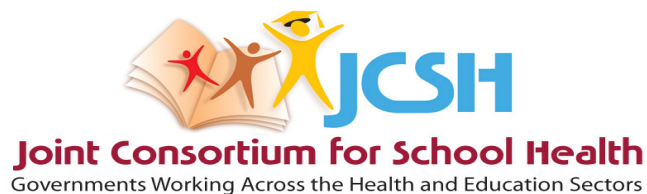


# **Report of the Technical Meeting of Building School Partnership for Health, Education Achievements and Development**

Vancouver, Canada  
5-8 June 2007



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# INTRODUCTION

## Background

### Historical development and evidence

In 1995, the World Health Organization (WHO) held a meeting with experts on Comprehensive School Health Education and Promotion. Based on the recommendations from the meeting and the experience of the European Network of Health Promoting Schools (HPS), established in 1992, the WHO launched the Global School Health Initiative to advance the HPS approach. Since then, HPS have been implemented in all six WHO Regions, and HPS networks have been established. At the Education for All (EFA) World Education Forum in 2000, major United Nations agencies agreed to harmonize actions around common elements in each of their approaches on school health, such as HPS and Child-Friendly Schools. UNESCO, UNICEF, WHO, the World Bank, as well as non-governmental organizations came together to launch the Focusing Resources on Effective School Health (FRESH) framework. Other international agencies have joined as FRESH partners, including Education Development Center (EDC), Education International (EI), Partnership for Child Development (PCD), Save the Children, and World Food Programme (WFP). Additional international initiatives also address school health, such as EFAIDS (Education for ALL and HIV/AIDS education), IATT (UNAIDS Inter-Agency Task Team on Education), IUHPE (International Union on Health Promotion and Education) Evaluation Project, SCN (United Nations Standing Committee on Nutrition).

The push for advancing school health promotion continues. The school sections at the 18<sup>th</sup> IUHPE World Conference on Health Promotion and Education in 2004 in Melbourne, the 6<sup>th</sup> Global Conference on Health Promotion in 2005 in Bangkok, as well as the FRESH partners meeting in 2006 in Paris all have called for mechanisms and processes to coordinate efforts and share resources and experiences for making further progress on school health promotion. A WHO Secretary Report to the 2006 World Health Assembly called for immediate action to address the underlying socio-economic causes of poor health in schools.

Indeed, school health promotion has advanced in the past ten years. Many regions and countries have made progress in implementing school health initiatives. To date, there is convincing evidence of the effectiveness of school health initiatives in combating a number of communicable diseases, such as malaria and worm infections. There is also probable and possible evidence of the effectiveness of school health initiatives that address non-communicable diseases and risk factors, such as unhealthy diets, physical inactivity, tobacco consumption and harmful use of alcohol, mental health, violence as well as injuries. However, the successes in behavioural changes among students are only largely evidenced in high income countries. There is therefore an urgent need to translate available evidence into practice, particularly in low and middle income countries.

There is insufficient evidence of the effectiveness of school health promotion initiatives in some areas, for example, reducing the gaps in health and academic achievements between students of lower and higher socio-economic backgrounds and mitigating the negative health impact of advertising through media. To attempt to narrow the inequity gaps, students of disadvantaged backgrounds must be given priority as target of interventions. Social and economic disaggregated data on health and academic achievements among different population groups must be made available for planning, monitoring and evaluation. Greater effort must also be made to promote media literacy and to use media for health literacy. There are also emerging issues confronting school health promotion, including appropriate responses to public health emergencies, natural disasters and conflict situations, and the influence of media which all warrant immediate attention.

## **Rationale for a Technical Meeting and a Meeting Statement**

As stated, the concept of school health programmes has proliferated in the past ten years. There is a growing body of data and practitioner experience on the effectiveness of these many programmes. We needed to share the lessons learnt and determine processes to close the gaps, such as how to ascertain health and achievement gaps related to social and economic determinants of health.

The Technical Meeting on School Health was conceived to consolidate what has been learnt from regions' and countries' vast experiences since the Expert Committee meeting in 1995, and consider new global factors affecting schools. The Technical Meeting needed to provide direction and leadership to inform future strategies to respond more effectively to current and emerging challenges, including addressing social and economic determinants of student and staff health to improve learning outcomes and health and reduce inequities. The meeting also needed to advocate for building partnerships among the many players and to reach out to the health, education and development sectors for better health and education achievements and development.

Furthermore, there was a need to outline new research questions for the next decade and to set priorities to provide guidance for future policies and actions which respond most effectively to current challenges.

## **Purpose of the meeting**

The purpose of the meeting was to set direction and provide leadership to meet future challenges in promoting health through schools, with a focus on addressing the wider determinants of health. The term "through schools" refers to involvements with students and their families, staff members in schools as well as interactions with the local communities. Where there are no schools, efforts must be made to establish schools and provide access to education.

## **Objectives of the meeting**

The specific objectives of the meeting were:

- To review the current state-of-the-art in school health promotion and explore ways to translate evidence into policy and practice, particularly in low and middle income countries.
- To explore approaches that aim to address the wider determinants of health (including social and economic causes of poor health and negative media influences) and reduce health and education achievement gaps between students from low and high socio-economic strata.
- To derive strategic directions and recommendations for priority actions on promoting health, education achievements and development through schools and on building school partnership.

## **Outcomes of the meeting**

- Technical papers and a meeting report
- A statement to advocate for building school partnerships, health and education achievements among children and adolescents, and development through better health and education



## Dates and location

The 4-day technical meeting took place on June 5-8 2007 in Vancouver, Canada, preceding the 19<sup>th</sup> IUHPE World Conference on Health Promotion and Education.

## The Meeting Organizers

The meeting was co-hosted by the WHO and the Pan Canadian Joint Consortium for School Health.

## Participants

Some 80 colleagues were invited (see Appendix 2) including researchers, practitioners and policy makers in both the health and education sectors from countries of different levels of development. In addition, there were keynote speakers and staff members of the WHO, as well as observers from the local host, the International School Health Network and the ministries of health and education in selected countries.

# MEETING PROCEEDINGS

## Opening Remarks

The meeting was opened by Gordon Hogg, Minister of State for Act Now, British Columbia, Canada. He extended a warm welcome to all participants.

## Group Photos



## Opening Keynote Session

Dr. Sofia Leticia Morales of PAHO opened the key note session and elected the chairpersons and rapporteur. Dr Francisco Huerta, Executive Director of Convenio Andres Bello was nominated by PAHO to be the Chair. The Chairs elected for the parallel sessions of each track can be found in Appendix 3. The rapporteur were Ms. Faye Robinson, formerly intern, WHO, Mr. Eric Arnold, Public Health Agency of Canada, Dr. Washington Onyango-Ouma, University of Nairobi and Ms. Marlien McKay, New Brunswick Department of Wellness, Culture and Sport.

Dr Huerto went through the adoption of the programme, gave a briefing on the background and the objectives and expected outcomes of the meeting. Dr Huerto highlighted that this Technical Meeting is a review of state of the art School Health Promotion from around the world. He stated the importance of inter-sectoral alliances, the need to explore health determinants and that political backing is vital, as we are just Technicians. Also he explained that the whole school approach needs to engage teachers, students and parents. Strategic evidence is important in building best practice and recommendations for priority actions are required.

Dr Huerto then gave an introduction to the keynotes speakers as well as the proceedings of the opening keynote plenary.

## KEYNOTE PRESENTATIONS

## Keynote Presentation 1

Building school partnership for health, education achievements and development  
– The health perspective

Presenter: Claude Rocan, Public Health Agency of Canada

The keynote address considers the health perspective to approaching school health. The meeting is identified as a unique opportunity to engage in dialogue and discussion, increase collective knowledge, and address issues of common concern. It is also an opportunity to build on a growing momentum towards greater collaboration in health and education.

School health is firmly situated within the sphere of health promotion and is linked to cross-sectoral efforts to address health and educational disparities within the broad social determinants of health. In Canada, the Public Health Agency of Canada is responsible for determining health promotion and healthy living strategies related to children and adolescents. These investments are built on research supporting the idea that health promotion can lead to significant improvements in population health by emphasizing prevention rather than treatment. Much effort is focused on addressing health disparities.

Health promotion must aim to reduce differences in health status among different populations and ensure equal opportunities and resources for better health outcomes. This enabling approach seeks to provide people with the ability to make healthy choices and generally take greater control over those things that determine their health.

Initiatives undertaken include the Pan-Canadian Healthy Living Strategy, which aims to address some of the root causes that lead to poor health outcomes; and the Joint Consortium for School Health, which acts as a catalyst in strengthening cooperation across governments and in building the capacity of health, education systems to work together. Currently, the Agency is collaborating with WHO in developing a School Policy Framework to facilitate the implementation of the WHO Global Strategy on Diet, Physical Activity and Health.

## Challenges and recommendations

- Address health and education disparities through the social determinants of health
- Empower people to make healthy choices and have greater control over things that determine their health
- Work towards more robust monitoring and evaluation mechanisms
- Share best practices for transferring knowledge and adapting it to the different social, cultural, linguistic and economic circumstances of children around the world
- Refocus and re-energize efforts in building school partnership for health, education achievements and development

## Keynote Presentation 2

### Building School Partnership for health, education achievements and development – the Education Perspective

Presenter: Charuaypon Torranin, Ministry of Education, Thailand

Dr. Torranin, the Permanent Secretary for Education in Thailand investigated building partnerships from an education perspective. The following areas were looked at:

1. Global Trends and Issues in Education.
2. Education and Health Partnership
3. Global and Regional Partnership
4. National and Local Partnership
5. Thailand Showcase
6. Active Partnership

The presentation explained how schools have a powerful influence on school and community health and how health and education have a symbiotic relationship. To make the most of global partnerships such as the FRESH initiative, the functions and mandate of each organization must be understood and a coordinator appointed to oversee all available programmes and projects. At regional level, there must be regional standards and benchmarks and research conducted into common health issues. At national level to strengthen the partnership, key stakeholders must be identified, which primarily include the Ministry of Education and the Ministry of Public Health. However, the formal partnership must be inclusive of all stakeholders, have clear, transparent goals and best practice sharing.

At local level, the “whole school approach” is vital, as schools are the “core social centres” for community-based development. Students must feel they have a sense of ownership in the life of the school and teachers should be encouraged to use diverse teaching and learning strategies. The university can serve as the headquarters of the educational network and act as consultants and educators for improving schooling for children in at risk-communities.

Dr. Torranin then showed the Thailand partnership model, which demonstrated that cross Ministerial co-operation is important for putting health issues on the national agenda so that child health issues are prioritized. This must be backed up by good research evidence so that the necessary action can be taken. Finally, the characteristics and key elements of active partnerships and networks were stated and also risks and pitfalls to be wary of.

### Challenges and Recommendations:

- Develop policies, legislation and guidelines using best practice to ensure the identification, mobilization and co-ordination of resources at the local, national and international level.
- Expand investment in schooling at all levels and expand the educational participation of girls.
- Value teachers and school staff and provide them with the necessary support to enable them to promote health.
- Build international support for health promotion in schools so Ministers maximize their efforts in supporting it.

**TRACK ONE:**  
Evidence of the effectiveness of School Health Promotion

## Track 1: Plenary Session

Evidence of effectiveness of School Health Promotion – implications for policy, practice and research

Presenter: Lawrence St. Leger, Deakin University, Burwood, Victoria, Australia

The Ottawa Charter for Health Promotion identified eight essential prerequisites for health. Education is one of them. Four determinants of health were also identified in the presentation, viz. biological, behavioural, environmental and social.

Schools are limited in what can do to affect the health and well being of young people. However there is a substantial body of evidence derived from the research and evaluation literature of the last 30 years that shows how schools can be effective in school health initiatives, particularly the evidence about what works, what doesn't and under what circumstances. The presentation summarized what the evidence tells us.

For example, there is convincing evidence that the following health issues can be addressed through schools: nutrition, physical activity, sexuality, drugs, and mental health. There is also evidence about the effectiveness of whole school approaches (including Health Promoting Schools and Coordinated School Health) and quality practice guidelines.

There is evidence for various processes that work:

- Ensure there is continuous active commitment and demonstrable support by governments and relevant jurisdictions.
- Establish all the elements and actions as core components to the working of the school.
- Seek and maintain credibility for HPS both within and outside the school.
- Communities need active expectation that schools will promote the health of their children.
- Ensure there is time and resources for appropriate staff development.
- Review and refresh after each 3-4 years.
- Continue to ensure adequate resources.
- Maintain a coordinating group to oversee and drive the HPS with continuity of some personnel and the addition of new personnel.
- Ensure that most of the new and ongoing initiatives involve most of the staff, students, and families in consultation and implementation.
- Ensure monitoring services in the education sector view health promotion as an integral part of the life of the school and it is reflected in the monitoring indicators.
- Designate a trained lead person with adequate release time.
- Publicise successes and progress with students, staff, parents and the community.
- Ensure monitoring services in the health sector view student learning and success as an integral part of health promotion and it is reflected in the monitoring indicators.

The presentation also identified the gaps in the evidence and the issues for both the health and education sectors in using the evidence to shape policy and practice. The presentation concluded with an identification of the action priorities for the next 10 years:

- Increase collaboration between the health and education sectors in planning, implanting and evaluating school health promotion.
- Improve the dissemination of the evidence of effectiveness to schools.
- Establish more realistic expectations for school health promotion.
- Build a stronger evidence base on effective school health promotion approaches in low income countries.

## Track 1: Session 1.1

### Evidence of the effectiveness of school health promotion in Iran

Presenter: Nastaran Keshavarz, Qazvin Medical Sciences University, Iran

The presentation focused on the long history Iran has with school health and the contemporary challenges it has faced in developing effective school health practices. In school health research there is an inadequate diversity of perspectives such as an educational or parental perspective, as well as inadequate knowledge about schools as organizations or systems. Particularly relevant to Iran, there is also inadequate knowledge about school health in non-English speaking and/or low-income countries. The limitation of defining what constitutes evidence often excludes valuable knowledge and experiences that can contribute to a more comprehensive understanding of school health.

Current school health implementation in Iran faces a number of challenges; however there have also been a number of successes. The passing of supportive legislation on school health promotion provided more resources and support for schools. Collaboration between the education and health sectors successfully facilitated the sharing of these limited resources towards improved school health outcomes.

There have been difficulties faced from the invasion of Iran in 1981 by Iraq up until current economic sanctions. Even so, school attendance has risen dramatically over the past 30 years to the point where 98% of eligible students are attending primary school. The health system in Iran is also effectively organized so that universities are responsible for health and they oversee an integrated primary health care system divided between rural district and urban metropolitan networks.

Iran is one of the first countries to have a Department for School Health (established in 1935) and has continued to demonstrate its progress in this area. Current school health promotion targets disadvantaged children aged 6-18 in rural areas and focuses on nutrition and reproductive health. These are important areas of focus as anemia can be a generational problem, especially for girls in high school where iron deficiency has a prevalence of nearly 50%. Sex education around HIV/AIDS also leads to a sustainable education. Pilot projects are underway that provide free milk and iron supplements to 90% of intermediate and high school girls. In some areas, students are being trained as health promoters through a collaborative initiative by the health and education sectors. Engaging and empowering students in this way has proven to be effective for greater participation.

### Challenges and recommendations

- The need for evidence demonstrated through indicators and process, taking into account historical and socio-economic factors
- Engaging and empowering students through active participation
- The need to address mental health early on (primary school), as it needs to be regarded as important as physical health
- Need to address the high prevalence of sedentary behavior, underscoring the need to promote physical activity in schools (40% of students suffer from malnutrition and another 40% are overweight/obese)
- An emerging issue is increased tobacco use (water pipe), especially for girls.



## Track 1: Session 1.2

Evidence of the effectiveness of school health promotion in Chile

Presenter: Judith Salinas, Ministry of Health, Chile

The presentation examined Health Promotion policy, design and implementation of School Health Promotion (SHP) strategy in Chile since 1998. The implementation model of the SHP strategy in Chile takes the approach of public policies being implemented through local intervention. Development of the SHP strategy began 10 years ago and there have been many advances over this short period of time.

Evidence supporting the SHP strategy is steadily increasing. The Ministry of Health has undertaken studies on the Systemization of Intervention Models (2001) and on the Evaluation of Health Promotion (1998-2006). Both studies found that Health Promoting Schools were important and should be considered as a priority. However, it was found that there was difficulty in progressing on factors associated with culture and lifestyles.

The Ministry of Education / National Association for School Assistance and Scholarships (JUNAEB) is also responsible for two programs related to school health, the Skills for Life Program (SLP) and the Healthy Schools for Learning Program (HSLP). Both programs have evaluations that provide important social evidence and indicators on development.

There are also a few pilot projects supporting healthy schools. One project, in Casablanca, is a project focused on physical activity and healthy eating that has quantitative evaluation with positive results. The project is now being tested in other municipalities. Other projects that show promise focus on raising awareness and addressing risk behaviors.

Chile is currently developing a National Commission on Social Determinants. The objective is to incorporate Health Promoting Schools with a focus on vulnerable communities. The Commission is part of the Presidential Cabinet, as one of the government's priorities is the protection of children.

### Challenges and Recommendations

- Strengthen national mechanisms of coordination and effective intersectoral work with the educational sector.
- Build a policy to promote health and quality of life in schools.
- Use advocacy so as to enable the different sectors to recognize health as a development and learning capacity indicator.
- Generate process and results evaluation with indicators and instruments that allow the measurement of the effectiveness of the interventions in HPS.
- Contribute to the installment of a Social Protection System based on Children's Rights to grow up with equal opportunity to develop themselves, to be healthy and happy.

### Key comments

- Evidence comes from diverse sources, which needs to be identified.
- Policy - makers require quantitative data for measuring success which can often be difficult in health promotion.
- The program component of school health needs to be considered from the education perspective, not just for the benefits of the health system.

### Track 1: Session 2.1

Evidence of the effectiveness of school health promotion in some Eastern Mediterranean countries.

Presenter: Mostafa A. Abolfotouh, Alexandria University, Alexandria, Egypt

This presentation investigates the criteria which aim to demonstrate the effectiveness of school health promotion. Such criteria include; whether bureaucracy in schools is minimized, if there is increasing participation of pupils, schools staff, parents and governors in school health, if degree of national consistency is maximized and finally whether there is rigor of judgement of healthy school status. Examples of guidance for gathering the evidence are stated, for example; evidence must be gathered from a broad range of players in the school community by conversation, questionnaire, focus groups so all evidence is triangulated.

Trials of how to implement School Health Promotion through different school health initiatives are investigated in a selection of Eastern Mediterranean countries including Egypt, Afghanistan, Saudi Arabia and Oman. Some important issues concerning school health promotion are highlighted such as; who is the provider of the program? Which is better insured or non-insured health services? School health services/programs? Which to apply Partnership / Cooperation /or Integration? What to strengthen more Preventive / or curative services? Is the school entry comprehensive examination cost – effective in the region? And is the student hospital a necessity for the school health program?

Finally Mostafa Abolfotouh discusses how schools can narrow the educational achievement gaps between different culture and ethnic groups. This can be done by using an intentional curriculum which supports teachers. The curriculum must be developmentally appropriate, be responsive to cultural diversity and emphasize the active engagement with children and promote positive peer and teacher interactions.

### Challenges and Recommendations

- Increase the participation of the whole school community, so the school can be used as an effective setting for preventive and curative services.
- Build up the number of partners in School Health Promotion and improve their co-ordination, especially in Saudi Arabia.
- Expand research in common health problems and disorders in the region.
- Increase investment in schools to reduce the shortage of resources, which vary from needing chalk boards to creating sewage systems.
- Improve access to schools, particularly in the marginalized, isolated rural communities.

## Track 1: Session 2.2

### Evidence of the effectiveness of School health Promotion in China

Presenter: Cheng-Ye Ji, Peking University Health Science Centre, Beijing, China.

This presentation collected and analyzed evidence concerning the effects of comprehensive school health interventions in China. The strength of evidence was graded to determine whether it was strong or weak and thus ensure the healthy development of School Health Promotion.

The 10 main health problems of Chinese students were investigated which include de-worming, malnutrition, obesity, smoking, HIV/AIDS, physical exercise, myopia, injury prevention, mental health and tuberculosis. Evidence was collected on interventions that were tackling these 10 target health problems by searching websites for all the Chinese and English publications from October 1999 to May 2007. The articles were categorised and only those directly related to School Health Promotion were selected.

The strength of evidence was graded by using three criteria: a) the degree of association between intervention and outcome factors, b) consistency of findings in different studies and c) whether there is a known cause-effect mechanism for the intervention under study and the outcome factors.

There was convincing evidence of the effectiveness of interventions in combating worm infections and preventing malnutrition. There was probable evidence of effectiveness in the obesity and HIV /AIDS interventions and possible evidence in the tobacco control interventions. However there was limited evidence of effectiveness in the tuberculosis prevention, prevention of injury, physical activity, mental health and myopia control interventions.

### Challenges and Recommendations

- Improve the quality of school health education by enhancing the teacher's delivery of lessons so they are more student orientated and encourage pupils to take an active role in the lesson and activities.
- Transfer successful pilots to across the whole country, such as the de-worming and the prevention of malnutrition programs.
- Develop indicators for measuring the level of participation of parents and the mass media in school health programs.
- Consolidate efforts where there are no interventions or lack of models of best practice, for example in mental health and the prevention of myopia.
- Increase collaboration and co-ordination between the Ministry of Health and Ministry of Education so efforts and resources are maximised in order to reach optimal health and educational achievements.

### Track 1: Session 3.1

Evidence-based school health promotion - social disaggregated data for planning, monitoring and evaluation

Facilitators: Lina Kostatova Unkovska, Institute for Development, Culture and Youth Initiatives Skopje, Macedonia, K C Tang, World Health Organization, Geneva

Currently, the focus of most of the national and international survey data on school-age children is on health behaviour. Very limited social and economic disaggregated data are available.

To reduce inequities in health and education achievements among children and adolescents, the collection, analyses and use of Social and economic data relevant to health, on a disaggregated basis, are very much in needed, to make the application of the evidence based approach feasible for the design, implementation, evaluation and monitoring of equity driven and outcome focused school health programmes.

This group session aimed to ascertain the need to set up such databases and to identify what type of data is currently available and what type of data is needed.

The session was well attended. The lack of data on risk behaviour by socio-economic status was acknowledged and there appeared a consensus among the participants on the need for quality social and economic data for strengthening the adoption of the evidence-based approach to school health promotion to tackle the social and economic causes of poor health. There were also suggestions of collecting those data through existing surveys such as the Health Behaviour in School-aged Children Survey (HBSC) and the Global school-aged student health survey (GSHS). It appeared that HBSC has already made attempts to collect, collate and analysis social and economic data relevant to health condition and behaviour. To have a clear picture of what type of data is currently available and is needed, more time and expertise in quantitative surveys were required. A number of challenges and recommendations were made.

#### Challenges and Recommendations:

- Identify ways to overcome the difficulties in surveying children to ensure validity and trustworthiness
- Strengthen the capacity of the school and health promotion communities to collect, collate, analyse and use of social and economic data on a disaggregated basis
- Examine whether or not different set of survey questions (and responses to the questions) are required due to the different social and economic context of the countries
- Make concerted effort among experts at the global, regional, national and local levels
- Build upon existing surveys

## TRACK TWO

Implementation of Health-Promoting School and other School  
Community Programmes

## Track 2: Plenary Session

### Implementation of HPS and other school community programmes - an overview

Presenter: Cheryl Vince Whitman, Education Development Center, Newton, MA, USA

We conducted a review of the literature on implementation research and recruited people from a total of 17 countries in all six WHO regions to write case studies. We analyzed the cases according to a framework of “Key Factors in Changing Policy and Practice:” Vision & Concept; International & National Guidelines; Champions & Leaders at all Levels; Administrative and Management Support; Data-Driven Planning & Decision Making; Team Training & Ongoing Coaching / Learning Community; Critical Mass & Supportive Norms; Dedicated Time & Resources; Attention to External Forces; Adaptation to Local Concerns; Mechanisms for Cross-Sector Collaboration; Stage of Readiness; Stakeholder Ownership & Participation.

The cases describe experiences at different levels of education, implementing different components, and reaching from relatively small to much larger numbers of schools and students.

### Insight and Learning: What effectively supported implementation

- Impetus for action were: data about health or education outcomes; recognition of the link between health and education; globalization and its challenges; economic or other hardships; recognizing schools as sites for remediation and services; influence of international guidelines such as WHO/FRESH guidelines
- Advocacy, champions and leadership: leadership, commitment and political will was necessary from government, key officials in health and/or education to make a start; when municipal support was lacking, principal leadership was very helpful
- Vision and concept: leaders had a vision of multiple components of HPS
- Stakeholder ownership & participation included ministry, school & community, students
- Mechanisms for cross-sector collaboration: despite many barriers, all achieved collaboration; Ministry of Health often began, eventually made partnership with Education
- Professional development and tools: tools were invaluable in the process of implementation; staff development and teacher training to implement multiple components and curriculum were some of the weakest strategies
- Tracking & Monitoring: measuring national capacities in place; schools meeting criteria for HPS award; child health indicators; changes in surrounding school environment

### Recommendations and challenges

- Conduct and publish further implementation research: develop key research questions, analyze by the size of the countries (large/small), include a diversity of countries/cultures
- Advocacy at political level is crucial
- Cross-sectoral collaboration needs shared ownership with clear delineations, ideally educators take a lead, expand collaboration to many sectors
- Health is constructed socially and culturally; intervention strategy is context-dependent

## Track 2: Session 1.1

Anschub.de - Alliance for sustainable School Health and Education in Germany

Presenter: Peter Paulus, Leuphana University of Lüneburg, Germany

This presentation explained the structure of a new and big programme for school health promotion and education in Germany from the national level, regional level and then school level. At national level, Germany has an alliance of more than fifty partners including state ministries of education, health etc. but in 2008, the alliance will turn into an association. This will ensure the organization of partners is more formal, thus providing a more sustainable umbrella for school health and education. The quality dimensions of a good school were shown in a comprehensive model. This quality concept is called the SEIS or "Self Evaluation in Schools." To assess schools, questionnaires are given to head of schools, teachers, non-teaching staff, students and parents. All the evidence is triangulated and feedback is given back to the schools. It is vital that the cyclical process of planning, doing, checking and acting is pursued so improvements to school continually made. For each of the dimensions of educational quality in addition to educational indicators health indicators were presented. These indicators indicate if schools have initiated health interventions to improve educational quality of the school. Health is seen in this model as an input or throughput factor instead of an output or outcome. To improve education with or through health is the new perspective in that model. Indicators were shown on how e.g. effective learning and teaching strategies can be improved by health interventions. For example the room layout and timetable should be created with health-promoting principles in mind so there is a fresh air supply in rooms and time for refreshments in breaks. The leadership and management process -another quality dimension of a good school- was explored at length. Staff Development was one of the topics. One of the indicators in that area is, how far the school administration is aware of work-related physical and psychological pressures on the staff, and implements measures to keep them to a minimum. Finally the climate and culture of a good and healthy school was seen as important component. For example it is emphasized that schools must make sure that all members (pupils, staff and parents) are given the opportunity to participate in "health circles," where they can improve school health.

### Challenges and Recommendations in implementation and dissemination:

- Encourage paradigm shift of promoting education through health (and not health as an outcome) to ensure better outcomes and sustainability
- Encourage schools not to view health as an additional topic.
- Involve students and parents in planning and implementing activities for good and healthy schools.
- Participation of pupils in the communication strategy is important.
- Co-operation of partners on regional level especially is vital, as there is sometimes competition and blocking of each other.
- Ensure that quality indicators (educational and health indicators) for good and healthy schools are context-driven

## Track 2: Session 2

Mainstreaming health promotion in education policies: notes from an experience in Uruguay

Presenter: Sergio Meresman, Consultant, Uruguay

This presentation explored the implementation of Education for Life and Environment (or Educación para la vida y el ambiente/EVA) and Inclusive Education projects in more than 250 primary schools in Uruguay between 2002 and 2004. The program was part of a comprehensive strategy to improve its basic education system and used resources provided by the World Bank. Resources provided to schools (through a small grants strategy) were meant to benefit quality education in general, not just health and inclusion objectives. They included:

- Technical assistance to formulate, implement and evaluate theme or problem-based projects identified by the school community.
- Specialised technical assistance to build capacity of the teachers, mobilise the school community and promoting healthy environments and lifestyles.
- Assistance in the development of the course syllabus and educational material for the courses selected by the schools.
- School infrastructure renovation and development to create healthier, safer and friendlier environments.
- Participation in a network of exchanges of experiences and material, including a bi-monthly electronic newsletter and two annual retreats.

## Challenges and Recommendations

1. Mainstreaming health promotion into general educational policy: the project was not an independent strategy but rather part of the general strategy of the education sector to improve basic education.
2. Education ownership: A clear standing point was to be aware of ownership factors and strive to place the ownership of the project at the heart of the Uruguayan National Administration for Public Education, schools, teachers and students.
3. Autonomy and sustainability: The decentralized use and management of the resources provided by the component was in many cases one of the first experiences for the school community of being able to make autonomous decisions and commit to a plan for achieving results on the basis of their own vision, strategies and skills. This in itself was an empowering experience and a institutional strengthening tool that enriched the school community's social capital
4. Participation: Implementing participatory approaches to health in schools is still one of the biggest stalemates. Although teachers agree in principle with the concept of active education and participative approaches and the large majority of kids are keen to the idea of expressing their wishes, concerns and creativity, institutional inertia is in a way unbreakable. In this project, a range of specific opportunities for children involvement in activities of educational value was provided , such as:
  - Producing a situation analysis of school and community through consultation with other children and the community
  - Mapping issues affecting health and well-being through problem trees
  - Identifying things that can be changed in their school and planning strategies for change



## Track 2: Session 3

A case study in Kenya: Action-oriented health education in the context of Kenyan primary schools

Presenter: W. Onyango-Ouma, University of Nairobi, Kenya

This presentation describes how Kenya has adopted a Danish model of Health Promoting Schools with a strong emphasis on building up action competency and vision. It is a shift moving away from just fighting diseases to positive health and a better quality of life for students.

Action experiences in learning are emphasized, as they positively affect decisions and change perspectives. They also facilitate change, which goes beyond the school setting and into the home and community. As such, communities see schools as agents of change. Schools need to adopt an action-oriented and participatory approach to health education. Doing so encourages student participation and an increased sense of ownership leads to a greater commitment to learning. Such action experiences empower students to focus on their health and well-being in the long run.

Kenya's experiences indicated a need to manage teacher training and involvement. It is important to examine what health means to teachers, as many of them do not have the right skills to promote school health. It needs to be examined how learning health compares to learning math, for instance. In-service training enhances teachers' knowledge and commitment toward participatory/action-oriented learning. Continuous professional support strengthens teacher participation thereby enabling them to develop ownership.

Teachers need to relate to kids. Hierarchical relationships of power and authority need to be transformed into relationships of facilitation. Professional development of teachers should involve the transformation of teachers from authoritative adults to facilitators. This identifies a shift from a relationship of power/hierarchy to one of collaboration. It needs to be made clear that training will not only aid teachers to improve classroom teaching but also motivate them to participation in school health education programmes.

Empowering students to make choices through participation removes some of the power from teachers. In the case study, the choices were limited to a predetermined area and the children decided on the development of the process. They had the capacity for more ground-level decision-making and when issues did arise, continuous professional support helped (e.g. how to run a health club).

### Challenges and recommendations

- Children are not adults; they must learn as children and have fun. Students need to be involved in decisions on learning. School health is a learning process and this process should be democratic.
- Students need to be empowered and teachers need to be trained to facilitate this.
- Teacher training should not be added on as an extra task, but should be integrated into the job itself in order to avoid complications regarding funding and release time for teachers.
- Health needs to be approached from a learning perspective in school. Learning is the main activity in schools and health professionals need approach health activities from this perspective.
- Through active participation, children are encouraged to learn about and assert their rights.

## Track 2: Session 4

### A Case Study in Cook Islands

Presenter: Debi Futter–Puati, Ministry of Health, Cook Islands

With an alarming health status of youth in the Cook Islands in 2002, the Ministry of Education realised it needed to play a more central role. The Cook Island Health and Physical Well-being curriculum (CIHPWB) was developed between 2003 and 2005. To begin the curriculum development process, a definition of health was required and barriers to being healthy needed to be identified.

Using the results from the consultation process, health status statistics and an advisory committee, it was decided that five “Key Areas of Learning” would form the basis of the CIHPWB curriculum: Mental health, Sexuality, Food and nutrition, Body care and Physical Safety, and Physical activity. The curriculum has a health promotion philosophy linking it to Cook Islands culture, traditions and values through the use of a vaka to represent the four dimensions of health in the Ottawa Charter: Mental and Emotional, Physical, Spiritual, Social, plus an added fifth dimension: Environment.

As part of the implementation of the curriculum, the Ministry of Education and the Ministry of Health have been working closely together. It was a first for the Pacific, that a memorandum of understanding (MOU) was signed between the Ministry of Education and the Ministry of Health. This mutual agreement was fundamental in allowing the two ministries to collaborate on the project, fully utilizing the strengths of both organizations while also respecting the differences.

To facilitate program implementation a long term plan of teaching programs / units of work covering physical activity and health education topics were developed. This included the creation of specialised teacher resources such as a Health and Physical Education curriculum document and teacher planning resources. Physical activity levels increased in the pilot school as a result of this project and these increases have been sustained following program completion. The focus of the program was enjoyment, confidence building, full participation and skill development in physical activity and health education.

#### Challenges and Recommendations:

- Development of an in-country definition or concept of health is essential to ownership
- A consultation process is imperative to providing a rationale in what should be included in a Health and Physical Education curriculum document
- Use of traditional verses, analogies or concepts creates a cultural anchor for the curriculum
- Create understanding with teachers to the importance of health education so schools are motivated to adapt their timetables and practices.
- Support teachers and schools to start using new content and pedagogical strategies.
- Modeling and mentoring of best practice helps Pacific teachers to feel confident to try new ways.
- The Ministry of Health regards having a focal point in the Ministry of Education curriculum unit as imperative.
- Co-facilitating professional development meant that each Ministry began to appreciate and develop a respect for each other's role.
- A third party, such as WHO, can play a role in implementation and sustainability by providing up-to- date research, examples from other countries, professional development and capacity building
- Avoid implementing similar programs e.g. nutrition friendly schools and health promoting schools.

## TRACK THREE

The role of schools in alleviating social and economic disadvantages

### Track 3: Session 1.1

The role of the school in health, learning and development in low-income countries

Presenter: Lesley Drake, Partnership for Child Development

The presentation outline:

- Health and education benefits of School Health Network Programs (SHNPs) and their contribution to the achievement of EFA and the MDGs.
- The impact of HIV and AIDS in low income country settings.
- Challenges of implementing SHNPs in the low income country setting and in particular dealing with sustainability, costs and scale.

The health benefits of SHNPs in low income settings primarily addressed infectious diseases and statistics and graphs were given to show this. The educational benefits included increased enrolment, reduced absenteeism, reduced drop out and increased cognitive performance. The effect of de-worming on cognitive function had a very positive effect. In the pursuit of achieving EFA and the MDGs, the SHNPs enabled more children to access school, especially the last 10% of out of school children who were often the poorest and most vulnerable.

FRESH was identified as common framework for implementing successful SHNPs. This is a global partnership but it was also reiterated that partnerships on a local level are vital too. Such as effective community partnerships, especially between teachers and health workers. Zambia, Eritrea and Ghana were used as examples of SHNPs in low income countries. The three countries stated how they were addressing and responding to their challenges. It was highlighted how there are distinctive features of SHNPs in the context of low income countries as they have differing health issues and gender issues for example.

The cost of interventions per child for several infectious diseases were shown and the longer term benefits of investing in SHNPs calculated. School health and nutrition interventions can add 4 – 6 points to IQ levels, 10% to participation in schooling and 1 – 2 years of education. This scale of benefit can add 8 – 12 % to labour returns and provide a rate of return that offers a strong argument for public sector investment.

#### Challenges and Recommendations:

- Effective sectoral leadership of SHNPs is needed.
- Effective co-ordination of all stakeholders must be carried out by Ministry of Health and Ministry of Education.
- Clear roles for all stakeholders including donors and implementers needs stating.
- Effective targeting of interventions is vital.
- Effective monitoring and evaluation is necessary to achieve best practice.

### Track 3: Session 1.2

Schools as engines for development and health, a new way to promote community development within the framework of the social determinants of health for the achievement of the MDGs.

Presenter: Sofia Leticia Morales, WHO/ PAHO

It was highlighted how schools play a key role in community development. Schools are a vital component within the framework of the Social Determinants of Health which is a major contributor towards achieving the Millennium Development Goals (MDGs). The MDGs are a set of targets and indicators bound by a specific time frame for completion (1990 – 2015). The MDGs recognize the interdependence of health and social conditions and offer an opportunity to develop health policies that address the social determinants to avoid human suffering arising from unjust social conditions.

An analysis was given of how schools are engines for development in relation to addressing the social determinants and promoting community transformation beyond the classroom walls. Collective actions from the educational community are important and these actions are capable of transforming the quality of life of the community. It was stated how youngsters who are in schools and universities are key players in the collective actions and also pedagogy of development. Local development can also be consolidated by creating partnerships between schools and health services. National, provincial and local networks of schools that promote development must first be created and consolidated before promoting international networks. Many examples are given from Central America of how schools are engines for development.

### Track 3: Session 2.1

Students in low income communities within high income countries.

Presenter: Wechsler Howell, Centres for Disease Control and Prevention, USA

Poor and racial / ethnic minority children in the United States suffer from disparities in health and educational achievement. Causes of these health disparities and the educational achievement gap are discussed, with a special focus on the strong impact that educational achievement has on health status, independent of income levels.

Seven school health strategies were presented for alleviating social and economic disadvantage and improving health and educational attainment:

- Support evidence-based efforts to reduce the educational achievement gap.
- Implement effective school health programs.
- Promote collaboration across the health and education sectors.
- Promote a coordinated, whole school approach to school health.
- Address root causes of disadvantage such as lack of school connectedness.
- Implement effective out-of-school time programs.
- Promote family and community involvement.

### Track 3: Session 2.2

Schools in low – income communities in Brazil

Presenter: Regiane Rezende, Brazil

The presentation gave an overview of Brazil and how it is South America's largest country, is rich in hydric resources and has the largest forest in the world, the Amazon. However there are inequities in social and health conditions, which have contributed towards huge health problems. For example 90% of urban homes and just 25% of rural homes receive water from general distribution, just 35% of water is treated and 60% of garbage has an inappropriate destiny. In some municipalities of the Amazonas, 90% of children and adolescents are in poor families, compared to less than 2% in some municipalities in Rio Grande do Sul. With regard to education, 6.1 years on average study is completed in Brazil. Virtually everyone enrolls in school but just 84% finish elementary level and 57% finish fundamental level. Illiteracy is extremely high into the adult population.

Development, management and health models are investigated and how the models characteristics have influenced health and education. It was highlighted how in the contexts of accentuated economic and social inequality, there is an ethical obligation to promote human development. The role of education can promote human development through pedagogical processes of forming critical, ethical and political citizens. The challenges of health and education sectors working together to reach common goals are described. Also how the school must be recognized as a formal space where the educational process can take place but also it is an institutional, political and social space surrounded by culture. It is fundamental that health and educational sectors support sustainable strategies that minimize the effects of Social Determinants of health and promote health.

The presentation concluded by stating that health promotion considered as political and educational action must be assured by management and formation. Health promotion is an intrinsic element to educational and health sectors and it favours inter sectoral relations to benefit quality of life. Finally health and education form capable pillars that can lead to changes in communities and the promotion of health.

#### Challenge and Recommendations:

- Recognize that the process of the school in social transformation requires the breaking of paradigms (personal and social).
- Recognize the school as a space of construction of collective knowledge, capacity and practices.
- Promote the participation of children and adolescents in the decision making process of the school.
- Ensure the teaching and learning process is effective in developing the multiple dimensions of the student which include the social, biological, cognitive and affective.
- Develop inter-sectorial actions to overcome the challenges of poor health and education.

### Track 3: Session 2.3

School health in schools serving Aboriginal communities and students

Presenter: Ted Amendt, Ag. Director, First Nations & Métis Education, Saskatchewan Learning

This presentation introduced the Saskatchewan experience, as well other promising practices across Canada addressing Aboriginal school health. The session highlighted the theme 're-inventing the wheel', as a way forward in addressing First Nations, Métis, and Inuit learners in school communities.

The themes identified in the presentation included:

- Cultural relevance
- Emerging from colonial past
- Identifying challenges
- Strength-based approaches and strategies

These lay the basis for ways forward in a comprehensive, coordinated approach to Aboriginal school health.

Evidence from the literature spoke to recognizing the family and community context, particularly when working with Aboriginal communities, as well as respecting language and culture. Working in partnership was cited as beneficial and examples provided of Community Schools, as well as partnerships between school divisions and First Nations. The importance of honouring the strengths and gifts within Aboriginal communities is imperative, with particular attention being paid to including Elders. There is a need to challenge assumptions when working with Aboriginal communities so systems identify and include community assets.

### Challenges and Recommendations

- Legacy of colonization and impact of residential schools.
- Effects of systemic racism.
- Jurisdiction issues.
- Systems failing Aboriginal peoples.

Recommendations included:

- Consider supports in holistic ways.
- Work in collaboration with Indigenous peoples with a view to strengthening systems and supports – cultural responsiveness.
- Continue to identify promising practices with proven success outcomes for Indigenous peoples.
- Build capacity within systems to honour Indigenous Ways of Knowing.
- Develop anti-racism strategies, representative workforce strategies, policies that equally value Indigenous Ways of Knowing, and program responses designed with Indigenous peoples and communities.



### Track 3: Session 3.1

Using a Health Promoting School approach to reduce the risks from a contaminated environment in Kosovo after the Balkan conflict.

Presenter: Ian Young, Head of International Development, NHS Health Scotland

The presentation outlined how the health promoting school (HPS) model played a strategic role in addressing the environmental contamination caused by heavy metals in Kosovo. The model also contributed to training events for teachers, health and environmental professionals which facilitated strategies to discuss the damaged human relationships, which resulted from the bitter conflict. A network of HPS was set up with the support of four government departments, a national co-ordinator and a national co-ordinating committee with all key stakeholders represented.

The HPS programme is at an early stage in Kosovo but it has made considerable progress over the last four years at approaching a highly specific problem, of raising awareness on how to live more safely in a contaminated environment. Its progress relates in part to schools being an excellent vehicle to reach the at risk target groups of children and pregnant mothers. In addition the parents, the children's environment and health services are accessible through schools. The whole school approach has used many strategies to reduce environmental exposure to lead and to minimize the effects of heavy metal exposure on the body. One example of the latter is through appropriate nutritional advice and food provision in schools, the risks of the anaemia associated with lead poisoning can be reduced. The activities in schools have also generated media coverage of the heavy metal pollution, which has helped reach more of the general population.

It was explained that this is not a short-term project but a sustained attempt to integrate education and health issues for the benefit of young people in Kosovo. There is much government support with a signed agreement between the relevant ministries being an indicator of potential for a sustainable development. Also under the overarching concept of HPS, there are related initiatives such as Child Friendly Schools and Life Skills with Violence Prevention and Mental Health Promotion being integrated into the strategy.

### Challenges and Recommendations

- Increase investment to ensure all schools are able to improve their physical infrastructure and enable more training days for key stakeholders.
- Further develop and revise some of the indicators of success, as some appear modest e.g. "by 2017 all schools have drinking water and sanitation."
- Develop the health education curriculum so health is promoted further. Continue to raise awareness of heavy metal pollution through HPS so individual and community health improves.
- Continue to monitor blood lead levels and levels of pollution in the environment.
- Share the general lessons learned about the importance of the schools' role in a post conflict situation.

### Track 3: Session 3.2

Schools in communities that have been disrupted by natural disasters

Presenter: Professor Lorelei Cropley, University of New Orleans, USA

This presentation focused on the challenges and opportunities in reopening New Orleans schools after a disaster through the perspective of a health professional, Professor Cropley. She also presented the lessons learned for pre and post disaster planning as related to schools.

After Hurricane Katrina caused unprecedented devastation and dislocation of individuals along the Gulf Coast in Louisiana, Mississippi and Alabama, Professor Cropley worked with refugee populations, as she herself became an evacuee (the preferred term by those affected by Hurricane Katrina). During her displacement and subsequent return to the city of New Orleans, Professor Cropley discovered interesting contrasts and similarities to her personal Katrina experience and her past relief experience that she shared during the presentation.

This presentation showed how Hurricane Katrina in New Orleans, the majority of public schools, already among the worst in the nation prior to the disaster, were damaged or destroyed and school system was in disarray. With eighty percent of the city flooded, there was a huge displacement of teaching staff and pupils. However after the disaster, an opportunity existed to improve the schools.

Despite enormous challenges schools were reopened, some within two months after the disaster. To reopen the schools, provisions had to be made for basic needs such as health and housing. As a result, trailers were situated at schools and universities and basic health needs, especially mental health, were met by on-site needs assessments and medical and psychosocial support. As soon as a school was opened, it filled with students. Advantages of reopening the schools were readily apparent: schools helped pupils refocus on education rather than the tragedy, schools empowered pupils to find resiliency skills, and schools drove the repopulation of neighbourhood. Schools found they had to be flexible after a disaster, for example, flexibility on uniform policies and school opening times as many parents were commuting two hours. Professor Cropley concluded that a school is better open, than perfect.

#### Challenges and Recommendations:

- Require pre disaster plans to be in place so the disaster will have less of an impact. For example, create communication plans, list evacuate locations and teach resiliency skills in schools.
- Create post disaster plans that include alternative ways of contacting pupils, parents and teachers after a disaster, planned re-entry activities, collaboration and coordination with outside agencies for relief efforts.
- Prioritize reopening schools, to drive neighbourhood's repopulation. This includes measures to provide for staff return.
- Use re-entry activities to address pupils' psychosocial issues such as loss.

### Track 3: Session 3.3

School role in the social reconstruction of the community in crisis – post conflict multiethnic, marginalized, impoverished ...

Presenter: Lina Kostatova Unkovska, Institute for Development, Youth Culture and Initiatives - Skopje, Macedonia

After Macedonia gained independence in 1992, facing the challenge to carry out major economic and political changes the severe inter-ethnic conflicts took place in its neighbourhood and soon after on its own territory. These conditions contributed to an uncontrollable increase in the rate of unemployment, massive demolishing of national resources, inefficient protection of human and children's rights and the slowing down of the modest educational reforms.

The multiethnic Macedonian school struggled with the crisis. Lina explained how the multiethnic schools from the conflict regions were neglected, being overcrowded with up to 2000 students in each school and how teachers become overwhelmed by the conditions. Since the inter-ethnic tensions and violence in schools become the only response to the situation. Parents were afraid to send their children to school because schools become threatening, chaotic and violent places, which was affecting their children's psychological wellbeing, as well as teachers'.

In response to the crisis, a participatory action project on psycho-social assistance was created with cooperation of the Macedonian Bureau for Development of Education, supported by the Swiss Agency for Development and Co-operation. The aims of this Health Promoting School Project were to reduce the general insecurity felt by children, teachers and parents and to regain the lost confidence in the multi-ethnic character of the schools and the community, as well as to empower schools to take new roles in the community building. The Project steered the schools towards creation of new safe and stimulating "micro-environments" by encouraging pupils and teachers of various ethnic background for joint participation in the school and community promoting projects. The project views multiethnic school' community as competent participant in the creation of a new, dynamic social field of intercultural exchange, respect and tolerance in which narrow frames of "local" and "stereotypical" can be abandoned. The Project also set out to network schools from the post-conflict (multiethnic) region in the country with those from the Macedonian Health Promoting Schools Network, connecting as well rural with urban schools. The idea was to transform the positive practices into a development process of school health promotion that would command national and strategic interests. The Project key components were democracy building and children's rights approach to health promotion. At the end of the Project, the increasing number of schools (19) were connected in the network for inter-school project collaboration, which resulted in many positive changes in the schools and the community, throughout the country.

#### Challenge and Recommendations:

Increase the importance of the school key role in health, social and educational change in the community of prolonged crisis, suffering critical absence of community support / or understanding. Introduce more ways in which pupils and teachers can experience safe and stimulating environments through joint school promoting actions, to empower them to create and enjoy safe and healthy environments in their own neighborhoods, too. Further linking of system institutions is required and more sectors must form partnerships for sustainability of the school project achievements, as well as the improvement of the mechanisms for continual support and recognition for schools, teachers and pupils are needed. Improve policy decision making based on monitoring and evaluation of projects as this is often absent in communities at risk.

## TRACK FOUR

Impact of the media on health behaviour of children and adolescents

#### Track 4: Plenary Session

The impact of media on health behaviour of children and adolescents

Presenter: Abdul-Halim Joukhadar, WHO/EMRO

This presentation looked at how the media and mass communication along with globalization are playing an ever-increasing role in contemporary life and are influencing lifestyles and consumption patterns. The homogenization of values and lifestyles among the younger generations in many regions of the world have led to the development of standardized global marketing campaigns. This has enabled multi-national corporations to pool huge resources for marketing research and advertisement. Accompanying this, there has been an upsurge in the use of psychological expertise and research to more effectively persuade children to want advertised products and to influence their parents to purchase these products (pester power).

Marketing approaches have become multi-faceted and sophisticated, moving far beyond television advertising to include the internet, video games, strategic product placement and much more. Advertising to young people takes unfair advantage of their limited cognitive ability to understand commercial persuasion. The emotive messages of advertising play into young peoples developmental concerns relating to appearance, self-identity, belonging and sexuality. This leads to depression, helplessness and eating disorders. Media violence is also a huge issue as children are increasingly exposed to it and are more likely to assume that acts of violence are acceptable behaviour. This results in emotional desensitization towards violence in real life and acts of happy slapping and teacher bating for example become common.

Commercials for candy, snacks, soft drinks and fast food are also targeted at children. Such advertising of unhealthy food products to young children contributes to poor nutritional habits that may last a lifetime. Obese children have a strong predisposition to becoming obese adults, with a greater likelihood for developing a battery of chronic diseases, including diabetes, cardiovascular disease and shorter life spans.

#### Challenges and Recommendations:

- Teach media literacy education to prepare children to live in the mediated world. This will counterbalance the adverse impact of commercial media on children's health and well-being.
- Empower parent responsibility, for example from cooking healthy meals for their children to limiting the amount of violence watched on TV, to pressurizing the industries to take corrective actions.
- Encourage the health sector to play a leadership role in each country to advocate for comprehensive preventive actions and regulatory responses. Health must be put at the centre of policy development for example concerning the marketing of food to children and also promoting physical activity and healthy diets among young people.
- Promote countries to implement the four strategic areas for action in the Global Strategy on Diet, Physical Activity and Health framework.

#### Track 4: Session 1.1

Existing regulations and legislation to limit advertising that may negatively influence children's behaviour – current practice and evidence of effectiveness.

Presenter: Ross Gordon, University of Stirling, Scotland, UK

This presentation investigated the effect of food, tobacco and alcohol advertising on children's behaviour. A review of research was conducted in each of the three problem area domains to determine if there was causal effect relationship between advertising and behaviour. The current regulations in the three areas were then established and whether they were having any positive or negative effects. Potential solutions were suggested such as self-regulation, advertisement bans and finally social marketing.

The evidence from the presentation showed that advertising of food, tobacco and alcohol has an effect on children's behaviour that could have negative consequences. It showed how it was important to acknowledge that advertising forms one part of a wider marketing mix including price, product and place. Therefore the effect on the marketing mix as a whole on behaviour is a problem. Currently in the UK there are different regulatory systems in place governing food, tobacco and alcohol marketing. The effectiveness of these regulatory systems is open to question as marketing is becoming more sophisticated and diverse. A mix of methods is required to tackle the problems including statutory regulation, outright bans on advertising and the use of social marketing. A combination of the above methods must be implemented globally and over a long period of time to make marketing healthier and have a positive effect on behaviour.

#### Challenges and Recommendations

- Ensure regulation is long term to generate change, as cultures must change and alter, which takes time. Therefore patience is required when implementing policies.
- Self-regulation needs monitoring as corporations have their own agendas.
- Statutory regulation is clearer and there is greater control but regulation is costly to implement.
- An independent regulator is required to prevent negative marketing practice but this regulator cannot be linked to the Government or any food, alcohol or tobacco industry.
- Ad bans have been shown to work with tobacco but are trickier to implement with food and alcohol. Ad bans do not promote positive marketing or recognize the potential positive of marketing.

#### Track 4: Session 2.1

##### Media literacy and health behaviour among children and adolescents

Presenter: Leonardo Mantilla, PROINAPSA, Colombia

The presentation addressed the issue of media literacy. Media literacy is a term that has been in common use for a quarter-century, but it is ill-defined. Too often, it has been understood as a tool for protection against media's ill effects, although this is only one aspect. The dimensions of media literacy include access (the ability to locate/manipulate information), understanding (what users do with information), and creativity (the ability to use media to send messages). Media literacy can thus be understood as a framework to access, analyze, and create media.

Media literacy needs to be considered within the wider frame of health education. The skills and competencies traditionally taught in schools are no longer sufficient, as more sophisticated forms of media are necessitating the development of a higher level of complex, critical thinking. Media is a key source of health information that has the ability to reshape and influence culture. Media literacy is needed for individuals to exercise global citizenship and democracy, and to contribute to social development in an increasingly flexible and changing environment. Words and images construct worlds and act as powerful determinants of health. Children and adolescents need to be empowered by media literacy to exercise control and choose healthy lifestyles.

Media literacy is an effective approach in school health and health promotion:

It reduces the harmful effects of TV violence. It makes children more responsible for themselves  
It increases children's sense of self-acceptance, as related to body image. It increases the understanding of the persuasive intent of alcohol advertising. It is a component of many drug/alcohol intervention programs. It engages students and provides a means of empowerment  
It increases communication skills

Educating students in media literacy requires parents and teachers to be enablers of understanding through active mediation. Effective media literacy should be skills-based, which implies empowerment and the ability to transform the environment. This means being competent, creative, and critical in personal development. Media literacy can be integrated into the curriculum as a component of health education or other subjects. Extracurricular organizations and activities also teach media literacy. There is a need to examine how to empower young people through media literacy. This includes critical thinking on received media, as well as communicating through various media. Conditions for such empowerment are provided by teachers and parents who play more of a facilitative role.

#### Challenges and recommendations

Media has become so pervasive in society that children and adolescents are constantly bombarded by a variety of messages and ideas.

The skills and competencies taught in schools traditionally are no longer sufficient. This situation points to a need for development of a higher level of complex and critical thinking through media literacy. Education must be relevant to needs.

Media literacy is needed for individuals to exercise global citizenship and democracy, and to contribute to social development. Furthermore, the media is a key source of health information. Words and images construct worlds and act as powerful determinants of health. Children and adolescents need to be empowered by media literacy to exercise control and choose healthy lifestyles. Parents and teachers can act as enablers through active mediation. Media literacy can be an important component of health education in schools and other educational settings.

#### Track 4: Session 3.1

How media and new communication technology can be used to enhance health literacy among children at school age

Presenter and collaborators: Vijaya K., Corporate Marketing and Communication Division, Thanarajah S., Resource Development Department; Tan V. New Media Unit, Health Promotion Board, Singapore

This presentation addressed the multiple uses of traditional and new media to directly and subtly influence school children's positive attitudes, cognitive thinking and behavior regarding health issues, with practical examples drawn from the Singapore Health Promotion Board (SHPB). The developmental periods of childhood and adolescence are characterized by inquisitiveness, eagerness to learn, formulation of self-identity, peer influence, acceptance-seeking, and experimentation making them receptive to learning about healthy lifestyles.

In Singapore where the literacy level is high, (95.4%), mobile phone penetration is high, (106.8%), internet penetration is high (88% of households with school-going children have at least one computer), education is compulsory through primary school, and where health education is part of the core curriculum, there are multiple opportunities to exploit the use of new media to promote healthy choices. The Singapore experience demonstrates that knowledge and behavior changes require interventions that are innovative, tailored to different age and ethnic groups, updated regularly and that exploit youth's mastery of the new media to consistently appeal to the interest and engagement of the youth audience.

In addition to the use of traditional media, SHPB has developed new media initiatives for the youth, such as the use of mobile phone to send creative health messages (Heart Rockz), personalised tracking of calorie-intake with the Diet Tracker and SMS Voting to encourage participation in health competitions. The SHPB constantly develops new on-line health promotion initiatives such as podcasts and blogs to promote health literacy. A special Youth Portal is developed with inputs from youth to engage them in health activities in a fun and interactive way. The impact of traditional and new media on youth health literacy is measured through surveys, focus groups, and monitoring online traffic such as page views and visits.

#### Challenges and Recommendations:

- Promote media literacy to empower children and adolescents to choose healthy lifestyles.
- Advocate for health promoting regulations of media advertising, building successful examples such as tobacco-free advertising.
- Create guidelines for mutually reinforcing/beneficial partnerships between the health sector and the media, for example negotiating pro-bono, in-kind or matching funding for advertising.
- Exploit the benefits of different communication and media methods and approaches, including traditional or folk media, broadcast media, and new media. Often the appropriate 'mix' of media depends on the context and media habits of the target audiences.
- Advocate for the adoption of a code of ethical conduct on the part of the media in addressing issues concerning children and health.



## TRACK FIVE

Partnerships for promoting health and education for all school-age children

## Track 5: Plenary Session

### Partnerships for promoting health and education

Presenter: Donald Bundy, Human Development Network, The World Bank

The importance of health and its implications on educational outcomes and achievement were emphasized. Interventions that cost less than 4 US dollars in low income countries were shown to have had a positive impact on health and education. The core intervention activities and outcomes of Focusing Resources on Effective School Health, Hygiene and Nutrition (FRESH) partnership were discussed. FRESH was launched in 2000 and is a partnership between five United Nation agencies. The purpose of FRESH was so all the agencies key initiatives could be collaborated into one framework, so it was easier for Governments to follow and implement. The key agencies and initiatives include:

- UNICEF – Child Friendly Schools
- WHO – Health Promoting Schools
- UNESCO – Education for All
- WFP – Food for Education
- World Bank – School Health Initiative

The Directory of School Based Nutrition Programmes carried out a survey to determine the number of organizations supporting the four pillars of the FRESH framework. It concluded that there was a move towards partnership particularly with health and education sectors.

Accelerating the education sector response to School Health and HIV / AIDS was then investigated by reviewing 38 Education Projects in the African Project from 1997 – 2004. It found that only 42% specified a sectoral School Health and HIV / AIDS program and budget, and 33% did not mention School Health and HIV / AIDS at all. Since 2002, there has been the establishment of sub-regional workshops and the number of countries taking part in the HIV / AIDS program has increased.

There have been key changes since the introduction of the Education for All (EFA) in 2000. For instance, there is the increasing recognition of the need to work across the whole school and use holistic approaches to school health. There is greater harmonization among sectors and development partners and this has resulted in cost-effectiveness, lower transaction costs and less confusion. In low and middle income countries there are more partnerships across sectors and among development partners.

### Challenges and Recommendations:

- Refresh FRESH as current framework does not reflect developments in areas such as health promotion and addressing violence.
- Improve accountability and monitoring of health issues by the education sector as this often is the weakest part of the program and there is need for a common set of indicators
- Generate information sharing among networks as low income countries have missed opportunities for cross learning with high and middle income countries.

## Track 5: Plenary Session 2

Current state of partnerships on School Health Promotion globally – Key partners and their goals, roles, achievement to-date and future priorities.

Presenter: Cream Wright, Global Chief of Education, UNICEF, New York

UNICEF was one of the founding members of Focusing Resources on Effective School Health (FRESH) and was a key participant in its launch during the World Education Forum in Dakar. Evidence over the last seven years indicates that FRESH safeguards and improves children's health as well as improving the quality of education. This is even more so when FRESH is an integral part of child friendly school models which includes a life skills curriculum, safe water and sanitation, school feeding and child safety measures. UNICEF values a health promoting framework like FRESH as an essential element in good quality education that addresses the rights, well-being and welfare of the whole child.

Health promotion in schools is more relevant and vital than ever before in many countries. Schools are experiencing problems relating to increasing costs, large numbers of children out of school, deteriorating nutritional status of children attending school, and violence against children in and around schools. Schools are also increasingly challenged in providing the care and support required by the most vulnerable children, particularly girls, children affected by HIV and AIDS and the disabled.

In these situations, the basic components of FRESH provide an attractive framework for making the school a healthier place where children can learn better and where parents and communities can be assured of the safety and care of their children. UNICEF will support countries to develop the capacity to plan for, implement and manage child friendly schools that cater for the rights of all children. In promoting holistic friendly schools that cater for the rights of all children, UNICEF is in effect reaffirming its commitment to health promoting frameworks and showing its solidarity with the FRESH partners.

### Challenges and Recommendations:

- Support countries to use the Child Friendly Schools model so the needs of the whole child are addressed in a comprehensive manner.
- Encourage all FRESH partners to document the benefits and constraints of the FRESH framework so it can be “refreshed,” as schools are dynamic and multi-faceted institutions that need to respond comprehensively to the changing needs of the child in a variety of circumstances.
- Continue commitment to the health promoting frameworks and FRESH partners so the quality and effectiveness of education in countries increases.

### Track 5: Plenary Session 3

Current state of partnerships on School Health Promotion globally - Key partners and their goals, roles, achievements to-date and future priorities

Presenter: K C Tang, World Health Organization

Since 1992, WHO has been active in promoting health and well-being among students in collaboration with partners. Evidence is available that shows school health promotion is effective in combating both communicable and non communicable diseases among students and school-aged children. Yet there is insufficient evidence of the effectiveness of school health promotion in some areas particularly in tackling the social and economic causes of poor health. In collaboration with partners, WHO will continue to provide its Member States with technical support to translate available evidence into practice and to develop models and methods for practice to advance our work in the areas where evidence is lacking. Given the urgent need to narrow the health inequity gaps and strong links between education and health, WHO has also intensified its action on achieving EFA, promoting access to education, and reducing the gaps in health and education achievements between students of lower and higher socio-economic backgrounds.

WHO is committed to the FRESH framework. The Framework is useful and important for advocating for a comprehensive approach to promote health in schools and through schools. However, where there are no schools, effort must be made to build schools and promote access to schools, given that the links between health and education are increasingly strong, that 75 M school aged children worldwide still have no access to basic education and that access to quality and equity education is not often available in most countries to narrow the health and education achievements gaps in the countries. To this end, the scope of the FRESH Framework can be broadened to also cover the EFA declaration. WHO is also committed to undertaking actions in support of and in collaboration with FRESH partners to address the issues that have been set out in the background paper for the FRESH Partners Meeting held in Paris in 2006.

### Challenges and recommendations

- Revisit and agree on the goals and objectives of the FRESH partnership
- Develop plan of actions, including indicators for reporting progress, on the implementation of the partnership by its members
- Provide countries with support to build institutional capacity to promote health through schools
- Intensify actions on the promotion of access to quality education for all

## Track 5: Plenary Session 4

Current state of partnerships on School Health Promotion globally – Key partners and their goals, roles, achievement to-date and future priorities.

Presenter: Charuaypon Torranin

FRESH consists of many partners and UNESCO is the lead agency. The partners remain committed to the framework and to approaches that are consistent with the framework. FRESH has many strengths. Its core components and strategies are still considered valid and relevant and the framework is comprehensive, flexible and easy to understand. The FRESH framework is a useful advocacy tool with governments assisting sector ministries to analyse gaps in policy and programming.

Other strengths mentioned are that FRESH provides a useful entry point for comprehensive action on HIV and AIDS. FRESH is the only forum that brings together partners working in different sectors such as education, health, water and sanitation. Joint initiatives involving two or more FRESH partners have or are being implemented. The FRESH website and toolkit have played an important role in bringing together resources and material developed by partners.

UNESCO highlighted that the EFA goals and the MDGS represent an opportunity to promote a comprehensive approach to school health and to make more explicit the links between school health and achievement of global targets. Increased funding for HIV / AIDS also represents an opportunity to strengthen school health and to use the FRESH framework to support comprehensive action on HIV / AIDS in schools. The FRESH partnership has the potential to play a more strategic role at global and country levels in advocating for comprehensive approaches to school health aid securing the commitment of bilateral donors for the FRESH approach. The partnership also has the potential to strengthen approaches to monitoring and evaluation and to highlight successful experience and best practice. The partnership could play a critical role in strengthening national co-ordination and collaboration, supporting governments to take a stronger lead and in facilitating involvement of a wider range of stakeholders, including district authorities, NGOs, teacher and parent associations.

### Challenges and Recommendations

- Implementation of comprehensive approaches to school health is not systematic and there is a need for more concerted support of implementation and scale up.
- Promoting comprehensive approaches and links between the FRESH components is constrained by lack of collaboration between sector ministries and different divisions within partner agencies.
- Limited resources mean that school health is often a low priority for governments and for partner agencies at country level. FRESH is also perceived to be less relevant to high-income countries and countries in transition than to low-income countries.
- Few evaluations have been conducted and there is limited evidence on the impact of comprehensive approaches to school health.
- Clarifying and agreeing the purpose and objectives of the partnership is the fundamental issue that the partners meeting needs to address.

## Track 5: Session 1.1

### Equal access to quality education in Guatemala and El Salvador

Presenter: Maria del Carmen Acena, Minister of Education, Guatemala

The Minister began by explaining that Central American countries are in a process of consolidating democracy after decades of civil war that marked the second half of the 20<sup>th</sup> century. During the conflicts many lives were lost and the educational system had insufficient resources due to funding being prioritized to the Defence Ministry for internal security.

With the signing of the peace agreements and the establishment of democracy, the region could prioritize education. Autonomous education programs began throughout Central America and the presentation investigated the objectives and outcomes of the programs in El Salvador, Guatemala, Honduras and Nicaragua. The programs comprised of public-private partnerships, which aimed at improving coverage and quality of education in poor and isolated communities, as well as promoting democratic values in society. The Minister continued by presenting information concerning the Integrated Health System (SIAS) in Guatemala. The SIAS is a partnership between the Ministry of Health and NGOs with the aim of expanding health coverage through decentralization.

During the presentation it was concluded that public-private partnerships have been very successful in improving access to education services and they represent almost 20% of total public enrollment. Despite autonomous schools being concentrated in the poorest areas, they have had the same or better results than traditional schools, which in part are explained by their organization and parent participation. Decentralization to the school level has resulted in an efficient and effective use of public funds. The Government society should institutionalize these management models without changing the principles on which they are based. Finally the SIAS program has increased health coverage by 4.1 million people since it started, which is nearly one third of Guatemala. It has achieved in 10 years what the Government could not achieve in 50 years.

### Challenges and Recommendations

- Continue the process of decentralization with centralized policies and accountability.
- Explore new ways to provide quality education in the poorest rural areas, such as Telesecundaria, Secundaria por Cable and others.
- Lead discussions about new management models and ways to improve them, and in particular explore an autonomous model for lower secondary schools to improve equal access.
- Strengthen preventive health mechanisms with civil society participation.
- Continue forging alliances and in particular with the media to inform traditional media and society about the benefits of participation and partnerships in public schools and health.

## Track 5: Session 1.2

### Partnerships for providing better access to basic education

Presenter: Richard Maclure, University of Ottawa, Canada

There is now widespread acknowledgment that the provision of basic education for all requires partnerships among governments, civil society organizations (CSOs), and international donor agencies. The focus on broad-based partnerships for basic education has been reiterated in the Dakar Education for All Framework of Action, the Millennium Development Goals, and the Paris Declaration on Aid Effectiveness. Underlying the thrust towards partnerships are well founded concerns about limited government capacities to expand and sustain systems of basic education in poor countries, and a consensus regarding the imperative of decentralization and democratization as directions to pursue for better quality and more effective systems of education. In addition, there is growing acknowledgment that genuine partner relations between international donors and host governments are likely to enhance the efficacy and results of international aid to basic education. In line with the orientation to partnership, there is also a burgeoning recognition that a child-rights approach to basic education, i.e., one that is centred on children as active participants in their own learning rather than as passive vessels of information transfer, is critical for good quality education.

Despite these undoubtedly positive trends, the global agenda for enhanced partnerships in basic education must contend with a number of abiding dilemmas and contradictions. The articulation of periodical international protocols and quantitative educational targets as reflected in the Dakar EFA Framework and the MDGs can give rise to abrupt shifts in policy discourse, particularly in poor countries that are heavily dependent on international aid. Likewise, there is a clear need to distinguish between the potential of basic education to enhance the socio-economic well-being of individuals and the communities in which they live, and the all-too frequent limitations of education as a force for benign progressive social change. There is also a need to recognize different stakeholder agendas and expectations pertaining to basic education, and to acknowledge the nature of participation as a process fraught with complex socio-political and fiscal implications.

### Recommendations

While dilemmas and contradictions inherent in basic education are not easily resolved, the following recommendations are proposed:

- Increased attention & support for local schools and “out-of-school” education linked to local needs / job creation / community health;
- Greater curricular & pedagogical emphasis on schools as havens of safety and as forums for health education;
- Greater attention to children's participation and child-centred pedagogy as foundations of appropriate good quality education;
- Increased attention to the viability of children as participants in educational policy-making, planning, delivery, and evaluation;
- Acknowledgment of the limits of education, & corresponding attention to context – to capacity building, transparency in governance, economic investment, & job creation;
- Unflagging attention to the nexus between gender equity in education and increased community health;
- Emphasis on inter-disciplinary evaluation & applied research that engages the partnership among health & education researchers, in conjunction with health & education policy-makers & practitioners.

### Track 5: Session 1.3

Improved access to higher education for better health

Presenter: KC Tang, WHO / Geneva

The presentation highlights the strong links between increasing years of schooling and better health outcomes, the limited access to higher education by young people of a lower SES particularly in high and middle income countries, some of the barriers to education and finally the contributions that health promoters can make.

The strong link between education and health has been increasingly recognized, with people of a lower level of education having worse health than those of a higher level of education. Research from Chile, Sweden and the US reveals there is a direct relationship between increased years of schooling and better health outcomes. There appears also to be a link between higher education enrolment and students' socio-economic background, as students of a lower socio-economic background are less likely to go onto higher education compared to their higher socio-economic counterparts.

Over the years, much effort has been made in many countries around the world to improve access to higher education among the disadvantaged, particularly in high income countries, for example, through financial support and affirmative actions. The improvement has been rather limited, as revealed in the findings of studies conducted in countries of different levels of development, as most poor students lose their competitiveness against their counterparts from a higher socio-economic background in earlier school years and are not able to finish their high school with good grades or be given financial support. Other social and academic supportive interventions are also needed, for example, mentoring activities and home based activities to poor students prior to their enrolment in schools to ensure that they are on equal footing with students from rich families. Assistance given to teachers in improving aspirations for poor students and to instructional reform has also been proven effective in reducing behavioural problems and increasing academic achievements among poor students. There also appears to be a link between quality education and students' performance in terms of absenteeism, grade repetitions and drop outs. Quality education can be reflected through teacher student ratios, teacher burnt out rates, teaching load and teachers' years of experience, as well as clean and safe school physical environment.

There is an important role to play among health promoters in reducing health inequities through improved access to quality education for the disadvantaged. Health promoters must continue to use schools as entry points for school health promotion and also actively engage throughout the pathway to higher education.

#### Challenges and Recommendations:

- Empower people of a lower socio-economic background to exercise their rights for better health and quality education.
- Protect the interest of disadvantaged population groups by redistributing education resources in favour of those groups so young people of a lower socio-economic background have improved access to higher education.
- Improve the quality of the learning environment in earlier years among young people, in addition to improved access to primary and secondary education.
- Support schools to achieve quality education and support the effort made by the education sector to build schools where there are no schools.



#### Track 5: Session 1.4

##### Schools for Health in Europe: Partnerships for promoting health and education

Presenter: Goof Buijs, NIGZ School Programme, Netherlands

This presentation explained the background, aims, characteristics and partnerships of the European Network of Health Promoting Schools (ENHPS). The new phase for school health in Europe was also presented where the ENHPS will extend into the Schools for Health in Europe Network (SHE), starting from January 2008.

The conceptual origins of ENHPS began in the 1980s and since 1991 the network has been run by three international organizations: the Council of Europe, the European Commissions and the WHO Regional Office for Europe. The overall aim of the network is to positively influence the health and health behaviour of school-aged children (aged 4-18 years) in Europe by developing and implementing quality-based and evidence-based health promotion programmes for the school setting. Originally there were seven countries and now there are forty three countries in the ENHPS. It was mentioned how the diversity of countries in Europe from rich to poor is an issue.

The ENHPS has indicated that the successful implementation of health promotion schools policies, principles and methods can contribute significantly to the educational experience of all young people living and learning within schools. The ENHPS regards evaluation as very important for improving effectiveness and presentation highlighted how it has been addressing indicators, structural and practical aspects of the school.

It was stated how there is a growing recognition that new forms of partnerships and inter-sectoral work are required to address the social and economic determinants of health. Partnerships between health and education ministries have proved important in relation to funding support and establishing continuity and sustainable development. But also partnerships are needed between students, parents and the community as well as the research community to ensure success.

#### Challenges and Recommendations

Schools for Health in Europe Network (SHE) will:

- Provide easy access to information, good practices, contacts and exchange of information.
- Help to make health promoting schools a more integral part of policy development in Europe and in the member states.
- Encourage each member state to develop and implement a national policy on health promoting schools, building on the experiences within the country, within Europe and abroad. Such a policy will also be encouraged by making sure that schools are part of the community.
- Expand and further explore the European dimension of health promoting schools. Worldwide, Europe has one of the leading international networks on school health promotion.

## Track 5: Session 2.1

### The Canadian experience

Presenter: Lesley Burgess, Department of Health, Newfoundland, Canada

The presentation described the implementation of NFSI in schools in Newfoundland, Canada. The initiative has shown to be successful, yet it demonstrates some of the issues and challenges that can be faced in a high-income country or otherwise.

To best determine how to proceed, a focus group was held in each participating school. This was followed by the formation of a Core Action Group (CAG) to oversee the implementation. The CAG was formed of parents, teachers, principals, students, canteen staff, and a local health authority. Regional nutritionists took the lead, as principals were often unable to make the time commitment necessary. It proved to be difficult to get all required stakeholders together to form the CAG.

The implemented nutrition policy addressed some, but not all of the five points in the NFSI framework. It was developed in consultation with schools councils and other stakeholders. There were also several activities related to awareness and capacity building held within the school community. These involved parents, teachers, students, and public health staff.

Challenges in participation included students not wanting their parents/guardians at school-based events with them, and the distance needed to travel between homes and schools to attend events. On-going training for food service staff and reluctance to request local shops to adhere to nutrition guidelines were challenges surrounding the nutrition policy implementation.

The development and modification of the curriculum requires the inclusion of nutrition as part of health education. Challenges include lack of food preparation facilities and the ability to visit farms/food factories for more rural schools. Supportive school environments are encouraged, however it is also difficult to address the issue of bringing unhealthy foods into schools.

### Challenges and recommendations

- There is a lack of a monitoring system to determine the progress of children over time.
- Support from the higher provincial government is needed to ensure success and to adjust the curriculum in particular, as this is provincial jurisdiction.
- There is a need to evaluate NFSI criteria to make participation more accessible. This includes issues of CAG membership.
- There is an issue of overload of schools. There seem to be a variety of programs on school health, nutrition, and physical activity at various levels. It needs to be examined whether these programs can be merged and there needs to be more clarity on the direction and differences of these programs.

## Track 5: Session 2.2

### The Indian experience

Presenter: Swati Parmar, HRIDAY-SHAN, India

The presentation described the pilot-testing of NFSI in schools in New Delhi, India. The initiative has shown some success, yet it demonstrates some of the issues and challenges that can be faced in a low-income country.

The NFSI pilot- testing in India was conducted in 4 schools (2 government and 2 private) located in New Delhi, India. The initiative was undertaken in collaboration with Department of Nutrition for Health and Development (NHD) WHO, Geneva, and HRIDAY-SHAN (Health Related Information Dissemination Among Youth - Student Health Action Network; HRIDAY-'heart', SHAN-'prestige'), which is a voluntary group working on promoting health awareness and health advocacy among youth in India.

Some schools declined to participate in the pilot project due to time constraints and/or difficulty in including a representative from management staff for the Core Action Group (CAG). Challenges in implementation of the NFSI could include a lack of canteen facilities; canteen operations contracted to an outside vendor with no school input into the menu; and lack of representation from local health authorities. A further roadblock identified was the inability to reach the out-of-school youth in India.

Most of the schools in India do not have any formal health promoting policy programmes. There is an absence of any multi-sectoral committees to decide on improving nutrition and physical activity levels. Just formulating policies at the school level will not bring about behavior change in students. Health promoting activities at the classroom level and at the home level will help to enhance nutrition-related knowledge among students, teachers and parents, so that acceptance of these policies is smooth.

The immense need to launch programmes like 'Nutrition Friendly Schools Initiative' with government and NGO partnership became apparent in pilot- testing of this project.

### Challenges and recommendations

- NFSI guidelines should be adjusted so that the CAG comprises representatives from school (principal, teacher, coordinator, and student), home (parents), and the community (member of neighbourhood Resident Welfare Association/local body), as all the required members for CAG presently mentioned in NFSI do not have regular periodic meetings in most schools.
- Such initiatives in Government schools require partnership with Directorate of Education, Delhi Government.

# FIELD VISIT

## BRAEMAR ELEMENTARY

WHO Technical Meetings: Field Trip  
To Braemar Elementary

On June 6, 2007, as part of the WHO Technical Meetings, 'Building School Partnership for Health, Education Achievements and Development', Jennifer Fenton from Action Schools British Columbia presented an overview of the Action Schools program. The session highlighted the activity kits, exercise DVD's, and teacher resource books, which have been sent to many schools in BC and were given out to session participants. The activity kits include exercise bands, skipping rope, and balls. Jennifer demonstrated how teachers can use the exercise DVD and bands to incorporate physical activity into daily lessons. This was an opportunity for participants to get out of their seats and get moving with Jennifer leading the group in an 'energy burst' from the DVD. Other resources developed by Action Schools! BC were presented, followed by a field trip to Braemar Elementary in North Vancouver. Most of the meeting participants went on the field trip.

At Braemar Elementary, the School Principal, Phil Marshall, described the impact of the Action Schools! BC program on students, feedback from teachers, and the challenges they encountered. Mr. Marshall explained how he has integrated health promotion into the School Plan. Overall, the Action Schools! BC program has been very well received and has benefited the students and staff. Teachers noticed improvements in the students' ability to concentrate and focus on the lesson after exercising. Also, there was a decrease in misbehaviour as a result of this opportunity for students to be active.

The Minister of State for Act Now! BC, Gordon Hogg, attended the field trip and spoke to participants. The highlight of the school visit was a demonstration of the school-wide exercise to music program, where all students gathered in the playground and showed the delegates their exercise routines. The delegates spent an enjoyable afternoon joining in on this activity with hundreds of smiling students.

The field trip demonstrated the positive impact of a school-wide approach to health promotion and the many benefits to students. The trip also highlighted the importance of strong leadership and the need to inspire a shared vision among staff when promoting Healthy Schools. The staff at Braemar Elementary demonstrated a strong sense of teamwork and embraced the goals of Action Schools! BC throughout the initial phases of the program. The desire to collaborate to solve problems has enabled the school to overcome challenges as they arise. During the field trip, it was evident that participation in the Action Schools! BC Program and the school staff's effort to embrace health promotion as an important part of a comprehensive education was definitely worth the effort. The positive school climate and sense of pride demonstrated by students showed WHO delegates the many other benefits of a comprehensive school health program. To learn more about Action Schools! BC, visit their website at [www.actionschoolsbc.ca](http://www.actionschoolsbc.ca)

Carolanne Oswald  
Manager, Partnerships and Initiatives  
Joint Consortium for School Health

# STATEMENT

## PROCESS

Ten months prior to the Technical Meeting WHO convened a Steering Committee with participants from all six WHO regions, nominated by the WHO regional advisors, as well as representatives from major UN agencies. This steering committee advised WHO on the background and the programme for the Technical Meeting. Members of the steering committee became track leaders for the five tracks of the meeting: Track 1: Evidence of the effectiveness of school health promotion, Track 2: Implementation of Health-Promoting Schools and other School Community Programmes, Track 3: The role of schools in alleviating social and economic disadvantage, Track 4: Impact of the media on health behaviour of children and adolescents, Track 5: Partnerships for promoting health and education for all school-age children.

At the Technical Meeting, each track leader presented a plenary session and organized several parallel sessions, based on papers that were commissioned from around the world for this meeting. A drafting group for the meeting statement met several times, consisting of the WHO secretariat, track leaders, and Don Nutbeam as the rapporteur.

A working draft of the meeting statement had been developed by the WHO Secretariat with input from track leaders. It was then revised twice during the Technical Meeting, based on presentations in plenary and parallel sessions and discussions, and in light of the comments received from meeting participants. The statement was approved by the meeting participants at the final session of the Technical Meeting.

## Schools for Health, Education and Development A Call for Action

### Background

In 2007, the World Health Organization and the Pan Canadian Joint Consortium for School Health (JCSH) co-hosted a Technical Meeting on Building School Partnerships for Health, Education Achievements and Development (Vancouver, 5-8 June 2007), with the participation of education and health experts from about 30 countries and United Nations agencies. The Meeting built upon earlier work to develop strategies that will enable schools to respond more effectively to current and emerging health concerns and development challenges. This statement and the **Call for Action** appended to it are a reflection of collective concerns and ideas about effective approaches and strategies that can be adopted by schools to promote health, education and development.

### Schools make a difference - evidence of progress

Every child has the human right to education, health and security. The central role of schools is teaching and learning, but they are also a unique community resource to promote health and development for children, families and teachers. Education, health and other sectors must work together as partners to develop the full potential of young people, mitigating the impact of social and economic disadvantage. There has been significant progress in achieving improved health and educational outcomes over the past decade through school-based health, education and development initiatives. The consensus on the core components of an effective school programme – **policy, skills-based health education, a supportive social and physical environment, community partnerships and health services** – derives from decades of experience of implementing school health initiatives. Different countries and international organizations use different terms, although all are based on the same fundamental evidence and principles.

- The relationship between school enrolment and participation and improved health outcomes is well established, especially for girls. Since 2000, there has been sustained, albeit inconsistent, progress in achieving higher rates of school participation in all parts of the world.
- The strong association between good health and academic achievement and school completion is now well understood. School health and education programmes contribute to the achievement of Education for All and the Millennium Development Goals.
- Better evidence has led to improved school programmes that have helped local communities and countries to promote healthy lifestyles and environments to combat communicable diseases such as diarrhoea, worm infections and sexually transmitted diseases, including HIV. School programmes have been important agents for change in addressing risk factors for noncommunicable diseases, such as unhealthy eating and tobacco consumption, as well as improving mental health and reducing alcohol and illicit drug use, violence and injuries.
- Effective practice has included approaches that combine traditional health education with more comprehensive, whole-school approaches that create a supportive physical, social and learning environment, and bring together the combined resources of parents, local communities and organizations.
- School health promotion strategies are now better tailored to meet the needs of specific regions and health issues.

### Meeting current and emerging challenges

Much progress has been made, but much remains to be done. Five **key challenges** were identified as important in maintaining progress across all regions and countries:

**Building evidence and experience:** Studies from high-income, middle-income and low-income countries indicate that a whole-school approach to health and development is effective in promoting and protecting health and improving academic achievement. Such approaches involve the school community in deciding on the most relevant combination of strategies, school policies and ways to improve the physical and social environment for students and enhance the relationships between the school, parents and the local community.



Our challenge is to develop and sustain effective school health programmes in low-income countries and communities in ways that link schools with community development, and continue to adapt and develop new methods for working with schools and school workers operating in adverse social circumstances in all countries.

**Strengthening implementation processes:** Progress in achieving widespread implementation of school health initiatives and sustaining their results is observable in many schools and across countries. Implementation has not always been achieved as rapidly or broadly as desirable. Agreements between the education and health sectors, laying down clear roles for each, must be concluded and implemented from the beginning of the collaboration process. Using data from both sectors is crucial for advocacy and programme design. Tools and processes that actively engage all stakeholders are essential in turning concepts into action. Attention to context and local social and economic determinants will optimize the success of implementation.

Our challenge is to commit the human, technical and financial resources required for implementation. Investment is needed in professional development for education and health professionals, leading to a shared understanding of the concepts and skills required to manage the implementation process – planning, delivery and evaluation.

**Alleviating social and economic disadvantage** – promoting equity: Schools are not able to eliminate disadvantage in their societies on their own, but they can work effectively with communities and other agencies to alleviate the impact of this disadvantage, through greater coordination and intensity of action. Participation in high-quality schooling is fundamental in achieving equity and progress. Schools in low-income countries face enormous challenges, often lacking a basic school infrastructure, and frequently having to overcome the most basic challenges of poor hygiene, inadequate food and the prevention of communicable diseases. Schools can also contribute to community, economic and social development programmes and be a resource for the entire community.

Our challenge is to respond to the needs of young people in highly adverse circumstances. Schools that serve indigenous peoples face many of the same economic disadvantages, but also need to interpret concepts such as school health programmes in more culturally relevant terms. This includes showing respect for traditional forms of knowledge and the important role of self-determination in indigenous societies. Schools also play a critical role in communities or countries whose infrastructure and social fabric have been destroyed by war, natural disaster or epidemics. They are symbolic and practical focal points in the rebuilding of communities and countries, and have a direct role to play in building resilience and enriching the lives of young people, particularly refugee and migrant children, in such circumstances. Schools that serve disadvantaged communities must ensure that curricula, health services and social environments are relevant to the challenges and strengths of their communities, and respond effectively to the challenge posed by high levels of school attrition.

**Harnessing media influence:** Media and mass communication, which are both a cause and a consequence of globalization, are influencing lifestyles and shaping our modern global culture. The media are a force for good in education and communication, but can have a negative influence on schoolchildren when used in irresponsible marketing practices. Children and adolescents are particularly vulnerable to advertising because of their limited comprehension of the nature and purpose of commercial appeals.

Our challenge is to develop school health activities, materials and media that harness positively the potential of all media, including the new media, for the advancement of education and health goals in schools. Our challenge is also to ensure that school students develop their knowledge and understanding of the media and its potential to influence and exploit young people. School education about media influences will not be sufficient by itself: a supportive regulatory environment is needed to address the advertising of harmful products and services.

**Improving partnerships among different sectors and organizations:** Effective, sustainable action to promote school health depends upon formal and consensual sharing of responsibilities between health, education and other sectors. Impressive progress can be achieved when the actions of the different agencies and sectors are harmonized and committed to promoting health and education through schools. This is most obvious where collaboration takes place between local agencies and national ministries of education and health. It also includes other agencies and ministries that impact on the health and education of school students. Harmonization at the international level among intergovernmental and international organizations can maximize cost-effectiveness and avoid unnecessary duplication, contradiction and confusion at country level.

Our challenge is to achieve coordination of effort and partnerships in school health programmes, enabling partners to share their visions, set targets, pool resources and delineate their actions. The FRESH (Focusing Resources on Effective School Health) framework is one mechanism where coordination between international agencies could be optimally achieved. Other mechanisms at national and regional levels exist to coordinate the effective use of resources at these levels. Our challenge is to promote cross-learning between high-income, middle-income and low-income countries, and to find meaningful ways to engage the private sector with school communities in ways that are mutually beneficial and where the purpose and integrity of school programmes are not compromised.

### **A call for action**

**Achieving the potential offered by schools requires leadership at national, community and school level, reflected in a genuine commitment to investing in education and in the health of school students and their teachers.**

The participants in this Meeting call for leadership by local school communities, governments and international organizations in five broad areas of action to attain education, health and development goals over the next decade.

- **Invest in education** to achieve the highest possible levels of enrolment, participation and school achievement. This will bring health, social and economic development benefits at all levels of society.
- **Build school infrastructure** to create a stimulating, socially supportive, hygienic and safe environment that fosters high-quality learning, social development and healthy choices for students, parents and teachers.
- **Invest in capacity** to support professional development programmes which will build the capabilities of teachers and health professionals to plan, implement and evaluate school health initiatives. This includes support for the effective use of traditional media as well as new media, and increasing access to those technologies; and full use of existing databases as well as the collection and use of disaggregated social and economic data on health and education achievements for planning, reporting on progress and research.
- **Implement what we know to be effective** through investment in the dissemination of good practice throughout the education and health sectors, by adaptation of successful programmes to the local context, culture and political conditions, and by achieving the collaboration required for implementation.
- **Harmonize action among partners for sustainable partnerships** by improving the communication of ideas and the benefits of school health programmes across the health and education sectors, by supporting a variety of communities of practice that are relevant to the local needs and priorities of schools, and by developing and strengthening networks to exchange information and knowledge, especially in low-income countries and among United Nations organizations.

The participants of this Technical Meeting pledge to advocate and act in ways that reflect their different circumstances and opportunities and to intensify efforts to secure high-level political support in countries, to keep health and education for all high on the national and global development agenda, and to ensure that countries fulfill their commitment to achieving the targets set by international agreements and declarations such as Millennium Development Goals and Education for All.

8 June 2007

Note: This statement reflects the collective views of an international group of experts, participants in the WHO/JCSH Technical Meeting on Building School Partnerships for Health, Education Achievements and Development (Vancouver, 5-8 June 2007). It does not necessarily represent the decisions or the stated policy of the World Health Organization.

This statement does not necessarily represent the views or the stated policy of the Pan Canadian Joint Consortium for School Health.

## A ROUNDTABLE MEETING ON:

The Global Strategy on Diet, Physical activity and Health: A School  
Policy Framework

## Plenary on Satellite Expert Roundtable on 'The Global Strategy on Diet, Physical Activity and Health: a School Policy Framework'

*Chairperson: Ms Kelly Stone, Director Division of Childhood & Adolescence, Public Health Agency Canada, Ottawa, Canada*

*Rapporteur: A/Prof Roya Kelishadi, Isfahan University of Medical Sciences, Isfahan, Iran*

### **Introduction**

Within the concept of the Global Strategy on Diet, Physical Activity and Health (DPAS), WHO is currently developing *DPAS: A School Policy Initiative* that is intended to be one of the tools that will be provided to Member States to facilitate DPAS implementation at the (sub) national level. The Expert Roundtable that was held as a satellite meeting on 6 June 2007 is a first step in the development of the DPAS School Policy Framework. This presentation provides an overview of the first outcomes of this Expert Roundtable and the feedback received in the Plenary session.

### **Overall goal**

The overall goal of the School Policy Initiative will be to primarily guide policy makers in the development and implementation of policies that promote healthy eating and physical activity in the school setting, through environmental, behavioral and educational changes. Specific characteristics:

- Macro level: policy makers in national and sub-national governments
- Focus on healthy eating and physical activity
- Focus on the school setting
- Applicable both in developed and developing countries
- Build upon the considerable amount of knowledge, experience and work already under way on school initiatives.

### **Key messages**

Overarching key messages for the DPAS School Policy Framework:

- Take a positive approach to healthy eating and physical activity
- Identify high level policy that will allow for national, regional and local implementation
- Emphasize the importance of translating the policy ultimately into action: needs political will, stakeholder engagement, financial resources
- Consider both individual and environmental issues
- Consider the UN Convention on the Rights of the Child as foundation for action
- Encourage ownership of both education and health sectors
- Establish a process that ensures buy-in of all stakeholders
- Build upon an overarching framework of Health Promoting Schools
- Recognize that there is no one-size-fits-all solution for low-, middle- and high income countries
- Ensure the framework is culturally relevant
- Recognize that children/school can be change agents for communities (empower children)

### **Effective policy options**

The Expert Roundtable formulated recommendations regarding effective policy options:

- Use STEP-wise approach with core, expanded and desirable interventions
- Build upon and integrate into existing policies and programmes
- Use comprehensive approach instead of one-off projects
- Integrate healthy eating and physical activity throughout the school environment (curriculum, regulations, provisions, transportation, pre/after school activities)

Specific policy options to improve physical activity and healthy eating were provided. For the list of specific policy options, please see the slides of the reporting back to the plenary session or contact [debruinm@who.int](mailto:debruinm@who.int).

## **Stakeholders**

Successful adoption, implementation and monitoring of the policy options will require the involvement and cooperation of numerous stakeholders: education sector, other sectors, all levels of government, parents, community groups, health sector, non governmental organizations, media, academics/researchers, professional organizations, private sector and faith-based leaders. Suggestions for engaging these stakeholders:

- Enhance collaboration through existing or new mechanisms
- Organize meaningful and genuine participation
- Engage stakeholders both in planning and decision making
- Make sure all stakeholders agree on their specific roles
- Evaluate stakeholder action by using monitoring mechanisms

## **Monitoring and Evaluation**

Monitoring and evaluation is an essential part of a school policy in order to document changes due to policy, to enhance support, to allocate resources, to provide accountability, to inform decision-making and to contribute to improving the evidence base for action. The Expert Roundtable agreed to use the DPAS Framework to Monitor and Evaluate Implementation as a guiding tool. This framework aims to explain how policies and programmes, and their implementation, influence populations leading to behavior changes and longer-term social, health and economic benefits.

## **Challenges and Recommendations**

In the discussion that followed the presentation of the outcomes of the Expert Roundtable, the participants of the Plenary session formulated several challenges and recommendations for WHO on the DPAS School Policy Framework:

- Although there are already many initiatives for schools, by schools and in school settings, there is significant added value for this framework as it is aiming at governments as actors (instead of schools), focusing on how to improve dietary habits and increase physical activity, via the school setting.
- It is important to build upon the considerable amount of knowledge and experience that is available on school initiatives and to align this framework with the existing and on-going initiatives. The wheel should not be reinvented or duplicate efforts already under way.
- DPAS can be used as a mechanism to increase the profile of Health Promoting Schools on the political agenda.
- UNESCO and UNICEF need to be involved in the development of the DPAS School Policy Framework.
- End users (children) need to be involved in the development of the DPAS School Policy Framework.
- The DPAS Framework to Monitor and Evaluate Implementation, which will be used as a guiding tool for monitoring and evaluation in the DPAS School Policy Framework, needs to be validated.

## CLOSING REMARKS

Upon the close of the meeting, Dr Luiz Galvao, WHO / PAHO gave closing remarks.

On behalf of all the meeting participants, he thanked colleagues from WHO Headquarters and the Joint Consortium for School Health for organizing the meeting.

He highlighted that meeting experts from across the world was personally gratifying and that listening to many countries' experiences of Health Promoting Schools (HPS) was invaluable.

Dr Luiz Galvao stated the importance of HPS in preventing chronic and infectious diseases and that HPS are the centre of discussion for social determinants of health. He explained that the environment can affect one's life and that it is vital that schools provide a healthy environment to promote educational attainment and health of each child. Finally he stated how partnerships play an important part to ensure the potential of HPS is maximised.

## APPENDIX



## Appendix One - Programme



### ***Building School Partnership for Health, Education Achievements and Development***

**June 5-8 2007 - Vancouver, CANADA**

## **PROGRAMME**

### **Background**

In 1995, the WHO held a meeting with experts on Comprehensive School Health Education and Promotion. Based on the recommendations from the meeting and the experience of the European Network of Health Promoting Schools (HPS) established in 1992, the WHO launched the Global School Health Initiative to advance the HPS approach. Since then, HPSs have been implemented in all six WHO Regions, and HPS networks have been established. At the Education for All (EFA) World Education Forum in 2000, major United Nations agencies agreed to harmonize actions around common elements in each of their approaches on school health, such as HPS and Child-Friendly Schools. UNESCO, UNICEF, WHO, the World Bank, as well as non-governmental organizations came together to launch the Focusing Resources on Effective School Health (FRESH) framework. Recently, the role of NGOs such as the IUHPE and PCD in school health promotion is also increasingly active, along with the peak organizations in school health at the country level.

The push for advancing school health promotion continues. The school sections at the 18<sup>th</sup> IUHPE World Conference on Health Promotion and Education in 2004 in Melbourne, the 6<sup>th</sup> Global Conference on Health Promotion in 2005 in Bangkok, as well as the FRESH partners meeting in 2006 in Paris all have called for mechanisms and processes to coordinate efforts and share resources and experiences for making further progress on school health promotion. A WHO Secretary Report to the 2006 World Health Assembly called for immediate action to address the underlying socio-economic causes of poor health in schools.

Indeed, school health promotion has advanced in the past ten years. Many regions and countries have made progress in implementing school health initiatives. To date, there is convincing evidence of the effectiveness of school health initiatives in combating a number of communicable diseases, such as diarrhoea and worm infections. There is also probable and possible evidence of the effectiveness of school health initiatives that address non-communicable diseases and risk factors, such as unhealthy diets, physical inactivity, tobacco consumption and harmful use of alcohol, mental health, violence as well as injuries. However, the successes in behavioural changes among students are only largely evidenced in high income countries. There is therefore an urgent need to translate available evidence into practice, particularly in low and middle income countries.

There is insufficient evidence of the effectiveness of school health promotion initiatives in some areas, for example, reducing the gaps in health and academic achievements between students of lower and higher socio-economic backgrounds and mitigating the negative health impact of advertising through media. To attempt to narrow the inequity gaps, students of disadvantaged

backgrounds must be given priority as target of interventions. Social and economic disaggregated data on health and academic achievements among different population groups must be made available for planning, monitoring and evaluation. Greater effort must also be made to promote media literacy and to use media for health literacy.

There are also emerging issues confronting school health promotion, including appropriate responses to public health emergencies, natural disasters and conflict situations, which all warrant immediate attention.

### **Purpose of the meeting**

The purpose of the meeting is to set direction and provide leadership to meet future challenges in promoting health through schools, with a focus on addressing the wider determinants of health. The term "through schools" refers to involvements with students and their families, staff members in schools as well as interactions with the local communities. Where there are no schools, efforts must be made to establish schools and provide access to education.

### **Objectives of the meeting**

The specific objectives of the meeting are:

- To review the current state-of-the-art in school health promotion and explore ways to translate evidence into policy and practice, particularly in low and middle income countries.
- To explore approaches that aim to address the wider determinants of health (including social and economic causes of poor health and negative media influences) and reduce health and education achievement gaps between students from low and high socio-economic strata.
- To derive strategic directions and recommendations for priority actions on promoting health, education achievements and development through schools and on building school partnership.

### **Outcomes of the meeting**

- Technical papers and a meeting report
- A statement to advocate for building school partnerships, health and education achievements among children and adolescents, and development through better health and education

### **Dates and location**

The 4-day technical meeting will take place on June 5-8 2007 in Vancouver preceding the 19<sup>th</sup> IUHPE World Conference on Health Promotion and Education.

### **The meeting organizers**

The meeting will be co-hosted by the WHO and the Pan Canadian Joint Consortium for School Health.

**Participants**

60-80 colleagues will be invited including researchers, practitioners and policy makers in both the health and education sectors from countries of different levels of development. In addition, there will be invited keynote speakers and staff members of the WHO, as well as observers from the local host, the International School Health Network and the ministries of health and education in selected countries.

# Agenda

**Tuesday June 5, 2007**

**09:00–09:45    Registration**

**09:45–10:05    Opening**  
**Location: Le Versailles Ballroom**

***Opening remarks:***

Minister Gordon Hogg, Minister of State for ActNow, British Columbia, Canada

**10:05-10:30    Group photo**

**10:30-11:00    *Opening key note session:***  
**Location: Le Versailles Ballroom**

- Election of Chairperson and rapporteur - Dr Eduardo Guerrero, WHO/PAHO  
(Dr Francisco Huerta, Executive Director of Convenio Andrés Bello has been nominated by PAHO to be the Chair)
- Adoption of programme
- Briefing on background, objectives and expected outcomes of the meeting
- Introduction to the keynote speakers as well as the proceedings of the opening keynote plenary

**11:00-12:30    *Keynote presentations:***  
**Location: Le Versailles Ballroom**

**11:00-11:45    Building school partnership for health, education achievements and development - the health perspective**  
Dr. Claude Rocan, Public Health Agency of Canada

**11:45-12:30    Building school partnership for health, education achievements and development - the education perspective**  
Dr. Charuaypon Torranin, Ministry of Education, Thailand

**12:30-14:00    Lunch break**

**Evidence of the effectiveness of school health promotion**

**14:00-14:45    *Plenary session***  
**Location: Le Versailles Ballroom**

Current state-of-the-art and implications for practice, policy development and research

Presenter: Lawrence St. Leger, International Union for Health Promotion and Education

Chair: Mostafa Abolfotouh, Alexandria University, Egypt

**14:45-15:15    Mobility break**

**15:15-16:45    3 *Parallel sessions***

**Session 1**

**Location: Le Versailles Ballroom**

- Evidence of the effectiveness of school health promotion in Iran  
Presenter: Nastaran Keshavarz Mohammadi, Qazvin Medical Sciences University, Iran
- Evidence of the effectiveness of school health promotion in Chile  
Presenter: Judith Salinas, Ministry of Health, Chile

**Session 2**

**Location: Chateau Mouton Rothschild Room**

- Evidence of the effectiveness of school health promotion in some East Mediterranean countries  
Presenter: Mostafa Abolfotouh, Alexandria University, Egypt
- Evidence of the effectiveness of school health promotion in China  
Presenter: Ji-Chengye, Peking University, China

**Session 3 – A facilitated session**

**Location: Chateau Belair Room**

- Evidence-based school health promotion - social disaggregated data for planning, monitoring and evaluation  
Facilitator to be advised

## Wednesday June 6, 2007

### Implementation of health-promoting school and other school community programmes

**09:00-09:45**    **Draft Closing Statement – an overview** <sup>1</sup>  
**Location: Le Versailles Ballroom**

**09:45-10:30**    **Plenary session**  
**Location: Le Versailles Ballroom**

Implementation of HPS and other school community programmes: an overview:

- Framing theories and highlights from implementation research
- Synthesis and findings from case studies
- Recommendations and discussion points from case studies

Presenter: Cheryl Whitman, Education Development Centre, USA  
Chair: Sergio Meresman, Consultant, Uruguay

**10:30-11:00**    **Mobility break**

**11:00-12:30**    **4 Parallel sessions**

**Session 1**  
**Location: Le Versailles Ballroom**

- A case study in Germany: review and comments from the author and a reviewer, followed by discussion/debate around a “controversial statement” related to the case

Presenter: Peter Paulus, Universität Lüneburg, Germany

**Session 2**  
**Location: Chateau Mouton Rothschild Room**

- A case study in Uruguay: review and comments from the author and a reviewer, followed by discussion/debate around a “controversial statement” related to the case

Presenter: Sergio Meresman, Consultant, Uruguay

**Session 3**  
**Location: Chateau Belair Room**

- A case study in Kenya: review and comments from the author and a

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<sup>1</sup> A statement to advocate for building school partnership, health and education achievements for children and adolescents, and development through better health and education will be developed and finalized at the meeting. For this reason, a drafting group will be formed. Members of this group are the Chair/s of Meeting, the track leaders, (representatives of the IUHPE and ISHN, Mostafa Abolfotouh, Cheryl Whitman, Sergio Meresman, Cossa Odete, Don Bundy, Charuaypon Torranin, Abdul Halim Joukhadar and Claire Avison - also representing the Pan Canadian Joint Consortium for School Health), Sheila Bonito, Goof Buijs, Don Nutbeam, Giovanna Campello, Sofia Leticia Morales and Tang Kwok Cho.

reviewer, followed by discussion/debate around a “controversial statement” related to the case  
Presenter: Washington Onyango-Ouma, University of Nairobi, Kenya

#### **Session 4**

**Location: Chateau Olivier Room**

- A case study in Cook Islands: review and comments from the author and a reviewer, followed by discussion/debate around a “controversial statement” related to the case  
Presenter: Debi Futter – Puati, Ministry of Health, Cook Islands

#### ***Plenary session***

**Location: Le Versailles Ballroom**

Facilitators: Cheryl Whitman and Sergio Meresman,  
Rapporteur: Carmen Aldinger, Education Development Centre, United States of America

- Reporting back from parallel sessions
- Presenting “controversial statements” (that came out of the cases, sessions, or where gathered from reviewers beforehand)
- Debate-Group dynamic
- Summarizing factors of success - Producing a matrix for implementation

**12:30-14:00      Lunch break**

**The role of schools in alleviating social and economic disadvantage**

**14:00-14:45      *Plenary session***

**Location: Le Versailles Ballroom**

Overview paper linking the four sub-tracks and relating this work to global trends and initiatives such as the Millennium Development Goals, the WHO Commission on Social Determinants of Health and others  
Presenter: Doug McCall, International School Health Network  
Chair: Cossa Odete, Mozambique

**14:45-15:15      Mobility break**

**15:15-16:45      3 *Parallel sessions***

#### **Session 1**

**Location: Le Versailles Ballroom**

- The school's role in health, learning and development in low-income countries  
Presenter: Lesley Drake, Partnership for Child Development
- Schools as engines for development

Presenter: Sofia Leticia Morales, WHO/PAHO

## **Session 2**

**Location: Chateau Mouton Rothschild Room**

- Schools in low-income communities within high income countries  
Presenter: Weschler Howell, Centres of Disease Control and Prevention, United States of America
- Schools in low-income communities in Brazil
- Presenter: Regiane Rezende, Brazil
- Schools in aboriginal and indigenous communities  
Presenter: Darren McKee, Saskatchewan Learning Canada

## **Session 3**

**Location: Chateau Belair Room**

- Using a Health Promoting School approach to reduce the risks from a degraded environment in Kosovo after the Balkan conflict  
Presenter: Ian Young, Scotland Health, United Kingdom
- Schools in communities that have been disrupted by natural disasters  
Presenter: Lorelei Cropley, University of New Orleans, United States of America
- School role in social reconstruction of the community in crisis - post conflict, multiethnic, marginalized, impoverished  
Presenter: Lina Kostarova Unkovska, Centre for Psychosocial & Crisis Action, Macedonia



## Thursday June 7, 2007

### Impact of the media on the health behaviour of children and adolescents

**09:00-09:45**    **Closing Statement (penultimate draft)**  
**Location: Le Versailles Ballroom**

**09:45-10:30**    ***Plenary session***  
**Location: Le Versailles Ballroom**

Media and new communication technology and the health and health behaviour of children and adolescents

Presenter: Abdul-Halim Joukhadar, WHO/EMRO

Chair: Claire Avison, Pan Canadian Joint Consortium for School Health

**10:30-11:00**    Mobility break

**11:00-12:00**    **3 *Parallel sessions***

#### **Session 1**

**Location: Le Versailles Ballroom**

- Existing regulations and legislation to limit advertising that may negatively influence children's and adolescent's health behaviour - current practice and evidence of effectiveness  
Presenter: Ross Gordon, University of Stirling, Scotland, United Kingdom

#### **Session 2**

**Location: Chateau Mouton Rothschild Room**

- Media literacy and health behaviour among children and adolescents  
Presenter: Leonardo Mantilla, PROINAPSA, Colombia

#### **Session 3**

**Location: Chateau Belair Room**

- How media and new communication technology can be used to enhance health literacy among children at school age  
Presenter: K Vijaya, Health Promotion Board, Singapore

**12:00-13:00**    **Lunch break**

**13:00-15:30**    A special session to be given by **Action Schools, British Columbia, Canada**  
Presentation - Jennifer Fenton from Action Schools! British Columbia  
Field Visit - Braemar Elementary (School Principal: Phil Marshall)

**Location: Le Versailles Ballroom**

**15:30-15:45    Mobility break**

**15:45-16:45    Plenary**

**Location: Le Versailles Ballroom**

A roundtable meeting on 'The Global Strategy on Diet, Physical Activity and Health: a School Policy Framework'<sup>2</sup>

## **Friday June 8, 2007**

**Partnerships for promoting health and education for all school-age children**

**9:30-10:15    *Plenary session***

**Location: Le Versailles Ballroom**

Current state of partnerships on school health promotion globally - key partners and their goals, roles, achievement to-date and future priorities (This session will also lay the foundation for the Exploring a way ahead for the FRESH Framework session)

Presenters: Donald Bundy, World Bank, Anna Maria Hoffmann, UNICEF, K C Tang, WHO, UNESCO (to be confirmed)

Chair: Dr Charuaypon Torranin, Ministry of Education, Thailand

**10:15-10:45    Mobility break**

**10:45-12:15    *2 Parallel sessions***

**Session 1 – Explore a way ahead for the FRESH framework**

**Location: Le Versailles Ballroom**

- Access to equity and quality education in Guatemala  
Presenter: Acena Mary Carmen, Guatemala
- Partnerships for providing better access to basic education  
Presenter: Richard Maclure, University of Ottawa, Canada
- Partnerships for improved access to tertiary education opportunities for students from a lower socio-economic background  
Presenter: K C Tang, WHO/Geneva
- Schools for Health in Europe Network  
Presenter: Goof Buijs, NIGZ School Programme, Netherlands

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<sup>2</sup> In collaboration with Public Health Agency Canada - an expert roundtable meeting on 'The Global Strategy on Diet, Physical Activity and Health: a School Policy Framework'. This expert meeting is part of the development of a school policy framework. This framework is intended to be one of the tools provided by WHO to facilitate the implementation the Global Strategy on Diet, Physical Activity and Health. The overall goal of the school policy framework is to guide primarily policy makers in the development and implementation of policies that promote a healthy diet and physical activity in the school setting through environmental, behavior and education changes. During the expert roundtable meeting, two background papers will be presented and discussed and the draft of the school policy framework will be started. The school policy framework is foreseen to be finalized in March 2008.

**Session 2 - Nutrition-Friendly Schools Initiative: A case study on strengthening partnership**

**Location: Chateau Mouton Rothschild Room**

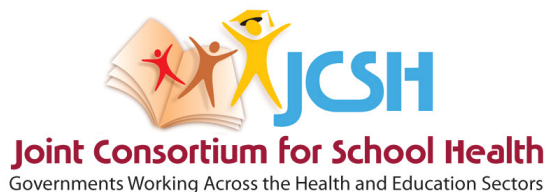
- The Brazilian experience  
Ana Beatriz Vasconcellos, Secretariat of Health Care attention, Brazil
- The Canadian experience  
Leslie Burgess, Department of Health, Newfoundland, Canada
- The Indian experience  
Swati Parmar, HRIDAY-SHAN, India

**12:15-13:30      Lunch break**

**13:30-15:30      Finalization of the statement  
Location: Le Versailles Ballroom**

**15:30-16:00      Closing - Dr Luiz Galvao, WHO/PAHO  
Location: Le Versailles Ballroom**

## Appendix Two – List of all participants



### ***Building School Partnership for Health, Education Achievements and Development***

**5-8 June 2007 - Vancouver, CANADA**

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## Appendix Three - List of chairpersons

### **Opening Keynote Session and Presentations:** Franscico Huerta

#### **Track 1 – Evidence**

Plenary: Mostafa Abolfotouh

Session 1: Iran & Chile - Davison Mundawafa

Session 2: EMRO & China - Cheong-Lim Lee Yee

Session 3: Social Disaggregated Data - Lina Kostarova Unkovska

#### **Track 2 - Implementation**

Plenary: Sergio Meresman

Session 1: Germany - Sheila Bonito

Session 2: Uruguay - Rasheed Hussain

Session 3: Kenya - Albert Lee

Session 4: Cook Islands - Bruce Damons

#### **Track 3 – Alleviating Social and Economic Disadvantage**

Plenary: Cossa Odete

Session 1: Low Income Countries & Schools as engines for development – Dwayne Provo

Session 2: Low Income Communities – Lori Littlejohns

Session 3: Post Conflict and Natural Diasters - Kholoud Tayel

#### **Track 4 - Media**

Plenary: Claire Avison

Session 1: Regulations & Legislation – KH Mak

Session 2: Media Literacy - Patricia Walsh

Session 3: Health Literacy – Karen Heckert

#### **Track 5 - Partnerships**

Plenary: Charuaypon Torranin

Session 1: FRESH - Heather Hoult

Session 2: Nutrition Friendly Schools - Ulla Uusitalo