDG 3.7, SDG 4.7, SDG 5.6, SDG 6.2, SDG 16.2, etc.) into a set of indicators for HPS.
- Highlight the concepts of human rights and children's rights to heighten countries' commitment and attention to making every school a health promoting school.
- Consider that health content within the curriculum not only refers to aspects of physical health and disease prevention but also includes the development of personal skills and aspects of mental and social health.
- To facilitate the involvement of ministries of education, take account of the fact that HPS improves the quality of education and facilitates the achievement of academic outcomes in schools.

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[17] Xu T, Tomokawa S, Gregorio ER Jr, Mannava P, Nagai M, Sobel S. School-based interventions to promote adolescent health: a systematic review in low- and middle-income countries of WHO Western Pacific Region. Plos One. 2020 (https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0230046, accessed 6 June 2020).

[18] Field guide. The three star approach for WASH in schools. New York (NY) and Bonn: United Nations Children's Fund (UNICEF) and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); 2013 (https://www.unicef.org/wash/schools/files/UNICEF_Field_Guide-3_Star-Guide.pdf, accessed 7 June 2020).

World Health Organization

United Nations Educational, Scientific and Cultural Organization

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