

PROMOTING HEALTH THROUGH SCHOOLS



prepared by the

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This material includes the following:

1. Recommendations of the WHO Expert Committee on Comprehensive School Health Education and Promotion
2. A detailed description of HEP's School Health Activities
3. A list of major School Health-related documents/articles by other WHO/HQ Programmes
4. Three flyers about WHO's School Health Initiative
 - ❖ Overview of the School Health Initiative
 - ❖ Creating Health Promoting Schools
 - ❖ School Health: One of today's best investments
5. School Health: An Annotated Bibliography

CHAPTER 5. RECOMMENDATIONS

PROMOTING HEALTH THROUGH SCHOOLS Recommendations of the WHO Expert Committee on Comprehensive School Health Education and Promotion

PREAMBLE

More children than ever before are attending school, and for longer periods of their lives. Therefore schools in virtually every nation could do more than any other single institution to improve the well-being and competence of children and youth. Yet the evidence suggests that schools around the world have difficulty in meeting the critical physical, mental, and social health needs of children and youth.

The WHO Expert Committee on Comprehensive School Health Education and Promotion, meeting in Geneva from 18 September to 22 September 1995, reviewed the current global status of school health, the opportunities and strategies for improving school health, and the research base that can be used to improve school health both now and in the future.

The Expert Committee established the following principles and priorities for action. They are based on the recognition that an investment in education is an investment in health; that the health of school children significantly affects their ability to learn; and that schools can become health promoting environments only to the extent that they become "healthy organizations" for students and staff alike. The Expert Committee understood that the school itself, through its ethos and organization of teaching and learning, has a direct effect on self-esteem, educational achievement, and therefore the health of its students.

Finally, the Expert Committee agreed that a rich knowledge base exists on which to act now. Research carried out in both developing and developed countries demonstrates without question that school health can simultaneously reduce common health problems, increase the efficiency of the education system, and thus advance public health, education, social, and economic development in each Member State. Therefore, interventions that have proven effective in addressing the most serious and common health problems should be implemented widely and rapidly.

PRINCIPLES AND PRIORITIES FOR ACTION

1. Investment in schooling must be improved and expanded

Education is a fundamental human right which has a profound influence on health. Therefore, every Member State must provide in-school education that meets the full range of children's learning and developmental needs, and should extend education to those children who are not receiving schooling, including children who may be physically and mentally impaired.



World Health Organization

HEALTH EDUCATION AND HEALTH PROMOTION

Promoting Health Through Schools

Health Education and Health Promotion Unit (HEP)
Division of Health Promotion, Education and Communication (HPR)
World Health Organization
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PROMOTING HEALTH THROUGH SCHOOLS

School Health

Since the early 1950's, WHO has recognized the importance of promoting health through schools. Many divisions within WHO and WHO Regional Offices contribute individually and collectively to improving school health programmes. A list of major recent accomplishments by WHO/HQ programmes is found in Attachment I. Recent activities and accomplishments of WHO's Regional Offices are listed in the Health Promotion/Health Education Reports enclosed in this programme review. The focus of this report is the school health-related work of WHO's Health Education and Health Promotion Unit (HEP) and its efforts to foster concerted efforts in support of school health as an integral part of primary health care.

In 1990, HEP began a steady effort to enhance school health-related activities with the initiation of a WHO Collaborating Centre for Health Promotion and Education for School-aged Children and Youth at the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Control and Health Promotion (NCDCCPH), Centers for Disease Control and Prevention (CDC), Atlanta, USA. Through this collaborative arrangement, WHO/HEP and CDC have worked together, and in collaboration with WHO Regional offices, to increase support for school health efforts that can improve the health and well-being of students, school personnel, families and community members. This mutually beneficial partnership has been highly productive, resulting in many of the achievements described below.

In 1991, WHO/HEP organized a joint WHO/UNESCO/UNICEF meeting on Comprehensive School Health Education. This meeting marked the beginning of a series of concerted efforts between WHO/HEP, Regional offices, UN agencies and other international organizations to strengthen school health education, including education to prevent HIV infection. The guidelines, recommendations and publications that resulted from these efforts have been adopted in WHO Regions and are used by countries to strengthen school health education and to initiate a wide range of school health efforts to prevent HIV infection. A list of documents prepared by WHO/HEP in collaboration with multiple agencies is attached (Attachment II).

In 1993, the importance of action to increase support of school health programmes was reinforced in the publication World Development Report: Investing in Health, by the World Bank in collaboration with WHO. The report identified school health programmes as among the most cost-effective public health interventions and recommended that nations increase investment in such programmes. The importance of school health activities was further acknowledged that same year by the WHO's Executive Board, which approved WHO's proposal to convene a WHO Expert Committee Meeting on Comprehensive School Health Education and Promotion.

A New Division: increased commitment, mandate and resources

WHO's commitment and support for school health was further enhanced by the creation of the **Division of Health Promotion, Education and Communication (HPR)** in May 1994. The

new Division assumed the responsibilities of the former Division of Health Education, including efforts to strengthen school health education. Several immediate actions increased WHO's capacity to promote school health:

Commitment: In establishing HPR, the Director-General of WHO requested that priority be given to strengthening the Organization's efforts to help schools improve the health of students, staff, families and community members.

Mandate: School health was immediately given priority within HPR. Dr Ilona Kickbusch, Director, HPR and Dr Desmond O'Byrne, Chief of HPR's Health Education and Health Promotion Unit (HEP), expanded the unit's efforts beyond school health education to encompass all of the opportunities that can enable schools to promote health. Additionally, they proposed the development of a **Global School Health Initiative** to unite the diverse initiatives of UN organizations, IGOs, NGOs and donor agencies.

Staff: Although, WHO's total resources were extremely limited throughout 1994-95, HPR dedicated two full-time staff positions within HEP for school health. A School Health Team was created within HEP and three HEP professionals served on the Team, in addition to their other responsibilities.

Resources: Since 1994, HEP's School Health Team has substantially increased extra-budgetary support for school health-related activities. Extra-budgetary funding increased from \$162 000 in 1994 to approximately \$274 000 in 1995 and \$372 000 in 1996.

Recent Achievements

HPR/HEP's School Health Team is developing a Global School Health Initiative. The following actions are contributing to the Initiative.

Building School Health Capacities Within WHO/HQ: In June 1994, HPR/HEP's School Health Team established, and serves as the secretariat for, WHO's Working Group on School Health. Over forty WHO units participate in the Working Group and ten WHO divisions have designated staff to work with HPR/HEP as a "Core Group" for carrying out the Working Group's recommendations. The Working Group was substantially involved in the preparations for the Expert Committee Meeting (below) and in all other actions taken by HPR/HEP to promote school health. The Working Group is the means through which WHO/HQ's school health-related policies and resources are organized into concerted efforts in support of the Global School Health Initiative. The Terms of Reference for the Working Group are attached (Attachment III).

WHO Expert Committee Meeting on Comprehensive School Health Education and Promotion: In September 1995, WHO/HQ convened an Expert Committee meeting on school health. One expert from a governmental or non-government organization, at the national or local level, participated from each of WHO's six Regions. The report of the Expert Committee describes the status of school health programmes, research that can be used to improve programmes and recommendations for international, national, and local

actions to help schools to become "health promoting schools". The committee's report and its background papers provide an information base for the Global Initiative.

WHO/EI/UNESCO Global Conference on School Health and HIV Prevention: In July 1995, in Harare, Zimbabwe, HPR/HEP's School Health Team, Education International (EI), WHO's Global Programme on AIDS (GPA) and UNESCO convened a global conference to help the leaders of EI's unions to collaborate with ministries of health and education in developing school health programmes, including education to prevent HIV infection. Education International is the world's largest International Trade Secretariat, comprised of 259 teachers' unions that represent 23 000 000 teachers and education sector personnel. This endeavour combined the resources and capacities of EI, WHO and UNESCO in pursuit of improving education, health and social equity. It serves as a model for WHO's efforts to foster intersectoral support for the Global School Health Initiative.

Strengthening Interventions to Reduce Helminth Infections Through Schools: Helminth infections constitute the world's leading burden of disease among school-age children. HPR/HEP's School Health Team worked with five WHO technical programmes to prepare information that will help schools develop helminth reduction interventions, using a variety of school health components. The document is the first of a WHO Information Series on School Health Issues and serves as a prototype for the series.

Developing school health assessment tools: HPR/HEP's School Health Team, in collaboration with WHO/AMRO, the Education Development Center, Inc. (EDC) and EI piloted a protocol to help national and local officials make a rapid assessment of national and local capacities for school health. The protocol was piloted in Costa Rica and Bolivia. The protocol will also address ways the assessment results may be used in developing national and local school health plans. This tool will be made available to countries to help them act on the recommendations of the WHO Expert Committee Report.

Building WHO's Regional Capacities: HPR/HEP's School Health Team is also working with WHO Regional advisers to identify ways in which Regional networks of persons responsible for school health might be developed. Regional advisers have expressed strong interest in developing such networks following the successful development of WHO/EURO's Regional Network of Health Promoting Schools. Network development is being promoted through Regional Workshops for officials from ministries of health and education. The development of such networks will provide on-going means through which organizations participating in the Global School Health initiative can assist countries. In 1995, HPR/HEP in collaboration with WPRO, convened inter-country workshops to promote network development in Singapore and Shanghai, China. Meetings to develop Regional networks are also being planned by AMRO, AFRO, EMRO and SEARO.

Building National Capacities: Building national capacities to promote health is an important responsibility of WHO Regional Offices. In 1995, HPR/HEP, in collaboration with WHO/WPRO and WHO/AFRO assisted China and South Africa, respectively, to organize national conferences to increase interest and support for school health. Both countries focused on the development of "health promoting schools" and China agreed to

work with WHO to initiate a regional programme to reduce helminth infections through schools. HPR/HEP also served as a liaison to introduce efforts of the Russian Federation of Health Promoting Schools, which receives support from WHO/EURO, the Commission of European Communities and the Council of Europe, to officials from Russia and the United States of America who are developing a collaborative, bilateral health promotion effort.

Future Directions: WHO's School Health Initiative

The goal of WHO's School Health Initiative is to improve the health of students, school personnel, families and other members of the community. Its objective is to increase the number of schools that are "health promoting schools". In general, WHO intends that the Initiative will:

- revitalize and enhance worldwide support for promoting health through schools
- build on research and experience worldwide, and particularly on international, national and local efforts to help schools become "health promoting schools"
- provide an impetus for mobilizing and strengthening school health
- enable organizations to maximize the use of their resources
- unite the diverse school health initiatives of the United Nations family
- provide ownership and full partnership to all organizations involved

Specific Initiative Strategies

WHO's advocacy strategies: These are aimed at influencing school health related policy and increasing commitment and resources for school health. They involve efforts to consolidate expert opinion about the nature and scope, effectiveness and potential of school health and Health Promoting Schools. They involve the preparation of arguments that will help:

- people to make a case for increased support and attention to school health; and
- policy- and decision-makers determine and justify increased levels of priority and support for school health.

WHO will continue to work with partners to develop **state-of-the-art documents** and materials related to school health. The documents will:

- be developed using the Report of the WHO Expert Committee and its background papers as a starting points for the preparation of a variety of documents and packages.
- be designed to increase interest and support for international, national, district and local efforts to improve school health.

- target a variety of groups, such as financial administrators, policy- and decision-makers, programme planners, service providers, curriculum developers, teachers, parents, community leaders, and citizens.

Partners providing technical and financial support for the development of these documents include: Centers for Disease Control and Prevention, Johann Jacobs Foundation, Education International, UNESCO and Johnson and Johnson. These partnerships serve as a model for the development of new partnerships between the public and private sectors.

WHO's support strategies: These are aimed at mobilizing organizations and resources in support of school health. They involve efforts to identify organizations with the constituencies and the capacities to help strengthen school health. They also involve efforts to establish the means to build alliances among organizations and foster collaborative or complementary actions to strengthen school health.

WHO will work with partners to establish **Regional Networks** of individuals responsible for developing school health programmes. The networks will serve as a means by which:

- members can share information and learn from each other.
- organizations can introduce state-of-the-art interventions, guidelines and materials.
- organizations and members can identify ways to work together in building capacities to strengthen school health.

Partners providing technical and financial support for the development of Regional School Health Networks include: WHO Regional Offices and their partners, Centers for Disease Control and Prevention, Johann Jacobs Foundation, Education International, and UNESCO.

WHO's empowerment strategies: These are aimed at increasing the capacities of individuals and organizations which can help strengthen school health. They involve efforts to:

- Increase knowledge, skills and technical capacities.
- Develop financial and technical resources.

WHO will work with partners to help **selected countries** to obtain technical and financial support for strengthening school health. **Priority will be given to countries with the largest needs and school-age populations.**

Partners providing technical and financial support for the implementation of WHO empowerment strategies include: WHO Regional Offices and their partners, Centers for Disease Control and Prevention and UNESCO.

**RECENT SCHOOL HEALTH-RELATED DOCUMENTS AND ARTICLES
PRODUCED BY PROGRAMMES AT WHO/HQ**

School health education to prevent AIDS and sexually transmitted diseases: Handbook for curriculum planners, WHO/UNESCO, Geneva 1994

School health education to prevent AIDS and sexually transmitted diseases: Teachers' guide, WHO/UNESCO, Geneva 1994

School health education to prevent AIDS and sexually transmitted diseases: Students' activities, WHO/UNESCO, Geneva 1994

School sanitation and hygiene education in Latin America, WHO, Geneva, 1994.

Meeting between the World Health Organization and the Partnership for Child Development, WHO, Geneva, 1994.

Mental health programmes in schools, R. Hendren, R. Birrell Weisen, J. Orley, WHO, Geneva, 1994.

Hygiene education and environmental sanitation in schools in Viet Nam: L. Laugeri, WHO, Geneva, 1994.

Life skills education for children and adolescents in schools: introduction and guidelines to facilitate the development and implementation of life skills programmes, WHO, Geneva, 1993.

The health of young people: a challenge and promise, WHO, Geneva, 1993.

Educational handbook for nutrition trainers, A. Oshaug, D. Benbouzki, J.J. Guilbert, WHO, Geneva, 1993.

Counseling skills training in adolescent sexuality and reproductive health: a facilitator's guide, WHO Geneva, 1993.

Health of school children: treatment of intestinal helminths and schistosomiasis, WHO, Geneva, 1992.

School health education to prevent AIDS and sexually transmitted diseases: WHO AIDS Series 10, WHO, Geneva, 1992.

Promotion of heart health in schools, M.P. Bouman, World Health Forum, 1992.

A cross-cultural pilot study on alcohol education and young people, C.L. Perry and M. Grant, World Healthy Statistics Quarterly, WHO, Geneva, 1991.

Food, environment and health: a guide for primary school teachers, WHO, Geneva 1990.

Prevention in childhood and youth of adult cardiovascular diseases: time for action, WHO, Geneva, 1990.

ATTACHMENT II

RECENT SCHOOL HEALTH DOCUMENTS, ARTICLES AND MEETINGS Health Education and Health Promotion Unit WHO/ HQ

Documents:

Promoting Health Through Schools: A Report of a WHO Expert Committee on Comprehensive School Health Education and Promotion, September 1995. (Document in preparation)

School Health: An annotated bibliography of selected WHO and non-WHO school health titles, Prepared by HEP and HLL/WHO, WHO Geneva, April 1995.

School Health Education: An Integrated Approach in Latin America, 1994, Regional Office for the Americas, HSS/SILOS-37.

Comprehensive School Health Education: Suggested Guidelines for Action, WHO/UNESCO/UNICEF Consultation on Strategies for Implementing Comprehensive School Health Education/Promotion Programmes, WHO/UNESCO/UNICEF, 92.2

Comprehensive School Health Education: Recommendations and Guidelines for Implementing and Strengthening School Health Education in the South-East Asia Region, 1992, Regional Office for South-East Asia.

Articles:

Advancing the Status of Girls and Women: A Shared Goal, I. Kickbusch, Education International Magazine, March 1995.

Improving Health Through Schools, J. Jones, I. Kickbusch, D. O'Byrne, World Health, March-April 1995

Mobilizing Support to Strengthen the Role of Schools in Preventing HIV Infection, STD and Other Significant Health Problems, H.S. Dhillon, H.S. et al., HYGIE: International Journal of Health Education, September 93, Vol. XII/3.

A Call for Action to Implement and Strengthen Comprehensive Approaches to School Health Education in South East Asia, H.S. Dhillon, H.S. et al., HYGIE: International

Journal of Health Education, March 93, Vol. XII/1.

Implementing Comprehensive School Health Education/Promotion Programmes, H. Nakajima, HYGIE: International Journal of Health Education, Vol. XI, 1992/3.

Health in Education for All: Enabling School-age Children and Adults for Healthy Living, Dhillon, H.S: Philip, L.; HYGIE: International Journal of Health Education, Vol. XI, 1992/3.

School Health Education at the Crossroads, Dhillon, H.S; HYGIE: International Journal of Health Education, Vol. XI, 1992/3.

School Health Education: Challenge for National and International Agencies, Kolbe, L.: Tolsma, D.; Dhillon, H.S: O'Byrne, D.; Jones, J.; HYGIE: International Journal of Health Education, Vol. XI, 1992/2.

Meetings organized:

WHO/WPRO Inter-Country Meeting on School Health and the Prevention of Helminth Infection, Shanghai, China, December 1995.

National Meeting on Strengthening School Health in China, Beijing, China, December 1995.

EI/WHO/UNESCO International Conference on School Health and HIV Prevention, Harare, Zimbabwe, July 1995.

WHO/AMRO Inter-Country Consultation on Comprehensive School Health Education (Costa Rica, November 1993).

WHO/SEARO Inter-Country Consultation on Comprehensive School Health Education (Colombo, Sri Lanka, October, 1992).

WHO/UNESCO/UNICEF Work Sessions on Strengthening the Role of Schools to Prevent HIV Infection and Other Important Health Problems, XII, XIII and XI International Conferences on AIDS (Florence, Italy June 1991; Amsterdam, The Netherlands, July 1992; and Berlin, Germany June 1993).

WHO/UNESCO/UNICEF/UNFPA Work Session on Planning and Working Together to Strengthen Comprehensive Approaches to School Health Education, XIV World Conference on Health Education (Helsinki, Finland June 1991).

TERMS OF REFERENCE WHO WORKING GROUP ON SCHOOL HEALTH

The WHO activities proposed in this document are consistent with the goals and spirit of Health for All, Education for All, and the Alma-Ata Declaration as carried forward in the Ottawa Charter for Health Promotion.

Introduction

Health, as a fundamental resource for everyday life, needs to be nurtured and supported by all institutions in society. The education system is one such institution that reaches a very large portion of the population in all countries. Through the "school", in all its variations - primary schools, secondary schools, colleges/universities, vocational schools, adult education classes, etc., the education system provides an important entry into communities and families.

The school, and its environment, can serve as a means to health, as well as education. The school is a setting through which the health of pre-schoolers, students, school personnel, parents and other members of the community can be improved. It can serve as a means for coordinating, integrating, implementing and sustaining a variety of health promotion, disease and injury prevention, and risk reduction interventions that can improve health, educational potential and well-being.

Recently, the World Bank and World Health Organization collaborated in assessing the global burden of disease (GBD) by combining (1) losses from premature death and (2) losses of healthy life resulting from disability into measurable units called "disability-adjusted life years" (or DALYs). Using the dollar as the common currency for measuring the cost of a given health-improving intervention, and DALYs as the unit for measuring various health outcomes, the World Bank and WHO calculated and compared the cost-effectiveness of various interventions.

The World Bank/WHO report consequently recommended that, although health problems vary from region to region, most regions could benefit greatly by implementing an "essential public health package" which includes the following five elements.

- * An expanded program on immunization, including micronutrient supplementation.
- * School health programs to treat worm infections and micronutrient deficiencies and to provide health education
- * Programs to increase public knowledge about family planning and nutrition, about self-cure or indications for seeking care, and about vector control and disease surveillance activities
- * Programs to reduce consumption of tobacco, alcohol, and other drugs
- * AIDS prevention programs with a strong STD component

Clearly, schools can play a major role in addressing each of the five elements. It has been

estimated that this package could reduce 8% of the burden of disease in low-income countries for \$4 per capita (1.2% of income/capita); and could reduce 4% of the burden of disease in middle-income countries for \$7 per capita (0.3% of income/capita).

Thus, the health opportunities afforded by schools are very great. However, in many countries, schools do not have the capacities or resources to fully exploit their potential. Indeed, in many countries, schools themselves do not provide a favourable environment for health. This situation merits increased attention and actions for change by both health and education organizations. It is for these reasons that this effort is focused on the school. The school is a critically important setting to influence both the health and education of the school child and other persons.

The Nature and Scope of School Health

Today, the concept of school health goes well beyond providing health instruction and screening services for students. School health consists of multiple and inter-related components, such as health education, health services, a healthful environment, physical education/recreation, school/community health projects and outreach programmes, psycho-social counselling, health promotion programmes for staff, nutrition and feeding programmes, and other efforts to improve health.

Components of school health can be planned and implemented in an organized and complementary manner, with increased attention to prevailing health needs and problems. Such planning helps to avoid irrelevant, duplicative or conflicting interventions; reduce competition for time and attention between components; and maximize the use of limited health and education resources.

When school health components are organized, integrated to address a wide range of health issues, and include broad and holistic approaches, they constitute a "comprehensive approach to school health". Schools that approach health in this manner are sometimes called "Health Promoting Schools". Evidence demonstrates that comprehensive approaches to school health can be cost-effective means for promoting health and reducing health problems. However, schools worldwide lack the capacities and resources to plan, implement and evaluate them.



WHO Role in Strengthening School Health

Strengthening school health requires considerable political, financial, and technical support. A Global School Health Initiative might serve as an effective means to pool resources and gain the support of many health and education programmes.

WHO programmes, UN agencies, IGOs, NGOs and other professional and scientific organizations are likely to work together on a Global School Health Initiative only if their particular programme or interest is served. Because comprehensive approaches to school health are an effective way to address a wide range of health interests, they also may serve a strategic purpose in mobilizing alliances and resources for school health.

WHO programmes have the capacities to provide technical support for a wide range of health promotion, health education, disease and injury prevention, health care, mental health and environmental health interventions. Thus, the support of many WHO programmes is needed to foster the development of comprehensive approaches to school health, and to provide leadership and direction in launching a successful Global School Health Initiative. Doing so will further stimulate WHO to organize its capacities into concerted efforts and explore resources with UN agencies, IGOs, NGOs, donors and professional and scientific organizations worldwide.

WHO Working Group on School Health - Purpose/Functions

The WHO Working Group on School Health serves as a mechanism to enable all WHO programmes with an interest in school health to share their experiences and work together. The Working Group will:

1. Establish direction and assist in the formulation of priorities for international, regional, national and community actions to improve school health. This will include:
 - a. Identifying needs, priorities and interested partners for developing or revising WHO guidelines on the components of a school health programme;

Components of a school health programme can include:

- school health management and administration
- school health education
- school health services
- a healthful school environment
- physical education/recreation
- school/community health projects and outreach
- psycho-social counselling
- health promotion programmes for staff
- nutrition and feeding programmes
- other efforts

- b. Identifying needs, priorities and interested partners for developing or revising WHO guidelines on specific health problems, as well as broad holistic interventions to be addressed as part of a comprehensive approach to school health;

Examples:

Specific health problems

- malaria
- schistosomiasis
- food borne illness
- tuberculosis
- injuries
- sexual behaviour likely to result in unintended pregnancy, STD, or HIV infection
- anaemia and malnutrition
- drug/alcohol/tobacco use

Broad, holistic interventions

- life skills education
- fitness programmes

- c. Identifying needs, priorities and potential participants for conferences, Expert Committee meetings, task forces and consultations on school health-related issues; and
- d. Identifying needs, priorities and interested partners for developing systems to monitor and assess progress and achievements in school health.
2. Improve collaboration and support among international, regional, national and community agencies to improve school health. This will include:
- a. Identifying priorities for collaborative efforts between WHO, UNESCO, UNICEF, UNFPA, UNEP and other relevant IGOs, NGOs and professional/scientific organizations;
 - b. Identifying organizations with which WHO should develop alliances and working relations;
 - c. Identifying mechanisms for strengthening collaboration between WHO, UNESCO, UNICEF, UNFPA, UNEP and other relevant IGOs and NGOs; and
 - d. Identifying ways to provide support for the development of Regional Networks of Health Promoting Schools.

3. Strengthen international, national and community capacities to plan, implement and evaluate school health. This will include:
 - a. Identifying needs, priorities and partners for elaborating strategies and methods;
 - b. Identifying needs, priorities and partners for developing documents, materials, and training programmes;
 - c. Identifying ways to improve and update documents in the WHO School Health Resource Centre and Database;
 - d. Identifying efficient ways to collaborate in providing technical assistance and consultation to other organizations and Member States.

Working Group - Secretariat

HE/HEP will serve as the secretariat for the Working Group, organizing meetings and preparing agendas and items for discussion.

Working Group - Composition

Working group participation is open to all WHO programmes which are involved or wish to be involved in strengthening school health. For the purpose of consistency, WHO programmes will be asked to identify a representative to routinely attend the Working Group meetings.

Core Group on School Health - Purpose/Functions

The purpose of the Core Group is to serve the Working group.
The Core Group will:

1. Develop a priority work plan for cooperative activities within WHO and with other relevant organizations, in order to improve school health and establish a Global School Health Initiative;
2. Plan activities such as Expert Committee meetings, school health-related research, the development of guidelines, documents and materials, and training for WHO staff and professionals from other relevant organizations;
3. Explore existing relationships and new opportunities to enhance the effectiveness and efficiency of WHO's work with UN and other organizations; and
4. Report progress regularly to the Working Group, and prepare the agenda and background documents for its meetings.
5. Plan and review progress.

Core Group Facilitation

The Director HPE will facilitate the initial sessions of the Core Group. HPE/HEP will serve as the secretariat for the Group. The chair will rotate among its members.

Core Group Composition

The Core Group will be composed of a small group of representatives from WHO programmes significantly involved in school health, who are designated to serve on the Core Group by their Division Directors.

**RECENT SCHOOL HEALTH-RELATED DOCUMENTS AND ARTICLES
PRODUCED BY PROGRAMMES AT WHO/HQ**

School health education to prevent AIDS and sexually transmitted diseases: Handbook for curriculum planners, WHO/UNESCO, Geneva 1994

School health education to prevent AIDS and sexually transmitted diseases: Teachers' guide, WHO/UNESCO, Geneva 1994

School health education to prevent AIDS and sexually transmitted diseases: Students' activities, WHO/UNESCO, Geneva 1994

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A cross-cultural pilot study on alcohol education and young people, C.L. Perry and M. Grant, World Healthy Statistics Quarterly, WHO, Geneva, 1991.



The World Health Organization's School Health Initiative

The ***school is an extraordinary setting*** through which to improve the health of students, school personnel, families and members of the community. It is a means to support the basic human rights of both education and health. It offers opportunities to achieve significant health and education benefits with investments of scarce education and health resources. It also offers highly visible opportunities to demonstrate a commitment to equity and to raising the social status of women and girls.

School-age children number over a thousand million in the world. The ***school*** is a ***basic institution*** in every society and offers the possibility to improve the health not only of the children but of whole communities. Studies show that schools can provide a cost-effective way to improve the health of students and other community members. A comprehensive and proactive approach to ***school health*** therefore constitutes an important investment in a country's overall health and development. Thus, the establishment of school health programmes, worldwide represents a major challenge for WHO.

WHO is therefore launching a new ***School Health Initiative*** which builds on experience gained worldwide. It will provide the impetus for mobilizing and strengthening health promotion and education activities at the local, national, regional and global levels to improve health through schools.

The main elements in this intersectoral initiative are:

- ✓ 1. A ***healthy school environment*** – not only good hygiene, water and sanitation facilities, but also adequate space and working conditions for students and teachers. An unplanned school environment can actually be detrimental to health.

This is the rationale for *WHO's School Health Initiative*, which will be the subject of an Expert Committee meeting on School Health in September 1995. A concerted effort is needed between governments, WHO, the rest of the UN family and the donor community to put the Initiative into full operation. The outcome in the long term will be a major contribution to health in the twenty-first century, especially in the least developed countries where the need is greatest.

For further information on the School Health Initiative, contact:

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April 1995



The World Health Organization's School Health Initiative

CREATING HEALTH PROMOTING SCHOOLS: THE OBJECTIVE OF WHO'S GLOBAL SCHOOL HEALTH INITIATIVE

The school is an extraordinary setting through which to improve the health of students, school personnel, families and members of the community. It is a means to support the basic human rights of both education and health. It offers opportunities to achieve significant health and education benefits with investments of scarce education and health resources. It also offers highly visible opportunities to demonstrate a commitment to equity and to raising the social status of women and girls.

Thus, WHO is launching a Global School Health Initiative to revitalize and enhance worldwide support for promoting health through schools. The initiative is built on school health research and experience worldwide, and particularly on international, national and local efforts to help schools become "health promoting schools".

Many schools require increased capacity to promote health

Schools that serve as a means to health as well as education are health promoting schools. Yet, all too often, schools lack the capacity to serve as a means to health. Indeed, due to a variety of factors, many schools place the health of students and school personnel at risk. There are ways to eliminate or reduce such risk, but many schools will require increased capacity to become health promoting schools.

Creating health promoting schools

A health promoting school is the combined result of external conditions and internal actions.

External conditions: The development of health promoting schools is facilitated by:

- **A common vision**, shared by a critical mass of the populace, that health and education are intrinsically linked, and that schools must serve as a means to health as well as education.
- **Political will and commitment** at national, district and local levels to establish policies and provide resources to enable schools to serve as a means to health.
- **Organization, coordination and management** at national, district and local levels to maximize the use of existing health and education resources, and to mobilize intersectoral resources and support of health and education programmes.

- **Community support** for actions to promote healthy lifestyles and conditions conducive to health within and outside the school.

Internal actions: School personnel, students, parents and community members create a health promoting school when they develop its capacities to provide:

- **Comprehensive school health education** that focuses on the factors that influence health; utilizes all educational opportunities - formal and informal, inside and outside the school; endeavors to harmonize health messages from various sources; addresses sensitive health issues with consideration for local cultural, legal and religious values; and helps people to act personally and collectively in support of health.
- **A healthy school environment** that includes physical surroundings that are conducive to health such as sufficient lighting and ventilation, sanitation and hygiene facilities, and safe playgrounds; and a psycho-social climate that fosters such qualities as equity, self-esteem, personal responsibility, opportunities to experience success, and the management of stress.
- **School health services** that can be effectively and efficiently provided through schools for students, school personnel, families and community members and which help to prevent, reduce, monitor or treat important health problems or conditions.
- **School/community projects and outreach** that involve students, school personnel, families, and community members in collaborative and integrated efforts to improve health.
- **School health promotion programmes for staff** that increase staff interest in health, and help them acquire healthy lifestyles and serve as healthy role models for others.
- **Nutrition and food programmes** that help individuals identify and acquire healthy foods, and prepare them safely.
- **Physical exercise, recreation and sport** that help individuals acquire and maintain physical fitness, and serve as a healthy means of self expression and social development.
- **Counselling and social support** that provides guidance and social support for students, school personnel and families in coping with difficulties, adjustments, growth and development.

WHO's Global School Health Initiative strives to unite the diverse school health initiatives and resources of WHO programmes, the United Nations family and other relevant organizations in concerted efforts to promote the development of health promoting schools worldwide. If the vast amount of existing resources can be brought together at the country level into a common drive, the vital goals of Health for All and Education for All will be significantly advanced by the beginning of the next century.

For more information, please contact: Dr Desmond O'Byrne, Chief, Health Education and Health Promotion Unit (HEP), Division of Health Promotion, Education and Communication (HPR), WHO, Geneva, Tel: (41 22) 791 25 78, Fax: (41 22) 791 07 46. (May 1995.)



The World Health Organization's School Health Initiative

SCHOOL HEALTH: ONE OF TODAY'S BEST INVESTMENTS

If we consider what it takes to create health, and the fact that all nations face difficult decisions about how best to use their limited resources, **the school** emerges as an ideal setting for increased investment and return.

Health is created by people!

The Ottawa Charter for Health Promotion (1986), a product of the First International Conference on Health Promotion in Industrialized Countries, states that health is created by:

- ◆ people in the settings in which they live;
- ◆ caring for oneself and others;
- ◆ being able to make decisions and have control over one's life circumstances, and;
- ◆ ensuring that society creates conditions that allow the attainment of health by all its members.

Schools help people acquire skills needed to create health!

Schools can help young people acquire basic skills needed to create health. Such skills, sometimes called life skills, include decision making, problem solving, critical thinking, communication, self assessment and coping strategies. When people have such skills they are likely to adopt healthy lifestyles.

Young People Choose Healthy Lifestyles When They Have the Necessary Life Skills

In Mexico, a study of a life skills-based sex education programme, Planeando tu Vida, which is taught to over 200 schools showed that adolescents, especially boys, who took part in the programme before they became sexually active, were much more likely to use contraceptives in later relationships, than those who had not.

In the United States of America, a study a life skills-based health education curriculum, Teenage Health Teaching Modules (THTM), involving 5,000 students showed a reduction in self-reported drug use, alcohol consumption and cigarette smoking among students who were educated with THTM.

Schooling improves health!

Schooling, alone, has been shown to be a powerful way to influence health, worldwide. Its impact may be clearly seen in benefits to maternal and child health when young women receive schooling.

Education Improves Health!

- Surveys in twenty-five developing countries show that, all else being equal, 1-3 years of maternal schooling reduces child mortality by about 15%. When mothers have had more education, in Peru for example, seven or more years of schooling reduces the mortality risks nearly 75%.
- Data for thirteen African countries between 1975-1985 show that a 10% increase in female literacy rates was accompanied by a reduction in child mortality by 10%.

Health improves learning potential!

Young people must be healthy in order to regularly attend and take full advantage of opportunities provided by schools. School-based efforts that improve health also help to improve the learning potential and school performance of young people.

Health Improves Learning Potential!

- Poor diet impairs learning and development. Studies show that the academic performance and mental ability of pupils with good nutritional status were significantly higher than those of pupils with poor nutritional status, as a whole, even when family income, school quality, teacher ability or mental ability were controlled.
- Whipworm infections adversely affect school performance. In Jamaica, the removal of whipworms among school-age children led to a significant improvement in short-term and long-term memory. After nine weeks, treated children were not significantly different from uninfected children.
- Iron deficiency influences a child's ability to benefit from classroom instruction. Studies show that when iron deficient anaemic children first enrol in school, they are at a disadvantage in terms of their aptitudes. This disadvantage disappears once children's iron levels become sufficient through supplementation.

How good an investment is school health in comparison with other public health interventions?

In 1993, the World Bank and WHO compared the cost-effectiveness of various public health programmes. They concluded that a school health programme that provides safe and low cost health services, such as deworming treatments, and health education is one of the most cost/effective investments a nation can make to improve health. Programmes to expand immunization and micronutrient supplementation; increase knowledge about family planning, nutrition, and health care; reduce consumption of tobacco, alcohol, and other drugs; and prevent AIDS and STD were also listed among the most cost-effective investments in health. Clearly, school health plays a major role in these latter programmes, making investments in school health programmes perhaps the "very best of the best".

What is the extent of benefit?

Schools that provide services to reduce certain health problems, participate in community health projects and encourage people to adopt healthy behaviours, **enable many people** to benefit from such efforts.

Many People Benefit From School/Community Health Projects

A very successful programme to reduce intestinal worms was initiated in the Republic of Korea in the mid-1960s. The programme:

- ◆ was directed mainly to student groups through schools;
- ◆ was expanded to whole communities, and;
- ◆ included mass chemotherapy, health education and environmental sanitation.

The results:

- The prevalence of intestinal worms among school children decreased from over 80% in the 1960s to 0.2% in 1992.
- The prevalence in the general population of the country decreased from 84% in 1971 to 3.8% in 1992.

School require capacity to promote health!

Although schools have the potential to serve as a means to health as well as education, too often, schools lack the capacity to serve as a means to health. Indeed, due to a variety of factors, many schools place the health of students and school personnel at risk. There are ways to eliminate or reduce such risk, but many schools will require increased capacity and resources to be able to do so.

Schools worldwide must be able to realize their potential for improving health and education.

"Health for All" and "Education for All" express the United Nations commitment to health and education. Because these goals are inseparably linked, they must be achieved concurrently. This will require strong alliances and concerted action between health and education organizations at all levels.

While concerted actions are essential, the impetus for action resides with individuals. Young people, as well as adults, can play a significant role in creating support for school health by raising and acting on questions, such as:

- ◆ Does our school promote health?
- ◆ Is our school a healthy place to live, work and visit?
- ◆ Does our school help students, school personnel and families address their health needs?
- ◆ What can I do both individually and with others to bring about needed change?

Working together to create "Health Promoting Schools"

To make the world's schools "Health Promoting Schools", we will need to work together. Indeed, it will require the mobilization of people and resources at local, national, and international levels to bring about change. WHO, in collaboration with the Centers for Disease Control and Prevention (USA) and other organizations, is preparing to initiate such an effort. WHO hopes to unite the organizational capacities of agencies at all levels into a powerful force for health in a **Global School Health Initiative**.

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For more information, please contact: Dr Desmond O'Byrne, Chief, Health Education and Health Promotion Unit (HEP), Division of Health Promotion, Education and Communication (HPR), WHO Geneva, Tel: (41 22) 791 25 78, Fax: (41 22) 791 07 46. (May 1995.)

School health initiative

Annotated bibliography of selected
WHO and non-WHO school health titles



Prepared by the
Health Education and Health Promotion unit (HEP)
in collaboration with the
Office of Library and Health Literature Services
WHO Geneva, April 1995

WORLD HEALTH ORGANIZATION

Annotated bibliography of selected WHO and non-WHO school health titles

This is an updated and expanded version of a draft bibliography issued by WHO in September 1994. All items listed in this bibliography have been recommended by: technical programmes of WHO headquarters and regional offices, other UN agencies, and nongovernmental organizations.

Prepared by the
Health Education and Health Promotion unit (HEP)
in collaboration with the
Office of Library and Health Literature Services (HLT)
WHO Geneva, April 1995

ANNOTATED BIBLIOGRAPHY OF SELECTED WHO AND NON-WHO SCHOOL HEALTH TITLES

Les Accidents en milieu éducatif : propositions de prévention / ouvrage collectif réalisé sous la direction de Solange Garnier, Denis Parisot. - Paris: Association française pour la santé scolaire et universitaire, 1987. - 108p. - (Médecine scolaire et universitaire). (F only)*

This is a detailed review of the types and causes of accidents occurring in schools in France, and suggestions for reducing them. Three examples are described of security campaigns in primary and secondary schools.

AIDS, HIV and school health education : State policies and programs.- National Association of State Boards of Education.- US: NASBE/CCSSO, 1990.- 142p. (E only)

This report analyses responses to a survey of US state education agencies on the status of HIV education and school health policies and programmes. It describes the HIV education requirements for elementary and secondary school students. It has two useful annexes: materials developed by state authorities on HIV-related health education; and a survey of knowledge and behaviour among high school students in relation to AIDS transmission risks, intravenous drug use and sexual intercourse.

Child health in the community / edited by Ross G. Mitchell. - 2nd ed. - Edinburgh: Churchill Livingstone, 1980. - 348p. (E only)

This is a textbook on child health in the United Kingdom covering different aspects of the child and his environment, and the related health, social and educational services. There are two chapters on the school health service (organization and methods), and a very detailed chapter (pages 314-338) on the handicapped child in school.

Children for health / edited by Hugh Hawes and Christine Scotchmer, with the collaboration of Audrey Aarons, David Morley & Ella Young.- London: The Child-to-Child Trust, 1993. - 183p. (E,F)

WHO, UNESCO, UNICEF publication. A very successful guide to the interactive approach to learning and teaching health through the Child-to-Child initiative. The first section proposes ways to get children involved in the communication of messages, and the second part provides 12 essential health messages. A publication with a great deal of useful content for School Health.

The child survival and development revolution and the health education challenge. - WHO, Geneva, Health Education Service, 1985. - 6p. (E,F)

Although old (1985), the In-School Activities (pages 3-6) correspond closely to the strategies of the new School Health Initiative. A good example of a collaborative statement with UNICEF.

Child-to-Child : another path to learning / Hugh Hawes; with editorial assistance from Georgina Page. - Hamburg: UNESCO Institute for Education, 1988. - 128p. (E,F)

An analysis of the Child-to-Child approach, with three case studies on its application in developing countries. Two chapters are particularly appropriate: Child-to-Child in Schools, pages 75 to 96, and Integration of School and Community Learning, pages 97 to 103. Although old (1988), the information on this approach is relevant to school health promotion activities today.

* Language availability of titles is specified in brackets.

Child-to-Child : a resource book. - Part I : implementing the Child-to-Child approach - 80p; Part II: Child-to-Child Activity sheets - 168p. - Child-to-Child Trust: 1992. (Ar,E,F,S)

Part I outlines the concept of the Child-to-Child (CtC) approach, and describes how it has been implemented in different ways around the world. It gives practical advice on planning and evaluating activities, projects and programmes, as well as on planning and conducting training workshops. There is a useful annex on sources of CtC materials in 12 different languages. The book contains a wealth of case studies drawn from CtC experience in countries, including suggestions on how the school can act as a focus for outreach to the community.

Part II comprises 36 CtC activity sheets, grouped under eight major headings (child growth and development, nutrition, personal and community hygiene, safety, recognizing and helping the disabled, prevention and cure of disease, safe lifestyles and children in difficult circumstances). The activity sheets can be obtained separately from CtC, and have been translated and adapted in many other languages for use in schools.

Child-to-Child Readers. - Essex: Longman, 1990. (E only)

- Dirty water (level 1)
- Accidents (level 1)
- Not just a cold (level 1)
- Uncle George feeds his baby (level 1)
- The Market Dentist and other stories (level 1)
- A simple cure (level 2)
- Teaching Thomas (level 2)
- Down with fever (level 2)
- Diseases defeated (level 2)
- Flies (level 2)
- I can do it too (level 2)
- Deadly habits (level 3)
- The Cholera Crisis (level 3)
- WHO Killed Danny (level 3)

These readers are at different levels of difficulty, depending on children's comprehension of English (level 1, three years of study of written English; level 2, four to five years; and level 3, six to seven years of study). They supplement the Activity Sheets in the CtC resource book.

Health into mathematics / William Gibbs and Peter Mutunga. - Essex: Longman, 1991. - 163p. (E only)

This book illustrates many ways in which health, growth and development can be incorporated into the standard mathematics curriculum for low, middle and upper primary school education. The first in a proposed series of CtC books, it aims at enriching the teaching of mathematics by relating it to the life and experience of the child, at the same time slipping important health information and knowledge into mathematics lessons. It poses a challenge to teachers and to those setting examinations in primary school, and includes many imaginative activities and games.

Code Blue : Uniting for healthier youth : A Call to Action.- The National Commission on the Role of the School and the Community in Improving Adolescent Health.- Atlanta: Centre for Chronic Disease Prevention and Health Promotion.- NASBE, AMA, 1991. - 52p. - (E only)

"Code Blue", the phrase used by US hospitals to signal a life-threatening emergency, is the title of this Special Commission report addressed to the adolescent health crisis. A very detailed description of the problem serves as a useful source of reference on adolescent health in the United States. One of the four recommendations by the Commission urges schools to play a much stronger role in improving adolescent health.

Comprehensive school health education : Recommendations and guidelines for implementing and strengthening comprehensive school health education in the South-East Asia Region. - New Delhi : WHO, SEARO, 1992.-63p. (E only)

These guidelines and recommendations were issued by WHO's South-East Regional Office as an outcome of an inter-country consultation in Sri Lanka in October 1992. The concept of comprehensive school health education was endorsed by the nine participating countries, and a number of strategies for action in the Region were outlined. Recommendations included joint policy development at country level by Ministries of Education and Health; the involvement of students, teachers and parents in promoting healthy behaviours; the provision of health education to out-of-school youth and women through non-formal programmes; the pre-service and in-service training in health for teachers; and collaborative action by WHO, UNICEF, UNESCO and other international organizations to strengthen comprehensive school health education. The status of school health education in each of the nine countries is described in a useful 40-page annex.

Comprehensive school health education : suggested guidelines for action. - WHO, Geneva, 1992. - 51p.

WHO/UNESCO/UNICEF consultation emphasizes not only the need for comprehensive cover of priority health issues, but also for school/community relationship and educational opportunities beyond the classroom. Short descriptive statements from 16 developing and industrialized countries on school health education.

Consensus statement on AIDS in schools : World Consultation of Teachers' Organizations in association with WHO/UNESCO/ILO, 1990.- 7p. (E only)

School teachers and their representative organizations are powerful instruments for the dissemination of information and promotion of behavioural change. The Consultation expressed strong views on discrimination against HIV-positive teachers, school staff or students; and prior HIV screening should not be a prerequisite for employment. Teachers and all other education personnel should receive initial and in-service training about HIV/AIDS. Information on prevention and control should be integrated meaningfully into a comprehensive educational programme, rather than becoming an additional burden on an already overloaded curriculum.

Consultation on evaluation of health education, Venice, 5-6 Oct. 1989.- International Union for Health Education, European Office.- 41p. (E,F,G,R)

This consultation of the European office of the IUHE stressed the importance of evaluation in health education policy, research and practice. One section of the report considers different approaches to evaluation and proposes a model for application in schools, where teachers at every level have experience in evaluation and are well placed to collaborate with health workers. There is also a section on the effectiveness of health education in the context of health care. The sectors in which health education can have most influence are the workplace and the school where there are opportunities for continuity of information.

Counselling skills training in adolescent sexuality and reproductive health : a facilitator's guide. - WHO, Geneva, 1993. - 179p. (E only)

A manual for facilitating a training workshop on interpersonal communication and counselling skills for working with young people especially on issues of sexuality and reproductive health. The programme is divided into three segments - Sexuality and Reproductive Health, the Psychodynamics of Counselling Service with Adolescents, and the Practice of Microskills for Effective Listening. It has been widely used with participants working in the health, youth and education sectors from all regions of the world. The appendix contains pages which can be used for making overhead transparencies.

Creating educational environments supportive of health : briefing book to the Sundsvall Conference on supportive environments 1991 / D.N. Wilson et al. - Ottawa: Ministry of Supply and Services, 1991. -107p. (E only)

This "briefing book" expands on the Sundsvall Conference, and a great deal of its content relates to schools, especially pages 34 to 52. The importance of the school environment is stressed. "The school must be healthy before one can talk seriously about 'healthy education' inside the school" (p.36). There is a useful section (pp 42/43) on education, especially of women, as a determinant of health, and health as a prerequisite for learning. The concepts of comprehensive school health and the health-promoting school are discussed on p.35. Health is usually not a priority in an already hopelessly overcrowded curriculum. Major curricular change is urgently indicated but requires time, commitment and resources none of which are usually available in developing countries. This handbook is well worth reading as it provides a solid foundation for WHO's School Health Initiative.

A cross-cultural pilot study on alcohol education and young people / Cheryl L. Perry & Marcus Grant. - : 1991. World Health Statistics Quarterly 1991, WHO, Geneva; 44(2) : 70-73. - (E only)

Trial in 25 schools in 4 countries to compare impact of teacher-led and peer-led sessions aimed at reducing alcohol use. Both teachers and peers were trained beforehand. Peer-led sessions gave significantly better results. A summary in French is included.

Developing healthy lifestyles in school children : the Antigua experience / Dinesh P. Sinha. - Cajanus. The Caribbean Food and Nutrition Institute quarterly, vol. 23, n°3, 1990.- 170-186p. (E only)

School health education and promotion programmes for school children constitute the most effective and feasible preventive approach in countries. The paper presents the preliminary results of two years' implementation of a project in six schools in Antigua with an enrolment of 4000 students, based on the four concepts: am I weighing right? - am I doing daily physical exercise? - am I eating right? - do I have a positive self-concept? This was an intersectoral project involving Ministries of Health and Education and a number of nongovernmental organizations, as well as parents and community leaders. Intensive teacher training in implementing and monitoring the project was supported by the development of manuals and students' "self-records". Activities were directed at enhancing student capability to develop and adhere to a positive healthy lifestyle, and to assess their own progress.

L' écolier et la santé : cours de formation en santé scolaire pour infirmier et enseignant / A. van der Heyden et J. Courtejoie. - Kangu-Mayumbe : Bureau d'études et de recherches pour la promotion de la santé, 1988. - 255p. (F only)

This is a training programme in school health for francophone West African nurses and school teachers. The first half of the book covers the roles of the teachers, school nurses and the medical services in the surveillance and screening of student health. The second half is concerned with diagnosis and treatment of childhood problems.

Les écoliers de Bamako et l'alimentation de rue / Michel Chauliac, Thomas Monnier, Mohamed Ag Bendeck. - Paris: Cahiers Santé 4, 1994. - 413-423. (F only)

The authors surveyed 494 second and sixth year primary school children in 1993 to enquire about food bought from street vendors and eaten on the street. Their results will help to define strategies targeting these children to help improve their diet. The article is in French, but a summary in English is included.

Educational handbook for nutrition trainers / A. Oshaug, D. Benbouzid, J.J. Guilbert. - WHO, Geneva, 1993. - 233p. (E only)

This educational guide suggests how to increase nutrition trainers' skills. It will help nutrition trainers to identify a community's nutrition-related priority health problems and define the professional tasks on which to base educational objectives; plan an educational programme and design tests and other measurement devices. It stresses the need to educate people and prepare them to tackle their own country's nutrition problems. It is a tool for teachers of teachers of the various health and nutrition professions.

Education for health : a manual on health education in primary health care.- WHO, Geneva, 1988.- 262p. (E,F,S)

Although this book covers a wide range of health education activities in relation to primary health care, the chapter on health education with groups, and especially the section on the school classroom, contains valuable information for school teachers and curriculum planners. The chapter on communicating the health message: methods and media, provides an admirable summary of the tools available to the health educator, most of which are equally appropriate in the school setting.

Education for All : purposes and context : Roundtable themes I (96pp), II (89pp), III (93pp).- Paris: UNESCO, 1991. (E only)

These three monographs reflect the main themes addressed in the UNESCO World Conference on Education for All: meeting basic learning needs, held in Jomtien, Thailand, in March 1990. The first monograph deals with the purposes and context of basic education, viewed in relation to lifelong learning and human development. It also focuses on three major components which affect the quality of life: environmental education, population education and health education. The second monograph elaborates on the main components of the "expanded vision" of basic education such as: equity in the education of girls and women; distance education and non-formal programmes for youth; and the need to encourage active participation of families and communities. The third monograph discusses how to convert the expanded vision into reality: developing a supporting policy; mobilizing resources; building national capacity; and strengthening international solidarity. All these monographs contain information relevant to the school and its health components.

Education pour la Santé à l'Ecole.- Education 2000, LEP.- Jean Daniel Boegli.- Edition Labor, 1990. (F only)

Both serious and entertaining, this book stimulates reflection on political, social and professional issues of health education. A broad discussion on health prevention and promotion and about the role of school in teaching life ethics. Clearly written and presented.

Les Enfants pour la Santé.- L'Enfant pour l'Enfant.- Institut Santé et Développement, juin 1994.- 9p. (F only)

This information letter contains an up-to-date catalogue and price list of educational materials produced in French by the Child-to-Child Trust - activity sheets, readers and resource books. These have been translated and adapted from the original English versions, and are intended to be further adapted at country level in relation to the age, level of education and local culture of school children.

Les Enfants pour la Santé : Les Enfants Messagers de Santé pour Savoir pour Sauver.- L'Enfant pour l'Enfant en association avec l'UNICEF.- Paris: Institut Santé et Développement, 1993. (E,F)

This is a translated and considerably adapted version of Children for Health (see above), and represents an expansion of the messages in Facts for Life (see below). There are many illustrative examples and case studies which make this book a useful resource for school teachers.

Environnement matériel et physique du jeune scolarisé / ouvrage collectif réalisé sous la direction de Solange Garnier. - Paris : Association française pour la santé scolaire et universitaire, 1988. - 102p. - (Médecine scolaire et universitaire). (F only)

An interesting study of 100 groups of children, aged 6 to 16 years, in schools in France and Guadeloupe. An attempt is made to measure the effects of different physical factors in the environment (noise level, posture, lighting, water and sanitation, transport time) on children's health. Recommendations are made to counter the adverse effects of these factors.

The European network of health promoting schools : resource manual. - Copenhagen : WHO Regional Office for Europe, the Council of Europe, the Commission of the European Communities, 1993. 1 folder (loose leaf). (E only)

This resource manual published jointly by the World Health Organization Regional Office for Europe, the Council of Europe and the Commission of the European Communities, traces the gradual development of European region health promotion and education activities from 1980, culminating in the creation of the European Network for Health Promoting Schools (ENHPS) in 1992. The manual defines the health promoting school, and discusses the realities of setting up and implementing a national structure as an integral part of the network. It includes a number of models of practice in different countries in the region, and describes the methodology of evaluation of the programme at national level. There is a useful chapter of resource material, with selective extracts from speeches and articles and a suggested reading list. This is a very good summary of developments within the European region in which some 28 countries have already joined the ENHPS, and lends itself to adaptation to other regional situations.

Expert Committee on school health services : Report of the first Session.- Geneva: WHO, Technical Report Series n°30, 1951. (E,F,S)

Although reported many years ago, the discussion and recommendations of the Expert Committee are largely relevant today.

Facts for life : a communication challenge / New York : UNICEF, WHO, UNESCO, 1989. - 78p. (E,F,S)
All for health : a resource book for Facts for life / by Glen Williams. - New York : UNICEF, 1989. - 73p. (E,F,S)

WHO, UNESCO, UNICEF publication. Facts for life contains prime messages and supporting information on 10 essential health areas. All for health proposes ways to communicate these messages. Of particular relevance are the first section, 12 steps in health communication, pages ix to xvii, and teachers and educators as health communicators, pages 1 to 7. Two publications with a great deal of useful content for school health.

First technical report of the new UNESCO project to improve primary school performance through improved nutrition and health. - Paris : UNESCO, 1989. - 59p. - (Nutrition education series : issue 18) (E,F)

A detailed description of quantitative methods of assessing health, education and nutrition status of children is followed by the planning of country-level nutrition and health interventions to improve primary school performance. A number of areas are identified for which operations research is needed.

Food, environment and health : a guide for primary school teachers / Trefor Williams, Alysoun Moon, Margaret Williams. - WHO, Geneva, 1990. - 129p. (Ara,E,F,S)

This well illustrated guide for primary school teachers contains detailed information on nutrition and food storage, safe water supply and waste disposal, personal hygiene and a healthy home environment. It is intended as a reference and resource for school teachers on the planning and implementation of health education programmes.

Health education for school-age children : the child-to-child programme / by John K. G. Webb. - WHO, Geneva, 1985. - 5p. (E,F)

Activity sheets on different health problems and risks for primary school children and their teachers. Very simply written, available in many languages, encouraging children to look after and teach young siblings.

Health education for third world school-age children : a Review of Literature and Communication Approaches, Methods and Materials used by Projects.- J. Ascroft, N. Mutiri.- New York: The Edna McConnell Clark Foundation, November 1994.- 98p. (E only)

The purpose of the review was to assess the effects of different health education approaches and materials used for third world school-age children under different social, cultural and economic conditions. The emphasis is on the contents of health education in schools; methods used by educators; materials developed; and outcomes in terms of knowledge, attitude and behaviour changes. The review highlights the many gaps in health knowledge imparted to children in school, and discusses ways of meeting this challenge. "Health for all" is inseparably linked to "education for all" because good health is essential for effective learning.

The health of Canada's youth. Views and behaviours of 11, 13 and 15-year olds from 11 countries.- Copyright Health and Welfare Canada, 1992. (E only)

It contains the results of the WHO collaborative study: health behaviour in school children. The survey set out to explore health factors related to lifestyles within areas such as physical, psychological and social health.

Health education strategies in South-East Asia : Report of an Intercountry Consultation on Health education strategies in South-East Asia in the context of Health For All By the Year 2000 and with special reference to the prevention and control of AIDS, New-Delhi, 10-15 December 1990.- WHO, SEARO, 1991.- 96p. (E only)

This is a wide-ranging discussion on health education problems and strategies in South-East Asia, which addresses the challenges for health education in the nineties. There is a useful section on school health education in the context of Health for All, which includes a description of the well established "little doctor" programme in Indonesia. This programme uses groups of specially trained students to serve as prime movers in promoting better health in schools. Review shows that schools with "little doctor" programmes demonstrate significant improvements in sanitation, personal hygiene and health awareness of students and their families.

Health of school children : treatment of intestinal helminths and schistosomiasis. - WHO, Geneva, 1992. - 6p. (E only)

School children harbour intense helminth infections which adversely affect health, growth and school performance. As they are a readily accessible group, their treatment gives maximum return in terms of reduction of morbidity. Detailed descriptions of treatment and follow-up of children 5-15 years of age.

The health of young people : a challenge and promise. - WHO, Geneva, 1993. -109p. (E,F)

A comprehensive review of the health and development of adolescents and youth from the ages of 10 to 24. The six chapters cover the status of adolescent health in today's world, the factors which influence health and development; health problems of young people, the promotion of young people's health including the role of young people themselves; special methodologies developed by WHO for planning, training, research, advocacy and evaluation.

Helping a billion children learn about health : Report of the WHO/UNICEF International Consultation on Health Education for School-age Children, Geneva, 30 Sept. - 4 Oct. 1985.- Geneva: WHO/UNICEF, 1986.- 23p. (E,F)

Although the target group for this consultation was school-age children, much of the discussion centred on the school. The goal was the need to foster in young people a recognition that health is an essential life asset, and that they themselves can influence their own health and that of their families and community. The necessary collaboration between sectors will never occur unless there is political will among policy makers at the highest level. There is a useful section on the integration of health education into school curricula, and its outreach through informal channels to communities and out-of-school youth. The main strategies recommended for schools were: reorientation of teachers; production of resource materials for teachers and students; the review and updating of curriculum and evaluation processes; outreach to the community; and the use of the school for other social sector activities. Special note was made of the Child-to-Child approach (see above) which is being widely used in more than 70 countries - developed as well as developing.

HESAWA school health and sanitation package / Eben S. Mwasha. - Mwanza, Tanzania : Zonal HESAWA Coordination Office, undated. - 11p. (E only)

This booklet describes a successful method for promoting better environmental sanitation in Tanzanian villages, starting with schools. A "problem-based learning" approach is used. School children are screened for diseases, most of which turn out to be related to poor environmental sanitation. Parents, teachers and community leaders are brought together to understand the basis for these diseases and make plans for improvements in homes, schools and public areas. Teachers and village health workers receive training. The steps and details of the method are described as well as the results in three districts.

Hygiene education and environmental sanitation in schools in Viet Nam : the report of a project identification and formulation workshop, Hanoi, 8-10 June 1993 / prepared by Louis Lauger. - WHO, Geneva, 1994. - 16p. (E,F)

Report of a workshop to review the present situation of water supply, sanitation and hygiene education in schools in Viet Nam, and to plan comprehensive public health approaches in about 40 primary and secondary schools, for later countrywide extension. Useful information on project formulation.

Influence of school children upon their families in the adoption of health practices.- Ruth Sandoval Marcondes, Luciano Antonio Prates Jungueira.- Sao Paulo: University of Sao Paulo, 1974.- 164p. (E only)

This WHO-sponsored research project in Brazil observes the influence which school children have on their families in changing food practices. The variety of factors which affect this influence (the educational level of the family, the attitudes of parents both to the children and to the school, the quality and training of the teacher, urban versus rural environments, the strengthening of local taboos) make the evaluation of such projects very difficult. An initial review of literature discusses successes and failures in positive influence of the school on family behaviours, and provides a useful resource on this subject.

Innovators and influences: School-age children and health education.- Deepa Grover, Meera Chattiye.- National workshop on approaches to health education for/by children.- New Delhi: 24-26 April 1990.-36p. (E only)

This report gives a detailed account of school health education in India for 87 million children in more than half-a-million primary schools staffed by almost two million teachers. The use of the Child-to-Child approach, sponsored by UNICEF and the Aga Khan Foundation, is widely practised. Future directions for comprehensive school health are outlined, as well as implementing health education for and by school-age children.

Intensive health education for primary school children. - New Delhi, School Health Education Division, Ministry of Health and Family Welfare, 1992. - 403p. (E only)

This report describes the implementation of the intensive health education project in January 1989. The main objective of the project was to improve the health and nutrition status of primary school children in the rural areas by implementing a comprehensive health education programme. The "Child-to-child" and "Youth-to-child" approach were incorporated to provide better and more effective communication through activity based learning by the children. Very useful for health teachers and nutritionists.

Intersectoral action for health. - WHO, Geneva, 1986. - 152p. (Ar,E,F)

This is a comprehensive discussion on the role of intersectoral cooperation in national strategies for Health for All. Four main chapters contain wide-ranging discussions on: equity and health; agriculture - food and nutrition; education, culture, information and life patterns; and environment - water, sanitation, habitat and industry. The chapter on education is of considerable relevance to the school health initiative, with sections on education as a decisive factor in health improvement, the creative role of the school in health improvement, and the school's role in community health, with a number of useful graphs and case studies.

Laws and policies affecting adolescent health / by John M. Paxman and Ruth Jane Zuckerman. - WHO, Geneva, 1987. - 300p. (Chi,E,F)

This is a compendium of legal provisions on different health-related subjects such as reproductive health education, smoking, alcohol and other drug abuse, the handicapped, accident prevention, etc. There is a short section 3, pages 22-27, on health in schools and Universities, and a number of relevant items such as school oral health programmes, page 292. Useful background information on existing legislation.

Life skills education for children and adolescents in schools: introduction and guidelines to facilitate the development and implementation of life skills programmes. - WHO, Geneva, 1993. - Parts 1&2, 56p. - Part 3, 170p. (E only)

Part 1 defines and discusses life skills required to equip an individual to deal with the demands and challenges of everyday life. Part 2 provides a practical framework for life skills programmes development, and provides a sample outline of a life skills programme and descriptions of actual life skills lessons. Part 3 contains a trainer's guide and detailed descriptions of 16 workshops designed to assist the process of life skills programme development. The document is targeted at agencies involved in school curriculum development, health education, and the development of school-based health and social interventions.

Meeting between the World Health Organization and the Partnership for Child Development / jointly organized by the Division of Communicable Diseases, Programme of Parasitic Infections and the WHO Collaborating Centre for the Epidemiology of Intestinal Parasitic Infections, Geneva, 7-8 December 1993. - WHO, Geneva, 1994. - 14p. (E only)

Useful descriptive statement on the Partnership (aims, strategies and interventions), and on the task force on healthy school-age children. Attention is drawn (page 10) to the difficulties of planning, coordination and support of holistic school health programmes.

Mental health programmes in schools / R. Hendren, R. Birrell Weisen, J. Orley. - WHO, Geneva, 1994. - 34p. (E only)

This document sets out a model framework for a school mental health programme and suggests steps and recommendations for programme development. The promotion of mental wellbeing, mental health instruction, and the prevention of psychosocial problems and mental illness in the school setting are discussed.

National school health programme : a package prepared by the National Steering Committee, January 1992.- 14p. (E only)

This document describes the introduction of the school health education programme in the Ghana Education Service in March 1992.

Ottawa Charter for health promotion.

Health promotion, 1986; 1(4) : iii-v

The outcome of the First International Conference on Health Promotion in 1986, the Charter provides a clear definition of health promotion and its role in public health activities. It stresses the need for coordinated action as health is not the concern of the health sector alone. Although the school is not specifically mentioned, its importance as a setting for health promotion is implicit throughout, and many of the recommendations for future action can be appropriately addressed in the school. The Charter ends with a commitment by participants to a strong public health alliance, with a series of targets for health promotion. It calls for increased international action by WHO and other agencies in advocating the promotion of health in all appropriate forums.

Adelaide Recommendations : healthy public policy.

Health promotion, 1988; 3(2) : 183-186

These recommendations resulted from the Second International Conference on Health Promotion in 1988, and expanded the conclusions of the Ottawa Charter with emphasis on healthy public policy. The Conference identified four key areas as priorities for immediate action: supporting the health of women, food and nutrition, tobacco and alcohol, and creating supportive environments. Although the school is not specifically mentioned, it is in the school setting that the foundation is laid for promoting all these priority actions.

Supportive environments for health: The Sundsvall Statement.

Health promotion, 1991; 6(4) : 297-300

*This report on the Third International Conference on Health Promotion builds on and expands the recommendations of the Ottawa and Adelaide Conferences. WHO and UNEP are urged to develop guidelines based on the principles of sustainable development for use by Member States: the donor community should then use those guidelines in planning, implementing and assessing development projects. A practical outcome of this conference is a briefing book which relates directly to schools (see *Creating educational environments supportive of health : briefing book to the Sundsvall Conference on supportive environments 1991*).
(E,F)*

Planning for practical health education in primary schools in Bahir Dar Awraja / Alemayehu Minas and Barbara Junge. - Addis Ababa, Ethiopia: UNICEF, Curriculum Evaluation and Educational Research Division, Ministry of Education, 1988. - 37p. (E only)

The authors examine the potential of primary schools and their communities for the implementation of appropriate health education. Recommendations based on their conclusions are given for Awraja and the national level, for further study and research.

Prévention des MST et du SIDA en milieu scolaire : 1987-1991.- B. Moltrecht, C. Pancaldi, D. Charton, P. Ardweston.- Service de Santé Scolaire d'Indre et Loire. (F only)

A review of discussions on health education and prevention methods of bringing about behavioural change in relation to AIDS and STDs. The result of a survey on youth and sexuality with involvement of schools in the campaign has been a scheme to promote preventive behaviour.

Prevention in childhood and youth of adult cardiovascular diseases : time for action : report of a WHO Expert Committee [meeting held in Geneva from 17 to 24 October 1988]. - WHO, Geneva, 1990. - (WHO Technical Report Series : no. 792) (Chi,E,F,R,S)

An Expert Committee report which contains a great deal of valuable information on the prevention of cardiovascular diseases. Of direct relevance is section 3.3, The Role of Schools, pages 61 to 64. However, much of the content is of value, including a recommendation into research on more effective health promotion strategies for use in childhood and youth, page 95.

Promoting mental and emotional health in the European network of health promoting schools; a training manual for teachers and others working with young people.- WHO/University of Southampton, 1994. (E only)

The manual consists of a number of exercises, explained in detail, to be used in different training courses. It also contains background reading.

La Promotion de la Santé en faveur des Elèves en 1991-92 et 1992-93.- J. Brice.- Santé Publique, 1994,n°1.- pp. 37-55. (F only)

This report describes the preliminary results of a two-year introduction of a health-promoting school concept in France. The assignment of national education physicians to work closely with the educational community has led to the mobilization of health, educational and social services in following up the mental and physical health of students, and their academic performance, from kindergarten to baccalaureate. It has also involved the creation of health clubs and partnership with parents and local communities in the interests of the students, and the improvement in health promotion and education for and by teaching staff.

Promotion of heart health in schools / Martine P. A. Bouman. - : 1992.
World Health Forum 1992 ; 13(2/3) : 257-260

A description of the Netherlands Heart Foundation's contribution to the education of primary and secondary school children on prevention of cardiovascular disease. Stress is laid on a healthy school environment and the involvement of parents. A package has been developed with a teacher's manual, video and other audiovisual materials, posters and games.

Prototype action-oriented school health curriculum for primary schools : national guidelines. - Alexandria : WHO Regional Office for the Eastern Mediterranean, 1988. - 26p.

Prototype action-oriented school health curriculum for primary schools : national guidelines. - Alexandria : WHO Regional Office for the Eastern Mediterranean, 1988. - 7pts. - Units 1-5 . - Unit 6 . - Units 7-9 . - Units 10-12 . - Units 13-17 . - Units 18-22 . - Glossary/Index

Prototype action-oriented school health curriculum for primary schools : teacher's guide. - Alexandria : WHO Regional Office for the Eastern Mediterranean, 1988. - 133p. - (E only)

This comprehensive curriculum comprises a 133-page teacher's guide and a teacher's resource book of 22 units, totalling some 450 pages. This 1988 curriculum includes involvement in community activities, outreach to parents and students as channels for health education to their families and the community. There is also some useful information on methods and techniques, teaching aids and the school environment and health services.

The role of school health education in preventing heart, lung, and blood diseases.- Lloyd J. Kolbe, Ian M. Newman.- United States : The National Conference on School Health Education Research in the Heart, Lung and Blood Areas, 15-16 Sept. 1983. (E only)

The development of behaviours to prevent heart, lung and blood diseases in the United States needs to begin early in life. The nation's schools provide the most appropriate and efficient vehicle for health promotion. A number of risk factors and social issues that can be addressed in schools, in relation to each of these groups of diseases, is described. Emphasis is placed on the need for research to increase the impact of school-based health education.

School and community support programs that enhance adolescent health and education.- R.H. Price, M. Cioci, W. Penner, B. Trautlein.- Carnegie Council on Adolescent Development, 1990.- 61p. (E only)

This report considers the role of the school in helping adolescents to confront their environment through school-linked clinics, small group interaction, encouraging peer leadership, and especially their transition to new schools. The relationships between the school, the family and community organizations are described, as well as the improvement in adolescent learning and work performance as a result of social support networks in which the school is a major actor.

School-based community development as a health promotion strategy for children / ILze V. Kalnins, Corinne Hart, Peri Ballantyne, Georgia Quartaro, Rhonda Love, Gunta Sturis, Patti Pollack. - Great Britain: Oxford University Press, Health Promotion International, vol 9, n°4, 1994. - 269-279. (E only)

This paper discusses experience of engaging 9-10-year old children in grade 4 in a community development process to deal with community health problems they consider important. With guidance from a facilitator, young children can work cooperatively to identify problems, set priorities, and design and implement activities to address a community health issue. They can reflect upon their actions and the process within which they have worked and realize that the process can be applied to the resolution of other community problems.

School-based health education : an overlooked need / prepared by Ronald C. Israel and Susan Van der Vynckt. - WHO, Geneva, 1985. - 11p. (E,F)

A UNESCO paper submitted to a WHO/UNICEF consultation on health education for school-age children. Although old (1985), it contains some useful information on the school which points the way to the Global School Health Initiative.

School-based interventions for youth health and development : Report of the First Technical Support Group Meeting. - Geneva : UNICEF, 1993. - 52p. (E only)

A report on a meeting of the UNICEF Technical Support Group on school-based interventions, with participation of five WHO staff (representing school-based interventions in health education, mental health, adolescent health and HIV/AIDS). It gives an interesting brief description of UNICEF and WHO school-based activities, as well as specific country interventions in the Caribbean, Thailand and Zimbabwe. The emphasis is on the development of life skills and life experience, and meeting the goals of Education for All.

School health education to prevent AIDS and sexually-transmitted diseases : a resource package for curriculum planning. - WHO, Geneva, 1994. - 284p. (Chi,E,F,R,S)

The package has three parts. The first, a handbook on curriculum planning (88p), outlines the main steps in curriculum planning and offers extensive practical guidance in the form of model letters, checklists, agendas, and instruments for programme evaluation. The second part (79p) presents a series of 53 illustrated proposals for classroom activities that can help students develop responsible attitudes and say "no" to risky behaviours. The final teachers' guide (117p) offers tips and advice on how to teach each activity effectively.

School health education to prevent AIDS and sexually transmitted diseases.- WHO, Geneva, 1992. - 79p. - (WHO AIDS series : 10) (Chi,E,F,R,S)

This guide provides a framework within which education authorities can work with teachers, parents, and community leaders to help young people learn the facts about AIDS and STDs and make mature decisions to reduce the risk to themselves and others. It emphasizes the importance of education about human behaviour and sexuality that is appropriate to a young person's particular stage of development and culture. It will help the educational system to provide structured, sequenced, school-based approaches to the problem of AIDS/STDs. It is primarily concerned with formal education on AIDS/STDs in schools.

School health in America: an assessment of state policies to protect and improve the health of students.- Ohio, Kent: American School Health Association, 5th edition: 1989.- 50p. (E only)

This study provides information about the current status of state support for school health programmes. It provides a better understanding of what programmes exist at the state level and what still needs to be accomplished for quality school health programmes to be obligatory for all students throughout the US.

School sanitation and hygiene education in Latin America : summary report of a workshop on problems and options for improvement, Cali, Colombia, 22-27 March 1993 / prepared by Lisette Burgers ... [et al.]. - Geneva : WHO, 1994. - 32p. + Annexes. (E only)

Workshop review of sanitary facilities in schools, and educational methods and materials on hygiene education, teacher training, attitudes and practices of school staff, students and community members in relation to school environment. Useful case studies on seven Latin American country practices.

Sing along with Hearty / Yong Lik Sin & B. Vaithinathan. - : 1992 : World Health 1992 ; Jan-Feb: 27-28 (E,F)

A Singapore multimedia programme, the heart health package, is directed towards primary school children, ages 6 to 12, as well as school teachers and parents. Contains workbooks, teachers' guides, parent education leaflets; also posters, songs, videos, puzzles and games.

State of the world's children 1994. - UNICEF. - New York : Oxford University Press, 1994. - 87p. (E only)

The section on education (pages 42-45) is particularly relevant to the School Health Initiative. The statement on p. 42, "... Economic returns from investments in primary education exceed those of any other kind of investment," is a useful quote. The publication stresses the health and economic importance of the education of girls. It also draws attention to the drop-out rate in developing countries. Although over 90% of children start primary school, only half of them reach grade 5. This annual UNICEF publication is a valuable resource of statistical data on the health of women and children.

Unpublished literature reviews commissioned by the Global Programme on AIDS : WHO, Geneva, 1991-93. (E only)

A series of 5 annotated literature reviews containing valuable information on different aspects in health and behavioral aspects of HIV/AIDS. They include: effects of sex education on young people's sexual behaviour; factors inhibiting and facilitating design of interventions: sex education strategies; peer involvement in prevention among adolescents; health and behavioural outcomes of population and family planning education programmes in developing country school settings.

Veeru and Meenu, for teachers/instructors / Anupa Lal. - New Delhi: Health and Nutrition Section, UNICEF, 1989. - 20p. (E only)

This document includes poems adapted from UNICEF booklet "Minni Aur Kaku". This easy-to-read book has been written to give children information about eyesight and vitamin A. It describes innovative ways in which teachers can make children realize the importance of vitamin A and how they can act to prevent blindness.

The very young as agents of change.- David Morley.- World Health Forum, Vol. 14, 1993.- pp. 23-24. (E,F,S)

This article argues that teachers in primary schools should encourage children to adopt healthy life-styles and become advocates of healthy life-styles in their families and communities.

Water, sanitation and education rehabilitation : Final Report by Björn Brandberg.- Sweden: UNICEF/World Bank. (E only)

This report describes the immediate and medium-term action required to raise the standard of environmental health and hygiene in rural primary and periurban schools in Zambia where cholera is endemic. Too often, schools are obliged to close during an outbreak because of inadequate sanitation and safe water. Not only does this have a bad effect on student learning, but also the positive contribution towards containing the epidemic, of health promotion by children within their communities, is lost. This contribution results from a carefully-planned health education programme. Recommendations made by World Bank and UNICEF, together with designs for different sanitary facilities depending on the amount of water available, are applicable for schools in other developing countries with similar problems.

Workbook for health and nutrition integration : Strengthening the teacher-child-parent (TCP) approach in the school health and nutrition programme.- The Philippines: Nutrition Centre of the Philippines in association with UNICEF, 1987.- 121p, grade 3. (E only)

A practical workbook for completion by students, and relating to different aspects of their health: height, weight, nutritional status, presence of helminths; and of their environment; in the school and in the home and community. Many of the activities need to be carried out with the help of parents. Although specific to the local situation in the Philippines (with one section in Tagalog), this imaginative workbook would lend itself well to adaptation to other school circumstances.

Workshop on an action-oriented school health curriculum, Alexandria, Egypt, 23-27 February 1986.
- Alexandria : WHO Regional Office for the Eastern Mediterranean, 1986. - 40p. (E only)

An interesting survey of the quasi-absent facilities for health education in schools in EMR. The recommendations led to the development of the Action-oriented curriculum (see Prototype action-oriented school health curriculum for primary schools).

Youth health promotion : from theory to practice in school and community / edited by Don Nutbeam ... [et al.]. - London : Forbes Publications, 1991. - 338p. (E only)

This textbook which reviews experiences in health promotion for young people in industrialized countries, contains a great deal of data relevant to school health. The emergence of the Health Promoting School is discussed on pages 39 to 41. There is an interesting literature review on the effects of school health education on the health of students (pages 89 to 104), and a number of illustrative case studies on different approaches to health education and school health. A useful reference book.

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