Ms. Veta Brown, Caribbean Program Coordinator for the Pan American Health Organization (PAHO), Office of Caribbean Program Coordination (CPC), welcomed the participants to the First Meeting and Creation of the Caribbean Network of Health-Promoting Schools and extended greetings from Sir George Alleyne, Director of PAHO. Ms. Brown emphasized that the Caribbean consists of a diverse group of countries characterized by multiple cultures and multiple languages, and that any Caribbean initiative must take this diversity into consideration. The challenge of this emerging network will be to identify those issues these countries share in common and can address collectively, relying on one another as resources in an ongoing effort to create Health-Promoting Schools.

Ms. Brown reminded the group of key questions and critical health issues that must continue to drive their efforts to promote health in the Caribbean: What are the determinants of health? How do we examine the environmental, political, and socioeconomic issues that affect the health of people in our countries? How will we address the impact of HIV/AIDS and drugs on the health of the population? Any work being done in Health-Promoting Schools must address these critical health issues.

Acknowledging the large workloads of these dedicated participants, Ms. Brown invited them to build upon the work they have already done through collaboration and coordination, thereby avoiding the need to “reinvent the wheel.” She also stressed the importance of building alliances and networks and including the many stakeholders in the process.

Ms. Brown concluded by encouraging the group to be very active participants in the process: “This cannot be an exercise for the sake of an exercise or for the purpose of producing a publication,” she urged. “Keep foremost in your mind the thoughts of how you will make a change once you return home.”
Strengthening Health Promotion Planning for Action in the Americas

Dr. Maria Teresa Cerqueira, Director, Division of Health Promotion and Protection, PAHO/WHO

Introduction

The Region of the Americas has achieved significant progress in life expectancy, access to clean water, and immunization coverage. Infant mortality due to infectious diseases has steadily declined. Yet, Member States continue to struggle with persistent poverty and poor living conditions associated with great inequities in income and wealth distribution. Countries continue struggling to reduce maternal mortality, a clear indication of these inequities. Countries are also working to improve basic sanitation systems; to manage new and emerging diseases, such as tuberculosis, cholera, dengue, and HIV/AIDS; and to deal with increasing non-communicable diseases associated with poor eating habits and more sedentary lifestyles.

In addition, the growing burden of mental illness and recognition of the magnitude of mental health problems require urgent action from health authorities and community leaders. Many adolescents and older adults suffer from depression and other mental illness and several countries of the Region have high rates of child and teen suicide. Illicit drug use, stress, and alcoholism continue to rise, presenting an extraordinary challenge for families, communities, and the social sector, especially the health and education sectors. The number of smokers continues to increase, while it is known that tobacco use is the leading cause of preventable death in the Americas. Violence is an increasing concern for public health everywhere, especially neglect and abuse against women, children and the elderly. Countries are struggling to provide supportive environments for individuals and families, especially children and older adults, ensuring health, quality of life, and dignity.

Health Promotion

The importance of Health Promotion, as a powerful public health strategy, emerged from the framework put forth in the Ottawa Charter (1986). Canada has produced much of the conceptual and operational guidelines in this field. After the Lalonde Report (1974) on the Health of Canadians, which concluded that lifestyles and environmental conditions contributed more to the health of Canadians than the health services, the public health community convened the First International Conference on Health Promotion in Ottawa. The Charter that resulted from this conference was a major breaking point in public health thinking. It posits that health is produced in the context of people’s daily life and in the places where people live, work, study, and play.

1 Presented by Dr. Josefa Ippolito-Shepherd, Regional Health Education Advisor, Health-Promoting Schools Regional Initiative, Program of Family Health and Population, Division of Health Promotion and Protection, PAHO/WHO
Welcome and Opening Remarks

Health promotion as a process is directed at achieving outcomes over a long term with specific results in the medium and short term. Specific outcomes differ, but they involve citizen and community participation and contribute to improvement in quality of life.

Effective health promotion actions strengthen the skills and capabilities of individuals, organizations, and communities to act and improve the determinants of health. Member States can achieve significant progress in reducing tobacco use and protecting nonsmokers by increasing taxes on tobacco and by eliminating smoking from public places. A municipality or community can implement a combination of measures directed to tobacco control, including fiscal and social policy, advocacy for smoke free spaces, negotiation and advocacy to stop advertising, and school-based life skills education programs to strengthen self esteem and the development of healthy behaviors.

Health promotion is providing evidence of effectiveness in improving health and quality of life, which indicates that a comprehensive approach, using a combination of the five Ottawa strategies, is effective. Promoting health in certain settings such as schools, workplaces, cities, and communities improves the health status of populations and the quality of life in those spaces. There is evidence that people, including those most affected by poverty and adversity, need to be involved in defining health promotion actions and in making decisions to ensure effectiveness and sustainability of community programs.

However, despite the evidence of the effectiveness of health promotion strategies, few countries in the Region have considered it as an important investment and an essential element for social and economic development, and few have destined adequate resources to this essential public health strategy. A commitment to strengthen health promotion planning for action is necessary to ensure that communities and societies are able to address the determinants of health and increase equity in health. PAHO/WHO, through its Division of Health Promotion and Protection, provides technical cooperation in health promotion and stimulates collaboration among Member States to strengthen health promotion planning for action, establish healthy public policy, and create supportive environments.

The PAHO Directing Council resolution (1993) and the Regional Plan of Action for Health Promotion (1995-1998) stimulated the development of health promotion in the American Region. The objectives of this Regional Plan of Action included the promotion of healthy public policies (food and nutrition, tobacco, alcohol and drugs, violence and environment); to create healthy options for the population; and to develop healthy cities and communities as settings for health promotion actions. The Plan specified three target areas: environments, behaviors and lifestyles, and health services.

The PAHO’s Strategic and Programmatic Orientations (SPOs 1999-2002) defined the priority for technical cooperation to create jointly with the countries a culture for health promotion. The Orientations supported the development of healthy spaces, healthy public policies, and other health promotion strategies in the program areas:

- mental health and psychiatric reform
- aging and health
- sexual and reproductive health
- micronutrient nutrition
- maternal and child nutrition
- maternal mortality
- adolescent health
Global and Regional Commitment

The platform provided by the Ottawa Charter was ratified by subsequent international and regional conferences. The Adelaide Recommendations (Australia 1988) provided an in-depth review of the concept of public policy and outlined ways toward establishing healthy public policy. The Sundsvall Statement (Sweden, 1991) built on the concept of creating supportive environments and provided examples of good practice. The Bogota Declaration (Colombia, 1992) highlighted the relationship between health and development and called for a renewed commitment to solidarity and equity in health and deplored the impact of violence on the health of individuals and communities. It summoned the political will of people and leaders to modify social conditions and make marginality, inequality, abuse, and environmental destruction unacceptable.

The Caribbean Conference on Health Promotion (Trinidad and Tobago, 1993) endorsed health promotion and protection and reinforced the principles and key areas identified in the Ottawa Charter. It set forth strategic approaches for intersectoral activities and called for a renewed commitment to community participation in decision-making processes, social communication, and the achievement of greater equity in health.

The Jakarta Declaration (Indonesia, 1997) reiterated the global commitment to the strategies put forth in the Ottawa Charter and provided a clearer understanding of the critical importance of building partnerships for health. It called for new players and identified key ingredients aimed at improving health and quality of life later adopted by WHO Member States. With each international conference, WHO and its partners have restated the commitment to increase the infrastructure and strengthen technical cooperation in health promotion, build partnerships, and adopt an evidence-based approach to policy and practice.

The Fifth Global Conference on Health Promotion (Mexico, 2000) produced a set of critical papers that clarify and outlined the key ingredients for health promotion, as well as guidelines for strengthening health promotion plans of action. The commitment embraced by Member States includes the following:

- To position the promotion of health as a fundamental priority in local, regional, national, and international policies and programs;
- to take the leading role in ensuring the active participation of all sectors and civil society in the implementation of health-promoting actions to strengthen and expand partnerships for health;
- to support the preparation of countrywide plans of action for promoting health, if necessary drawing on the expertise in this area of WHO and its partners. These plans will vary according to the national context, but will follow a basic framework agreed upon during the Fifth Global Conference on Health Promotion;
- to establish or strengthen national and international networks to promote health; and
- to inform the Director-General of the World Health Organization of the progress made in the performance of the above actions.
**Welcome and Opening Remarks**

**Healthy Municipalities and Communities in the Americas**

In the last decade, almost every country in the Region has adopted the Healthy Municipalities and Communities Movement. The municipalities that have implemented the health promotion strategy have developed a holistic-comprehensive framework that starts with a participatory need assessment and planning process. Jointly with community groups; NGOs; representatives from health and other relevant sectors; municipal teams, led by Mayors, implement health promotion strategies to improve the determinants of health and equity.

Networks provide an opportunity and space for Mayors, local authorities, and community leaders to exchange ideas and opinions, to share experiences and knowledge gained as they implement health promotion at the local level, as well as to discuss possible future collaboration. The key factor in the success of this health promotion strategy is that it builds and strengthens a social pact among key players to promote health with people and their communities. It builds on and expands local health promotion experiences and involves the participation of all stakeholders. The Network of Healthy Municipalities and Communities in the Americas was founded in 1997 in Boca del Rio, Veracruz, Mexico.

**Health-Promoting Schools**

Schools should have a central role, not as passive recipients of health interventions, but as active partners in effective integrated school health programs with multiple components, including support and cooperation of parents, community agencies, and actively enforced community-wide policy.

Historically, schools have carried out a variety of health and nutrition activities, mostly focused on disease prevention and control, including periodic medical and dental exams and visual and auditive screening, school feeding, and mass vaccination campaigns. The PAHO/WHO Health-Promoting Schools Regional Initiative is strengthening and expanding these traditional practices through joint efforts between the health and education sectors. The Initiative facilitates strategic planning and implementation of school based health programs, including the delivery of comprehensive and skill based health education that facilitate the adoption of healthy lifestyles and behaviors; the creation and maintenance of supportive environments that are conducive to learning and the maintenance of healthy practices; and the provision of health care services and respective referral, healthy meals, psychological counseling, and physical education. By establishing networks, the Initiative has provided an environment and opportunities for countries to share knowledge and experiences and to improve their models of school health.

The Health-Promoting Schools Regional Initiative, a global strategy launched in our Region in 1995, is directed to improve the health of children, teachers, parents, and other members of the school community. The Initiative addresses three main components:

- **Comprehensive health education and life skills training**, for the acquisition of information, knowledge, and skills that facilitate the adoption and maintenance of healthy behaviors;

- **Healthy and supportive environments**, to create and maintain enabling school environ-
ments and surroundings supportive for health and learning, and for the development of positive attitudes and relationships between children and staff; and

- Health and nutrition services, directed to strengthen coordination and collaboration between the health, education, and other sectors, to facilitate the delivery of health care and nutrition services for the school population.

**Progress and Lessons Learned**

Among the lessons learned are the experiences with participatory local planning in the Healthy Municipalities and Communities. In a few countries, health promotion is positioned at high political levels as an essential strategy for social and human development. Such is the case in Chile where health promotion is a national priority and is committed to a national plan for action called Vida Chile.

Health promotion in Canada highlights how the development of relevant infrastructures enables concepts to be transformed into effective policy and health promotion programs. The lessons learned in Canada and other countries illustrate the essential components for the development of effective health promotion and lead to a greater understanding of the factors that have limited its effectiveness. A strong conceptual basis for action has clearly been a positive guiding force in the development of health promotion.

Engagement of academic institutions with an explicit research agenda and with programs for the training and development of human resources in health promotion is crucial in the development and implementation of health promotion plans of action. Canada and the United States of America provide evidence of the importance of this component for effective health promotion. Chile, as well, has created a network of universities and developed a clearinghouse with health promotion documents and materials for training of local health teams, in collaboration with the Center for Health Promotion at the University of Toronto.

Strong, aware, and committed leadership at all levels of the health sector is key for health promotion policies and programs and especially to influence the health sector reform agenda. Health promotion concepts, goals, and strategies in the reform agenda are critical for the involvement of health systems and services.

A committed and strong partnership base among stakeholders plays a crucial role in the progress of health promotion. Multi-sectoral action for health is essential to successful health promotion. The role of different networks cannot be overemphasized in bringing to the negotiation table various levels of government officials, professional and community organizations, and the private sector to develop, implement, and evaluate health promotion plans for action. The Mexican Network of Municipalities for Health is a good example of this. The Network jointly with the Ministry of Health planned and carried out national meetings and regional thematic meetings key to building the capacity of new Mayors that entered the network. The National Network also supported State Networks with meetings, workshops, and other local capacity-building activities.
Integrating Health Promotion Strategies

PAHO technical cooperation focuses on strengthening health promotion planning for action. Countries are supported in setting targets to address their priorities and in building capacity at the national and local level to develop, implement, and evaluate health promotion plans for action.

The Division of Health Promotion and Protection is committed to this process and has begun to integrate the technical areas managed by the programs and centers with the health promotion strategies, including:

- the creation of healthy and supportive environments in the community, school, and workplace;
- the establishment of healthy public policy at national, local, and institutional levels, and the development of guidelines to assess their impact;
- the strengthening of community action for health by implementing training modules to facilitate community participation and support Member States to work with NGOs and other community groups;
- the development of personal skills, using the health literacy framework, health education, and social communication techniques;
- the reorientation of health systems and services by supporting countries to implement more integrated models of community, family, and school health, including mental health;
- strengthening surveillance systems with social and behavioral information; and
- supporting research and evaluation to advance knowledge and best practices.

A New Strategic Plan of Action

A major challenge for PAHO’s technical cooperation is to integrate the technical areas within a conceptual and methodological framework of health promotion. A strategic planning process is underway involving the Regional Programs, the Centers (CFNI, CLAP, CEPIS, and INCAP), Health Promotion Focal Points in the PAHO Country Offices, Ministries of Health, and other sectors, and health promotion professionals, particularly those in the PAHO Collaborating Centers. The purpose of this strategic planning process is to continue integrating the content in the technical program areas with the strategies for health promotion. This process of integration and consolidation of the Strategic Plan of Action for the next five years will be achieved by continued systematic consultation and working meetings with Regional, Centers, and country staff to assess progress and make necessary adjustments. An advisory Committee provides insights and suggestions, identify content areas that need greater integration with health promotion strategies, and identify gaps in knowledge for further research.

A second major challenge will be to position health promotion high on the political agenda of the Organization. This will be achieved by advocating that Member States strengthen health promotion planning for action, by disseminating effective health promotion experiences, and by mobilizing resources to support pilot and demonstration projects. A regional forum is
planned to be held in 2002 to assess progress in health promotion planning for action. Inter-American Partnerships with other institutions, such as the Inter American Development Bank and the World Bank within the context of the Shared Agenda, will also strengthen health promotion planning for action.

A third challenge is to secure the infrastructure and resources necessary to strengthen health promotion planning for action, to be achieved by:

➣ strengthening the development and training of human resources, especially building capacity of PAHO and Health Ministry staff responsible for health promotion and protection;

➣ the preparation of project and research proposals to mobilize needed resources;

➣ increasing the evidence base of health promotion effectiveness by increasing the evaluation of health promotion interventions; and

➣ establishing new partnerships and strengthening existing ones, especially with WHO Collaborating Centers in Health Promotion.

Priorities

A priority for health promotion in the next five years will be to establish smoke-free environments in public places such as schools, health centers, childcare facilities, government workplaces, and in the hospitality sector. This will be accomplished by:

➣ building capacity for youth advocacy and community partnerships to support smoke-free environment;

➣ a multifaceted public education campaign to inform the public, parents, teachers, and health workers of the risks of second-hand smoke and actions they can take to eliminate exposure; and

➣ developing guidelines to establish policies at national, local, and institutional level to establish smoke-free spaces, and curb tobacco promotion and demand.

Creating Supportive Environments

In coordination with other units in PAHO, HPP will support Member States in creating and strengthening the Healthy Spaces Initiatives, especially municipalities, communities, schools, and workplaces, ensuring that the spaces where people live, study, work, and play have a positive influence on their health. Thus, technical cooperation will focus on improving the physical and psychosocial environments with interventions to provide clean water, basic sanitation, and basic health services in schools, workplaces, and communities. Policies and public education campaigns will be carried out to raise awareness and strengthen healthy behaviors and lifestyles.

Gender equity and respect for diversity will be encouraged as part of the organizational behavior and cultural values in the school, community and workplace. Countries will be supported in increasing the protective factors in designated healthy spaces and in strengthening collabo-
ration among NGOs and other community groups to protect women and children from abuse, violence, and neglect, and protect people, families, and communities from drug and alcohol abuse.

The year 2001 is dedicated to the theme of mental health. Countries will be encouraged to review the mental health situation in schools, workplaces, and communities and include this priority in their plans of action. Many aspects concerning mental health are now better understood, and there is considerable evidence that mental health promotion reduces depression, suicides, and risk behavior problems. Countries will be supported in implementing early education programs that have resulted in fewer learning problems with small children and involve parents in creating a more positive home and family environment for children to grow and develop.

Countries will also be supported in implementing Life Skills Education in schools, as studies show that Life Skills Education is effective in promoting healthy development and reducing risk behavior in children and adolescents. A model of mental health promotion and prevention of violence in schools will be developed. Countries will be supported in implementing workplace health promotion interventions that have shown positive results in reducing stress levels, increasing job satisfaction, and reducing sick leave.

**Healthy Public Policies**

Working groups will be established to stimulate collaboration among Member States in developing guidelines for healthy public policy at the national, local (municipal), and organizational level, and to evaluate their health impact. In coordination with other units and organizations, HPP will strengthen and extend such public policy initiatives as food and nutrition security in Central America and baby-friendly hospitals to encourage breast-feeding. The Regional Program will provide technical cooperation to establish public policies that promote healthy and safe motherhood by increasing equitable access to quality essential obstetric care and improve nutritional intake during pregnancy. Policy and legislation will be developed to protect sexual and reproductive rights and establish the infrastructure that allows individuals to exercise those rights. HPP will support countries in the development of guidelines to promote healthy aging through public policies and in the establishment of public policies to promote mental health across the life cycle, with special emphasis on capacity-building in families, community schools, and workplaces.

**Strengthening Community Action for Health**

Countries will be supported in the implementation of local participatory planning involving local authorities such as mayors, and community leaders, teachers, and people in general, in basic needs assessment, priority setting, planning, and developing policies and programs. Member States will be supported in developing, implementing, and evaluating interventions at national and local level to encourage good nutrition and active living throughout the life course such as “Agita São Paulo.” In coordination with other units, HPP will support countries to build community capacity in health literacy and to establish partnerships and carry out a multifaceted public education campaign with children, adolescents, and adults to adopt.
healthy lifestyles and minimize risk behaviors. Community action will be strengthened to provide access to social services for the elderly, promote good nutrition and active healthy lifestyles, and to encourage their participation in social support networks. HPP will support countries to develop a community-based model to deal with depression and suicide and create materials on mental health promotion directed at families, teachers, religious leaders and other members of the community.

**Development of Personal Skills**

Schoolchildren and adolescents will be involved early on in developing personal skills. School-based mental health programs and Life Skills Education will be strengthened. Countries will be supported in implementing Life Skills Education to effectively contribute to higher literacy and reduced dropout rates associated with a decrease in health risk behaviors, such as smoking, substance abuse, and teen pregnancy. Materials to support parents and teachers with Life Skills Education will be developed. Materials to promote health literacy directed at Mayors, teachers, church leaders, and other decision-makers will be fostered. Countries will be assisted in developing activities to enable the elderly to participate in decisions that affect them and in adopting and maintaining healthy life skills throughout the life course. Countries will be supported in setting targets for dietary behaviors and physical activity and in monitoring individual and collective behavior change using lifestyle surveys or other comparable methods.

**Reorienting Health Systems and Services**

Countries will be supported to strengthen the role of the health sector to advocate for health promotion, for greater intersectoral coordination and for increased investments in health promotion. Ministries of Health will be supported in fostering opportunities for social participation in the decisions concerning community health care. In coordination with other units, HPP will develop new and expanded models for community, family, and school health services. Countries will be supported in the reorientation of health services with a greater focus on bridging the equity gap (gender, ethnic origin, age, etc.) and strengthening community-based care. Countries will be supported in the reorientation of health services to assure safe motherhood and youth-friendly services, especially to promote breastfeeding. Materials on mental health promotion for primary health care providers will be developed. Training materials on the promotion of good nutrition and active living will be prepared for community health workers.

There are various networks of municipalities, schools, professional associations, universities, and other institutions and groups involved in health promotion actions in the Region. The Network of Healthy Municipalities and Communities of the Americas could effectively disseminate good practices in health promotion if they are supported in developing technical cooperation among municipalities and across borders. If Mayors are to succeed in putting health on the local development agenda, actions must focus on orienting this group as to the most effective interventions to improve health and quality of life. The Networks of Health-Promoting Schools could be a more effective advocate for placing health promotion and Life
Welcome and Opening Remarks

Skills Education in the education agenda if health sector efforts are supported and coordination with the education sector is strengthened to provide the necessary knowledge and skills to teachers and parents. PAHO/WHO has contributed to the creation of several networks. However, despite a growing consensus that networking is an effective strategy, few groups have adequate resources to maintain active communication among all the members of the network. A greater effort is needed to support the mobilization of resources for the networks so they may become major players in disseminating knowledge and skills in health promotion.

Conclusions

Health promotion in health and development is a long-term investment. The evidence of health promotion effectiveness suggests that if properly implemented, it could save resources in the medium and long term. Member Countries are urged to consider the development of appropriate infrastructures for the strengthening of health promotion planning for action to meet the challenges of the new millennium in the Americas.
Strengthening Health Promotion Planning for Action in the Americas

**Health Promotion Promoción de la Salud**
Maria Teresa Cerqueira, Director
Division of Health Promotion and Protection

**Conceptual Framework Health Promotion**
- The Ottawa Charter (86)
- Healthy Public Policy (Adelaide 88)
- Healthy and Supportive Environments (Sandvall 91)
- Bogota Charter (92)
- Caribbean Charter (93)
- Jakarta Declaration (97)

**Plan regional de acción 95-98**
Espacios saludables
Redes y consorcio
Salud de la familia y la población
Salud mental y tabaco
Alimentación y nutrición

**Regional Plan of Action 95-98**
Healthy spaces
Networks and consortium
Family and population health
Mental health and tobacco
Food and nutrition

**The Mexico Declaration**
- Position Health Promotion on the agenda
- Active participation of all sectors and civil society
- Countrywide plans of action
- Networks to promote health
- Report to Member States

**SPOs 1999-2002 Health Promotion and Protection (HPP)**
- Mental health and psychiatric reform
- Sexual and reproductive health
- Maternal mortality (LAMM)
- Adolescent health
- Aging and health
- Micronutrient nutrition
- Maternal and child nutrition

**OEPs 1999-2002 Promoción y Protección de la Salud (HPP)**
- Salud mental y reforma psiquiátrica
- Salud sexual y reproductiva
- Mortalidad materna (LAMM)
- Salud del adolescente
- Envejecimiento sano
- Micronutrientes
- Nutrición materna-infantil
Strengthening Health Promotion Planning for Action in the Americas

**Priorities**
- Smoke-Free Americas
- Mental health
  - Depression & suicide
  - Abuse & violence
- Sexual & reproductive health
  - Safe motherhood
  - Maternal mortality
- Breast-feeding
- Child and adolescent health and development
- Healthy aging
- Healthy eating and active living
- Capacity building
- Evidence: surveillance & evaluation

**Prioridades**
- Américas Libre de Humo
- Salud mental
  - Depresión y suicidio
  - Abuso y violencia
- Salud sexual y reproductiva
  - Maternidad segura
  - Maternalidad materna
  - Lactancia
  - Salud y desarrollo en la niñez y adolescencia
  - Envejecimiento sano
  - Alimentación sana y vida activa
  - Construir capacidad
  - Evidencia: vigilancia y evaluación

**Creating Supportive Environments:**
- Schools
- Workplaces
- Municipalities and communities

**Healthy Public Policies**
- Family and population health
- Mental health
- Tobacco and other addictions
- Food and nutrition

**Políticas públicas saludables**
- Salud de la familia y población
- Salud mental
- Tabaco y otras adicciones
- Alimentación y nutrición

**Desarrollo de habilidades para la vida**
- Alfabetización en salud
- Comunicación social
- Educación en salud
- Enseñanza de habilidades para la vida

**Reorienting Health Systems and Services**
- Health promotion and Reform
- Intersectoral coordination
- Community involvement

**Fortalecer la acción comunitaria en salud**
- Empoderamiento
- Participación
- Construcción de capacidades
- Evidencia - Evaluación
- Alianzas nuevas y viejas

**Health Literacy**
- Social Communication
- Health Education
- Life Skills Education
Welcome and Opening Remarks
Overview of the Meeting Agenda, Objectives, Expected Results, and Methodology

*Josefa Ippolito-Shepherd, Ph.D., Regional Health Education Advisor, Program of Family Health and Population, Division of Health Promotion and Protection, PAHO/WHO*

Dr. Ippolito-Shepherd reviewed for participants the agenda of the meeting and described the purpose and goals behind the creation of a Caribbean Network of Health-Promoting Schools. She then proposed a list of objectives and expected results for the Network, stressing that the participants would have the opportunity to create their own vision, mission, and objectives based on the needs of Health-Promoting Schools in the Caribbean Region. A description of the meeting methodology was also presented.

**Purpose for the First Meeting and Creation of the Caribbean Network of Health-Promoting Schools**

To strengthen mechanisms for the exchange of knowledge and experiences, to promote the harmonious and comprehensive development of young people and their health.

**Goal of the Meeting**

To facilitate the development of the organizational structure of the Network at both the international level (General Council, Technical Secretariat, and Working Committees) and at the national level (Mixed Commissions of each Member State: schools coordinating group and networks).

**Objectives of the Meeting**

1. To examine the concepts of Health-Promoting Schools Initiative and their relevance to the Caribbean;
2. to identify ways of using the Health-Promoting Schools Initiative to strengthen the current capacity of systems to promote the health of students, teachers, families, and communities;
3. to define an organizational structure, functions, mechanisms, and membership of the Network at both the international and national levels, consistent with existing governmental and institutional frameworks; and
4. to define a plan of action, which addresses cultural and language diversities within the Region, for implementing the Health-Promoting Schools Initiative at national and Caribbean level, including the creation of smoke-free places in schools.
Proposed Objectives of the Caribbean Network of Health-Promoting Schools

1. To support countries in improving health and development of school children and adolescents;
2. to help Caribbean countries to implement healthy policies in schools;
3. to strengthen ties with community organization;
4. to increase parent involvement in the health and well-being of children and adolescents, to facilitate the acquisition and maintenance of healthy behaviors lifestyles;
5. to disseminate successful health promotion and health education knowledge and practices regarding smoke free schools, sex education, food and nutrition, physical activity, drug education, life skill education, healthy spaces – free from violence and abuse, suicide prevention, mental health, healthy lifestyles, etc.;
6. to provide incentives for closer collaboration between the Ministries of Health and Education for the healthy development of young people;
7. to advocate and promote the added value of a Caribbean Network of Health-Promoting Schools to stakeholders, especially those who are currently working with HPS issues; and
8. to strengthen the capacity of Ministries of Education and Health to foster Health-Promoting Schools.

Expected Results/Benefits of the Caribbean Network of Health-Promoting Schools

As result of being a constituent Member, countries of the Caribbean Network of Health-Promoting Schools, will:

1. Promote the development and training of human resources in the areas of health promotion, health education, community participation, planning, and multisectorial project management, and other actions that favor the health and education of those who study, teach, and work within the school system;
2. promote research projects applied to health promotion and health education in direct collaboration with universities, government agencies, NGOs, union entities, and the private sector;
3. support the preparation, analysis, dissemination, and exchange of health promotion and health education materials at the school sites;
4. organize forums, workshops, working groups, seminars, and other events that will facilitate the study, analysis, and debate on the contents and methodologies of health promotion at school sites;
5. promote the sharing of health education and health promotion experiences in the school setting, as well as the dissemination of successful program experiences, and the promotion of critical debates;
6. encourage the interest of the politicians, private sector, and civil society toward implementation of Health-Promoting Schools;

7. promote the evaluation of school-based health education and health promotion projects and activities carried out within the framework of the Network, as well as of the process on the development of the Network; and

8. encourage the preparation of a newsletter with the collaboration of all the Member Countries, to display experiences and progress on school-based health promotion and health education activities, as well as on national network activities.

Meeting Methodology

1. Series of presentations to place the Caribbean Network of Health-Promoting Schools in the context of global and regional Health-Promoting Schools Initiatives.

2. Countries’ presentations on experiences in instituting HFLE Programs. Documents and presentations prepared in accordance to guidelines provided to participants prior to meeting (Appendix I and II), which will place presentations in a geographic, cultural, and political context. Each country will discuss the development of the HFLE Programs, including formal policies enacted, coordinating mechanisms, educational materials and publications developed, teacher training, community involvement, surveillance and monitoring processes, and evaluation. Participants were encouraged to present on the lessons learned in implementing school health activities and their perceived needs for strengthening their programs, and to identify plans for the future of the Caribbean Network of Health-Promoting Schools.

3. Plenary discussions to give participants the opportunity to examine common themes that emerge, including successes, challenges, and needs to be addressed collaboratively in the future.

4. Plenary presentations by experts on strategies and guidelines for conducting assessments and forming networks. The goals of these presentations are to share lessons learned by similar networks.

5. Work Groups to discuss the creation and development of the network, including the vision and mission statements, preliminary structure, and set of objectives, and a plan of action for formalizing the network.

6. Ratification of formal agreement to establish the Caribbean Network of Health-Promoting Schools, to be witnessed by representatives attending this international event.
Welcome and Opening Remarks

FIRST MEETING AND CREATION OF THE CARIBBEAN NETWORK OF HEALTH-PROMOTING SCHOOLS

Bridgetown, Barbados 26-28 November 2001

Josefa Ippolito-Shepherd, Ph.D
Health Education Adviser

Purpose for the First Meeting and Creation of CNHPS

To strengthen mechanisms for the exchange of knowledge and experiences, to promote the harmonious and comprehensive development of young people and their health

Goal of the Meeting

To facilitate the development of the organizational structure of the Network:

- international level (General Council, Technical Secretariat, and working committees)
- national level (Joint commissions of each Member State: schools coordinating group and networks)

Objectives of the Meeting

- To examine the concepts of the Health-Promoting Schools Initiative and their relevance to the Caribbean
- To identify ways of using the Health-Promoting Schools Initiative to strengthen the current capacity of systems to promote the health of students, teachers, families, and communities
- To define an organizational structure, functions, mechanisms, and membership of the Network at both international and national levels, consistent with existing governmental and institutional frameworks
- To define a plan of action, which addresses cultural and language diversities within the region, for implementing the Health-Promoting Schools Initiative at national and Caribbean level, including the creation of smoke-free spaces in schools

PROPOSED OBJECTIVES OF THE CNHPS

- to support countries in improving health and development of school children and adolescents
- to help Caribbean countries to implement healthy policies in schools
- to strengthen ties with community organizations
- to increase parent involvement in the health and well-being of children and adolescents, to facilitate the acquisition and maintenance of healthy behaviors and lifestyles
- to disseminate successful health promotion and health education knowledge and practices regarding smoke free schools, sex education, food and nutrition, physical activity, drug education, life skill education, healthy spaces - free from violence and abuse, suicide prevention, mental health, healthy lifestyles, etc;
Overview of the Meeting Agenda, Objectives, Expected Results, and Methodology

PROPOSED OBJECTIVES OF THE CNHPS

• to provide incentives for closer collaboration between the MoH and MoE for the healthy development of young people
• to advocate and promote the added value of CNHPS to stakeholders, especially those who are currently working with HPS issues
• to strengthen the capacity of MoH and MoE to foster Health-Promoting Schools

Expected Results/Benefits of the CNHPS

As result of being a constituent Member, countries of the Caribbean Network of Health-Promoting Schools, will:
• promote the development and training of human resources in areas of health promotion, health education, community participation, planning and multisectoral project management, and other actions that favor the health and education of those who study, teach, and work within the schools system
• promote research projects applied to health promotion in direct collaboration with universities, government agencies, NGOs, union entities, and the private sector
• support the preparation, analysis, dissemination, and exchange of health promotion educational materials at the school

expected Results/Benefits of the CNHPS

• organize forums, workshops, working groups, seminars, and other events that will facilitate the study, analysis, and debate on the contents and methodologies of health promotion at school sites
• promote the sharing of education and health promotion experiences in school settings, as well as the dissemination of successful program experiences and the promotion of critical debates
• encourage the interest of the politicians, private sector, and civil society toward implementation of HPS
• promote the evaluation of school-based health promotion projects and activities carried out within the framework of the Network as well as of the process on the development of the Network
• encourage the preparation of a newsletter with the collaboration of all the Member Countries, to display experiences and progress on school-based health promotion activities, as well as on national network activities

Pan American Health Organization 2001
Schools and Health in the CARICOM Caribbean: Promoting the Well-being of Young People

Patricia Brandon, Advisor in Health Promotion and Education, PAHO/CPC

Ms. Brandon set the regional stage for the meeting, sketching those aspects of Caribbean life influencing the promotion of health in young people and discussing the evolving role of schools in promoting the health and development in the CARICOM Caribbean. The following is a brief summary of her presentation, based on her slide overview, which follows.

Defining the Caribbean is a matter of history, not only geography. The Caribbean is made up of five political and linguistic communities: French, English, American, Dutch, and Spanish. Very often, a definition of the Caribbean depends on your vantage point. It is only within the last 20 years that people have tried to surmount the lines of culture, language, and political jurisdictions within the Caribbean.

The Caribbean countries cover a wide geographical area. Most countries have small populations under 300,000. The countries have small infrastructures, with few people doing more than one task, making policy and change difficult. Children under 15 years comprised about 30% of the population in 1995. One-third of the population is of school age. Thus, the work of Health-Promoting Schools has the potential of reaching a sizable number of people.

Vulnerability is a hallmark of Caribbean life. Most countries, with the exception of Guyana, Trinidad, Belize, and Suriname, have a narrow natural resource base. The economies, based largely on tourism, agriculture, and manufacturing are vulnerable to global changes; the effects of the September 11 terrorist attacks on tourism, for example, may mean that tough economic times are ahead for the Caribbean Region. Further, the environment in the Region is characteristically fragile, vulnerable to natural disasters that can dramatically affect the health and socioeconomic environment.

Meanwhile, many Caribbean countries have seen marked improvements, including an increase in per capita income (although this varies considerably), diversified employment opportunities, enhanced quality of housing and food availability, and an ever-improving access to communication, transportation, and technology.

In the area of education, Caribbean countries have maintained access of children to primary education, increased access to secondary education, and made improvements in the quality of teacher preparation through Teacher’s Colleges and through Health and Family Life Education Programs in particular. In the area of health, the Region has seen a decrease in infant mortality, an increase in life expectancy, a reduction in infectious diseases, immunization rates of 95 – 100 percent, and improved access to community-based health care services.

The recent global economic downturns, diminished revenues and social spending, and the increasing fragmentation of families and community pose particular challenges to the Region. The education sector faces challenges in maintaining quality at primary schools, recruiting and
retaining qualified teachers, and inadequate maintenance of school facilities. The health sector has seen a steady emergence of new threats to people's health and welfare, including violence, unintentional injury, drug abuse, HIV/AIDS, obesity, and teen pregnancy, to name a few.

Children and youth are particularly vulnerable to violence, drug abuse, HIV/AIDS, STDs, teen pregnancy, obesity, hunger, and poverty. Schools see an increased level of school failure, repetition or dropouts. The school environment remains inadequately safe in many schools, posing additional health risks to children.

Caribbean responses to these problems have come in several waves or phases. The first phase was more reactive in nature, characterized by multiple vertical projects, multiple and often duplicative curricula, and increased in-service training for teachers. As education and health professionals moved forward, they began to focus on planning, coordination, and systems development. They emphasized interagency coordination and began to rethink the scope and focus of Health and Family Life Education and health learning. The conceptual framework for promoting health evolved into an effort to teach underlying behavioral strategies, life skills, and management of the environment. An increase in research and a growing focus on policy development has helped to establish foundations upon which Health-Promoting Schools can be built.

Moving forward, the health and education sectors will need to focus on maintaining interagency coordination and inter-country interchange, communicating to policy makers the educational and developmental benefits of interactive approaches to health promotion, extending and expanding school health services, and strengthening parent involvement. Developing methodologies for ongoing evaluation of health and family life programs, and developing replicable models for these programs will be instrumental to ensure the continued growth and success of the Health-Promoting Schools Initiative in the Caribbean and beyond.
Schools and Health in the CARICOM Caribbean:
Promoting the Well-being of Young People

~ Presentation Objectives ~

- Sketch those aspects of Caribbean life influencing the promotion of health in young people
- Provide a bird’s eye view of the evolving role and relationship of schools and health in promoting the health and development in the Caricom Caribbean

~ Defining The Caribbean ~
Independence & Collaboration

~ Defining the Caribbean ~
A Matter of History not Just Geography

~ Towards a New Identity ~
Moving to a Caribbean Commonwealth
Welcome and Opening Remarks

~ The People ~
- Wide geographical area - small populations (most under 300,000)
- Small infrastructures - few people doing more than one task making policy and change difficult
- Children < 15 yrs comprised about 30% of the population in 1995

~ The Socio-Economic Environment ~
- Vulnerability - The Hallmark
  - Narrow natural resource base for most (except Caribbeans, Trinidad, Belize and Suriname)
  - Open economics vulnerable to global changes
  - Fragile environment - natural disasters
  - Small human resource infrastructure

~ Caribbean Development ~
- Achievement - Highlights

General Standard of Living:
- Increase in per capita income - (variation)
- Diversified employment opportunities
- Food availability consumption
- Housing quality
- Access to communication, transport, technologies

Education:
- Maintained access of primary schools
- Increased access to secondary education
- Improvements in quality and levels of teacher preparation
- Increased number of primary and secondary school facilities
- Improved educational attainment
  - Literacy, vocational, academic skills

~ Caribbean Development ~
- Achievement - Highlights

Health Status:
- Falls in infant mortality
- Improvements in life expectancy at birth
- Reduction in infectious diseases
- Immunization coverage
- Access to community-based tertiary care services improved
- Hygiene integrated in primary core curriculum
- Improvement in school sanitary facilities

~ Caribbean Development ~
- Challenges - Highlights

General:
- Economic downturns - uncertain growth
- Increased poverty - globalization and marginalization
- Working age population outstripping job creation
- Diminished revenues - social spending
- Managing - expansion in communication transportation
- Fragmented families and communities
Schools and Health in the CARICOM Caribbean: Promoting the Well-being of Young People

~ Caribbean Development ~
Challenges - Highlights

Education:
- Increasing access & reducing variations in quality at pre- and secondary schools
- Maintaining quality at primary schools
- Recruitment and retention of teachers
- Inadequate maintenance of school facilities
- Expanding training in teaching and change strategies

Health:
- Serial emergence of “new” threats to health and welfare
  - Violence, accidents, drug abuse, obesity, AIDS, STD’s, teenage pregnancy, chronic NCD’s
- Vulnerability of children and youth
- Environmental health and degradation - increased urgency
- Increasing demand and expectations for health services
- Diminished revenues and service capacity

~ Caribbean Development Challenges ~
Impact on Children and Youth

Some Highlights:
- Increasing vulnerability to violence, drug abuse, AIDS, STD’s, teenage pregnancy, obesity, hunger, poverty, homelessness
- Increased school failure: repetition and drop outs
- Inadequacies in safety and quality of school environment
- Limited family support and supervision
- Diminished revenues for education and health services

Caribbean Responses
Schools and Health Revival: First Phase

Rawive Approach
- Multiple vertical projects
- Multiple curriculums - some on same topics
- Increased in-service training
- Extension of immunization coverage
- Exciting one-off projects
- Piloting of Adolescent Youth Services (out-of-school)

Caribbean Responses
Schools and Health Revival: Second Phase

Education Reform
- Improving quality in primary education
- Increasing access to secondary
- Improving standards, access to early childhood education
- Focus on strategies for remedial action
- Increasing use of communication technology
- Devising systems for interchange of information and skills

Focus on Planning, Coordination and System
- Interagency coordination and intersectoral coordination
- Rethinking scope and focus of HFLE and health learning
- Increase in research and information for planning
- Development of policy for HFLE
- Revision in curriculum conceptual framework
- Focus on in-service teacher preparation
- Expanded repertoire of teaching/learning strategies
- Increased attention to evaluation - learning
Welcome and Opening Remarks

**Caribbean Responses**
Schools and Health Revival: Second Phase

- School Health and Supportive Environments
  - Intensifying immunization coverage
  - Introducing child health passports (1-4 years)
  - Rapid physical inspection
  - School feeding programs - targeted and general
  - Healthy food canteens
  - Participatory environmental improvement projects

**Caribbean Effects**
Schools and Health Revival:

- Mixed and Uncertain
  - More is reported happening in countries at technical levels
  - Policies in support of HPLE developed but not ratified
  - Capacity for conducting in-country training increasing
  - Linkages with parent/community groups being revitalized
  - Attributable impact unknown - not designed

**Caribbean Challenges**
Sustaining School and Health Action 2001 and Beyond

- Some Challenges
  - Maintaining inter-agency coordination and inter-country interchange
  - Communicating educational and development benefits to policy makers
  - Developing effective strategy for school failure and out-of-school youth
  - Extending school health services
  - Sustaining utility of interactive approaches
  - Strengthening parent involvement in school HPLE programs
  - Developing appropriate indicators, information systems and methodologies for ongoing evaluation
  - Developing replicable models of application of whole school/community approach

**Accentuating Skills Practice Benefits**

- Promoting Health & Wellness & Human Living

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Schools and Health in the CARICOM Caribbean: Promoting the Well-being of Young People
The Global WHO Initiative for School Health

Charles Gollmar, WHO

Charles Gollmar provided an overview of the World Health Organization’s (WHO) Global School Health Initiative. The following is a brief summary of his presentation. A copy of his presentation follows.

What is a Health-Promoting School? A school that constantly strengthens its capacity as a healthy setting for living, learning, and working. A Health-Promoting School strives to improve the health of students, school staff, families, and community members by engaging the entire community in its efforts.

WHO uses four strategies to help countries and localities develop Health-Promoting Schools:

1. Consolidating research and expert opinion to describe the nature and effectiveness of school health programs. WHO conducts assessments to establish baseline data on health promotion in schools and monitor progress toward implementing the Health-Promoting Schools initiative:

   ➢ Thematic Study on School Health and Nutrition
   ➢ Status of School Health Policies Survey
   ➢ Questionnaire for School Personnel Tobacco Use Surveys
   ➢ Rapid Assessment and Action Planning Process

2. Building the capacity to advocate for and implement the components of an effective school health program. Many people promote health in schools, but they do not always have the capacity to bring their efforts and knowledge to the people in charge so that it can actually happen. WHO creates frameworks and technical assistance materials that enable Health-Promoting Schools programs to meet established criteria and demonstrate their compliance to policy makers. Resources completed include:

   ➢ Education for All (EFA) Framework for Action
   ➢ Local Action: Creating Health-Promoting Schools
   ➢ WHO Information Series on School Health
   ➢ Skills-Building Seminars: School Health/HIV/AIDS prevention
   ➢ Health-Promoting Schools/Sun Protection for Schools

3. Strengthening national capacities to plan, implement, and evaluate policies and programs to improve health through schools. Some examples of national projects include:

   ➢ Indonesia – RAAPP
   ➢ China – Tobacco Use Prevention
   ➢ China – HIV/AIDS Project
   ➢ Namibia – Health-Promoting School Initiative
4. Creating networks and alliances for concerted efforts to improve school health. Resources include:

➣ Improving Health through Schools: National and International Strategies
➣ Regional Networks for the Development of Health-Promoting Schools
➣ School Health Component/Mega Country Network
➣ UNAIDS Co-sponsors Working Group on School Health Education and HIV Prevention FRESH

WHO's Global School Health Initiative already has five Health-Promoting Schools networks in place:

1. European Network of Health-Promoting Schools (established in 1991)
5. Southeast Asian Regional Network for the Development of Health-Promoting Schools (1997)

Currently, WHO is supporting two emerging networks:

1. West African Network (for French-speaking countries)
2. Caribbean Network of Health-Promoting Schools

The School Health Component of the Mega-Country Network is a network of officials responsible for school health from ministries of health and education in countries with large school-age populations, including Bangladesh, Brazil, China, India, Indonesia, Mexico, Nigeria, Pakistan, Russian Federation, and the United States.

WHO is also involved in the FRESH (Focusing Resources for Effective School Health) Framework, an interagency agreement between WHO, UNICEF, UNESCO, and the World Bank to improve health through schools. FRESH calls for the implementation of four components of an effective school health programme:

1. School health policies
2. Water and sanitation
3. Skills-based health education, including life skills
4. School health services

Internationally the UN agencies are now speaking with one voice on school health, working together to promote the implementation of all four components in all schools.
The Global WHO Initiative for School Health

WHO Global School Health Initiative

WHO S. Global School Health Initiative

Global School Health Initiative
To help make all schools “health promoting schools”

What in the World is A Health Promoting School?

A Health Promoting School is:
A school that constantly strengthens its capacity as a healthy setting for living, learning and working.

WHO Global School Health Initiative

Barriers to Improving Health through Schools

- Inadequate vision and strategic planning
- Inadequate understanding and acceptance of programmes
- Lack of responsibility and accountability
- Inadequate collaboration and coordination
- Lack of programme Infrastructure

WHO Global School Health Initiative

A Health Promoting School strives to:

- Improve the health of school personnel, families and community members
- Engage health and education officials, teachers, students, parents and community members to make the school a healthy place
- Implement policies and practices that improve an individual’s self-esteem, provide opportunities for success and acknowledge personal achievements
- Foster health and learning with all measures at its disposal
Welcome and Opening Remarks

WHO Global School Health Initiative

How is WHO helping schools to become Health Promoting Schools?

Four strategies:
- Consolidating research and expert opinion
- Building capacity to advocate
- Assessing and strengthening national capacities
- Creating networks and alliances

WHO Global School Health Initiative

Consolidating research and expert opinion to describe the nature and effectiveness of school health programs.

Resources/Products completed:
- Status of School Health Policies Survey
- Thematic Study on School Health and Nutrition
- Questionnaire for School Personnel Tobacco Use Surveys (GSPS)
- Rapid Assessment and Action Planning Process

WHO Global School Health Initiative

Four strategies:
- Consolidating research and expert opinion
- Building capacity to advocate
- Assessing and strengthening national capacities
- Creating networks and alliances

WHO Global School Health Initiative

Building capacity to advocate for and implement the components of an effective school health program to reduce priority health problems.

Resources/products completed:
- EFA Framework For Action
- Local Action: Creating Health Promoting Schools
- Skills-building Seminar on School Health HIV/AIDS Prevention
- Health Promoting Schools/Sun Protection for Schools

WHO Global School Health Initiative

EFA Framework For Action

What is it?
- Commitment by MOEs, UN Agencies to achieve Education for All
- Goals and strategies to be achieved by 2015
- Framework for concerted and coordinated efforts
- World Bank: No feasible national action plan will go unfunded
- Big, big opportunity for institutionalizing "School Health Programmes"

WHO Global School Health Initiative

EFA Framework For Action

“To improve health and education, and foster early commitments to both, WHO pledges to join with UNESCO, UNICEF, the World Bank, Education International and other international partners, in taking a FRESH start toward school health ...”

An effective school health programme, consisting of four core components — health-related policies, water and sanitation, skills-based health education and school health services — can be one of the most cost effective investments a nation can make to simultaneously improve education and health.”

Gwo Panditland, April 2000
The Global WHO Initiative for School Health

Four strategies:
- Consolidating research and expert opinion
- Building capacity to advocate
- Assessing and strengthening national capacities
- Creating networks and alliances

Assessing and strengthening national capacities to plan, implement and evaluate policies and programs to improve health through schools.

National Projects completed:
- Indonesia - RAAPP
- China - Tobacco Use Prevention
- China – HIV/AIDS Project
- Namibia - Health Promoting School Initiative

Creating networks and alliances for concerted efforts to improve school health.

Resources/products completed:
- Improving Health Through Schools: National and International Strategies
- Regional Networks for the Development of Health Promoting Schools
- School Health Component Mega Country Network
- UNAIDS Co-sponsors Working Group on School Health: Education and HIV Prevention FRESH

Regional Networks for the Development of Health Promoting Schools

- Western African Network
  (French speaking countries)

- Caribbean Network of Health-Promoting Schools
Welcome and Opening Remarks

**WHO Global School Health Initiative**

*Creating networks and alliances* for concerted efforts to improve school health

Resources/products completed:
- Improving Health Through Schools: National and International Strategies
- Regional Networks for the Development of Health Promoting Schools
- School Health Component Mega Country Network
- UNAIDS Co-sponsors Working Group on School Health Education and HIV Prevention
- FRESH

**WHO Global School Health Initiative**

School Health Component/Mega Country Network

What is it?

Network of officials responsible for School Health from MOH and MOE in countries with large school age populations:
- Bangladesh
- Brazil
- China
- India
- Indonesia
- Mexico
- Nigeria
- Pakistan
- Russian Federation
- USA

**WHO Global School Health Initiative**

School Health Component/Mega Country Network

What does NHP do to help improve school health with Mega Country officials?
- Annual networking meetings to address identified needs – with UN partners
- National assessments
- Health Promoting School projects
- Virtual network on the WHO web-site

**WHO Global School Health Initiative**

*Creating networks and alliances* for concerted efforts to improve school health

Resources/products completed:
- Improving Health Through Schools: National and International Strategies
- Regional Networks for the Development of Health Promoting Schools
- School Health Component/Mega Country Network
- FRESH
The Global WHO Initiative for School Health

FRESH
What is it?
- An interagency agreement between WHO, UNICEF, UNESCO and the World Bank
- A Framework for improving health through schools

FRESH
What is fresh about FRESH?
Not a lot — technically:
- FRESH calls for the implementation of four components of an effective school health programme:
  - School health policies
  - Water and sanitation as first steps in creating a health supportive environment
  - Skills based health education including life skills
  - School health services

FRESH
What is fresh about FRESH?
A whole lot — politically:
- UN agencies are:
  - Speaking with one voice on school health
  - Really working together
  - Promoting the implementation all four components
Introduction

The Health-Promoting Schools Initiative is a global strategy directed to strengthening health promotion and health education where children, parents, teachers, and other members of the school community live, learn, work, and play. Through technical cooperation with and among Member Countries, the Initiative aims to build consensus between the health and education sectors. It also aims to establish relevant partnerships with other appropriate sectors, to create, maintain, and/or enhance healthy and supportive physical and psycho-social environments (i.e., protective factors/conditions), and to facilitate the learning of life skills for the adoption and maintenance of healthy lifestyles and behaviors by school children and adolescents and others close to them.

The Initiative provides a comprehensive vision and a multidisciplinary approach. Children in the context of their daily life, within their family, community, and society are the central actors of this Initiative. The major focus is on the acquisition of knowledge and skills that facilitate self-reliance for individual as well as for collective health seeking behavior, including preventing the adoption of risk behaviors. A critical-reflexive analysis of values, attitudes, behaviors, social conditions, and lifestyles is encouraged; strengthening those that favor health and human development, that facilitate the participation of all the members of the educational community, that contribute to promoting socially egalitarian relations among the genders, that encourage the construction of citizenship and democracy, and those that strengthen traditions of solidarity, community spirit, and human rights.

The Health-Promoting Schools Regional Initiative

This Initiative strives to contribute to future generations of people and communities with the appropriate knowledge, skills, abilities, and behaviors that are basic and vital to caring for their own health as well as for the health of their families and community. The main purpose is the development and strengthening of the capacity of the health and education systems and services to design, develop, implement, sustain, and evaluate their Health-Promoting Schools. This Initiative is being welcomed with a great deal of enthusiasm. It is one of the few approaches that is facilitating and that has been instrumental in forging partnerships between and among the education and health sectors, as well as between the World Bank and PAHO/WHO.

Schools have for a long time facilitated the health and nutrition related activities. Periodic medical and dental exams and visual and auditive screening are a few examples of these prac-
tices. In Latin American and Caribbean countries, the implementation of this Initiative is facilitating primary health services and schools to work together, improving their ability to detect and offer assistance to children and young people in a timely fashion, detaining and preventing the adoption of risk behaviors, such as smoking, consumption of alcoholic beverages, substance abuse, early and risky sexual practices, and early pregnancy.

A Health-Promoting School is a school that:

- *Implements policies* that support individual and collective well-being and dignity, and provides multiple opportunities for growth and development for children and adolescent, within the context of learning and success for the school community, including teachers, students, and families;

- *Implements strategies that encourage and support learning and health*, fostering these with every element at its disposal, engaging health and education officials, teachers, school administrators, parents, health providers, and community leaders in the development of planned school health activities (i.e., comprehensive health education and life skill training; reinforcing protective factors while reducing risk behaviors; providing access to school health care, nutrition, and physical activity;

- *Involves all school and community members* in making decisions and carrying out interventions to promote learning, healthy lifestyles, and community health promotion projects (i.e., health fairs), including teachers, parents, students, community leaders, and NGOs;

- *Has a plan of action* to improve the physical and psychosocial environment throughout the school and the surrounding community, such as policy and regulations for spaces free from smoke, drugs, abuse, and any form of violence; and by providing appropriate access to clean water and sanitary facilities and choice of healthy foods; and strives to set examples through the creation of healthy school environments and by spreading activities beyond the classroom and into the community (i.e., Health Day activities);

- *Implements actions to assess and improve the health of students*, school personnel, families, and community members; and works with community leaders to ensure access to nutrition, physical activity, counseling, health care, and respective referral services;

- *Provides relevant and effective teacher training and health education materials*; and

- *Has a local health and education committee* with active participation of PTAs, NGOs, and community organizations.

Components

The Health-Promoting Schools Initiative has three main components:

1. *Comprehensive school health and life skills education* - directed toward the acquisition of knowledge, as well as the development and adoption of abilities and skills that facilitate the achievement of an optimum level of health and quality of life. It takes into account the
particular needs of the students, in each stage of their development and in accord with
their individual social, cultural, and gender characteristics, and based on positive values
known to strengthen the schoolchildren's personal, family and community life skills and
abilities.

2. *Healthy and supportive environments and surroundings* - directed to facilitate the develop-
ment and strengthening of the capacity of the school to create and maintain environments
and surroundings that are supportive for health and learning. It includes basic sanitation
and clean water; clean and structurally adequate physical spaces, safe from accidents; as
well as support networks for healthy and safe psychosocial surroundings, free from physi-
cal, verbal and/or emotional abuse, assault or violence. It includes teacher training and
health promotion, as well as individualized activities directed to promote health for par-
ent-teacher associations and community organizations.

3. *Adequate health services and food and nutrition programs* - directed to strengthen the rela-
tionship between the school staff, the health team, and other relevant sectors, as well as to
increase their understanding of each other’s roles and their capacity to complement and
strengthen each other. It emphasizes early and appropriate attention to schoolchildren, to
detect and prevent health problems, including risk factors and unhealthy behaviors and
conditions.

**Regional Strategy**

1. The dissemination of information, including proposed methodology for the implementa-
tion of the strategy and countries' experiences with the design, planning, and implementa-
tion of the Initiative.

2. The development of project profiles for presentation to potential donor agencies.

3. The analysis and updating of joint policies between the education and health sectors,
including a review of the current legislation and policy that defines sector mandates and
responsibilities for school health.

4. The consolidation and strengthening of intersectoral coordination mechanisms, including
the activation or formation of joint commissions to formulate public policies, to carry out
need assessment exercises and analysis of problems and needs, to review the state-of-the-
art of health education curricula, and to follow up on the results of process and impact
evaluations.

5. The development, implementation, and evaluation of the plans and programs to imple-
ment the components of health promotion and education in the schools including:
   ➢ incorporation of 'gender approach' into the study content area;
   ➢ curriculum design, with innovative and comprehensive school health education con-
tent and methods, especially the learning of life skills;
   ➢ integration of health issues transversally in other areas in support of education reform
   processes;
training of teachers and other personnel of the health and education sectors;
production of educational materials;
development and delivery of health services and school feeding programs (i.e., breakfast, snack, lunch);
physical activities and active living beyond sport practice; and
projects and activities to establish and maintain healthy and supportive environments and surroundings.

6. The involvement of parent-teacher associations, community organizations, representatives of the health sector and other sectors. This is essential to encourage leaders and decision-makers to include the Initiative in local developmental plans.

7. To develop and implement programs directed to form significant articulation between schools and the working world.

8. To design and carry out relevant research to identify the conditions and risk behaviors in the school age population and to monitor trends in smoking, sex, alcohol, drugs, and violence, using the Youth Risk Behavior Surveillance (YRBS) mechanism.
Pan American Health Organization

Pan American Sanitary Bureau
Regional Office for the Americas for the
World Health Organization

Pan American Sanitary Bureau

The Pan American Sanitary Bureau, the oldest international health agency in the world, is the Secretariat of the Pan American Health Organization (PAHO). The Bureau is committed to serving PAHO’s Member Countries as they pursue their goal of Health for All and the values therein.

The Health-Promoting Schools Initiative in the Americas

Global Strategy directed to strengthen health promotion and health education where children, parents, teachers, and other members of the schools community live, learn, work, and play.

The Health-Promoting Schools Initiative

FIRST MEETING AND CREATION
OF THE CARIBBEAN NETWORK
OF HEALTH-PROMOTING SCHOOLS
Bridgetown, Barbados 25-29 November 2001

Joseta Ippolito-Shepherd, Ph.D
Health Education Advisor

The Health-Promoting School Initiative in the Americas

Through technical cooperation, the Initiative aims to build consensus between the health and education sectors, and to establish relevant partnerships with other appropriate sectors to create, maintain, and/or enhance healthy and supportive physical and psycho-social environments.
Welcome and Opening Remarks

**PURPOSE**

The development and strengthening of countries’ capacity to design, develop, implement, maintain, and expand their health-promoting schools.

**A Health-Promoting School:**

- Fosters health and learning
- Provides access to clean water and sanitary facilities
- Strives to provide healthy and nurturing environments, free from smoke, drugs, abuse, and any form of violence
- Provides healthy food choices

**A Health-Promoting School: (cont.)**

- Engages health and education officials, teachers, school administrators, parents, health providers, and community leaders in:
  - Promoting health
  - Strengthening protective factors
  - Providing role models
  - Reducing risk factors

**Components of the Health-Promoting Schools Initiative**

- Comprehensive School Health Education and Life Skills Training
- Healthy and Supportive Environments and Surroundings
- Adequate Health Services and Food Nutrition Programs

**Regional Strategy**

- Dissemination of information
- Development of project profiles
- Analysis and updating of joint policies between the education and health sectors
- Consolidation and strengthening of intersectoral coordination mechanisms
The Health-Promoting Schools Regional Initiative

Regional Strategy (cont.)
- Development of program plans
  - Incorporation of gender approach
  - Curriculum design
  - Integration of health issues, transversally, in other areas of study
  - Training of teachers and other personnel of the health and education sectors

Regional Projects and Activities
- Latin American Network of Health Promoting Schools
- Rapid Assessment Process and Tools (RAP and RAT)
- Videos and other information materials
- Network Newsletter “Experiences”
- Partnership between the World Bank and PAHO/WHO
- Implementation of Life Skills training within the school

Regional Strategy (cont.)
- Development of program plans
  - Production of educational materials
  - Development and delivery of health services and school feeding programs
  - Physical activity and active living
  - Healthy and supportive environments and surroundings

Regional Strategy (cont.)
- Involvement of parent-teacher associations, community organizations, representatives of the health sector and other sectors
- Programs with articulation between schools and the working world
- Research