

The Health- Promoting Schools Initiative in the Americas



The Health-Promoting Schools Initiative in the Americas

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Introduction

The Region of the Americas has a population of 850 million people, 13.5% of the world population. As infant mortality has decreased approximately 30%, it is estimated that over 220 million children survive beyond their fifth birthday. One hundred fifty six million children/adolescents are 5 to 19 years old. In 1990, 61 million children were enrolled in primary school while in 1998, 71 million were enrolled in school, with 5 million out of school. In Latin American and Caribbean countries, primary school enrollment has become almost universal, with the exception of rural poor children. Enrollment rates that reflect almost universal coverage are: Argentina 98.9%, Brazil 95.5%, Chile 99.7%, Colombia 95.1%, Costa Rica 97.8%, Ecuador 98.5%, Honduras 94%, Mexico 98.3%, Panama 99.3 Paraguay 98%, Uruguay 98.8%, and Venezuela 97.1%. However, there are marked differences between and within countries for indigenous, rural, periurban, and urban populations. Currently, the main causes of mortality for children and adolescents are “external causes,” including road traffic accidents that account for 25% of the deaths in this age group; violence 28%; and injuries 19%, with men bearing the largest burden for these factors.

There is a well-established tradition of school health programs throughout Latin American and Caribbean countries. Historically, school health departments were situated at the Ministries of Health and functioned as the country’s disease control office. The focus then was on disease prevention and control, reinforcing a medical and disease oriented strategy that reinforced a disengagement of teachers and students and a predominantly passive role on the part of the school community. A number of stages define the development and history of school health in the Region.

The school hygiene model, largely inspired by the European experience, introduced hygiene-related and disease control teaching in the school environment. Activities mostly addressed the threats of contagious diseases and included the inspection of individuals and environments, introduced standards of tidiness, and monitored the fulfillment of preventive measures. This model is still evident in some school health programs, representing the “use” of schools and their “captive” population to attain public health objectives.

In the 50s, *the medical school model* was an evolution of the school hygiene model that incorporated the progress archived by the medical sciences in the 1950s. Examples of this model are the massive vaccination campaigns and the presence of health education themes in the science curricula.

The 70s and 80s can be described as the “*policy years*” with the Alma Ata “Declaration on Health for All” and the Jomtien “Declaration of Education for All.”

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The 90s reflect integrated models of *school health* that are currently in the process of development in the Region. Two main approaches can be highlighted: schools as “*practical targets*” to reach children, adolescents and communities, and “*integrated*” school health programming. Within the first approach, schools are the targets of interventions to prevent the spread of disease, and the focus is on the health problems of children and their families. With this approach, schools represent a convenient delivery point for preventive and even curative interventions. Teachers and schools are involved in a range of activities from vaccination and maternal and child health campaigns to community health fairs that distribute health information to the school community. By contrast, the “*integrated*” school health program - where health and education stakeholders seek to complement various tasks and activities - are becoming increasingly popular in the Region. This model has been inspired by successful experiences in the United States of America and in Canada.

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The Health-Promoting Schools Initiative has three main components:

1. *Comprehensive school health education, including life skills training*
2. *Healthy and supportive environments and surroundings*
3. *Adequate health and nutrition services*

Regional Projects and Activities

PAHO/WHO technical cooperation in the Region has focused on sensitizing policy makers about the regional strategy, and in conducting training activities directed to technical personnel for the implementation of the strategy at the country level, including:

1. The conduction of regional and subregional meetings. Since 1993, several consultation meetings have been carried out, which provided support for the creation of the Latin American Network of Health-Promoting Schools in 1996.
2. The development of the **rapid assessment process and tools (RAP and RAT)** (1996).
3. The development of informational videos that document the development of the Health-Promoting Schools projects in countries of the Americas.
4. The construction and consolidation of the Latin American Network of Health-Promoting Schools is a project which provides a space for the exchange of knowledge, ideas, resources, and experiences. Currently registered in the Latin American Network are: Argentina, Chile, Uruguay, Paraguay, Peru, Brazil, Venezuela, Bolivia, Colombia, Ecuador, Panama, Costa Rica, Nicaragua, El Salvador, Honduras, Guatemala, Belize, Mexico, Cuba, and Dominican Republic.
5. The creation of the Network Newsletter “*Experiencias*.” The Newsletter is to be produced biannually to encourage the exchange of experiences and materials. It includes several sections, such as analysis of health and education policies, review of relevant documents to strengthen the Health-Promoting Schools Initiative of the Commissions and the National Networks.

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6. The creation of the partnership between the International School Health and Nutrition Initiative of the World Bank and the Health-Promoting Schools Initiative of the Pan American Health Organization. This partnership strives to provide a programmatic link between the school and the health sectors.
7. The development of “Life skills training for youth within the school system,” such as self-awareness, empathy, communication, interpersonal relationships, decision making, problem solving/conflict resolution, creative thinking, critical thinking, coping with emotion, coping with stress, and self-care skills.

Colombia

The Initiative started in 1996 with technical collaboration provided by PAHO. The country has been promoting activities such as training-continued education, academic training, political commitment, healthy public policies, community participation, such as the figure of “the personeros,” on preschool, primary and secondary school. The Colombian Network of HPS involves health, education sectors, family welfare, universities and NGO’s.

Colombia plans to expand and strengthen HPS activities to include:

- sexual and reproductive health
- tobacco, alcohol and other psychoactive substances, prevention and control
- nutrition
- environmental health
- violence
- community empowerment
- life skill training

There are other successful experiences in other Latin American countries:

Argentina

- Ministry of Health’s demand-driven initial health screening by teachers
- Ten thousand counselors employed by the Ministry of Education to provide support to students

Brazil

- Health Ministry’s TV topics such as STDs, are available to the Ministry of Education’s “TV Escola”
- Cooperation of MoE and the Brazilian Ophthalmology Council providing eyeglasses to students
- “National Curricular Parameters” for promoting healthy lifestyles and schools of citizenship

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- “Projecto Nessa Escola Eu Fico,” introduces health-promoting activities such as dance and drama
- R\$66 per year per student for preventative and curative services

Chile

- Junta Nacional de Becas (JUNAEB) provides free health for all children in primary schools

Colombia

- Life Skills Education provides workshops for families affected by violence

El Salvador

- “Escuelas Saludables” integrate education, health, nutrition and social protection in one curriculum

Paraguay

- “Escuelas Saludables” pilot, provides dental screening facilitated by the “Odontomóvil”

Peru

- “Teaching without Cholera” helped communities to provide basic sanitation infrastructure in 757 schools

Challenges

The most significant challenge is the mobilization of human resources and materials necessary to implement this Initiative, including the involvement of the society as a whole, international and technical cooperation agencies, political decision makers, private and public communication sectors, as well as teachers and parents. There is an immediate need to encourage community leaders, decision makers, and influential persons to become advocates for this Initiative, to provide the critical visibility and leadership to mobilize public opinion, and to convince key social actors to provide the necessary resources. The success of the Initiative depends to a great extent on the commitment of the countries as well as on the leadership role assumed by all sectors involved.

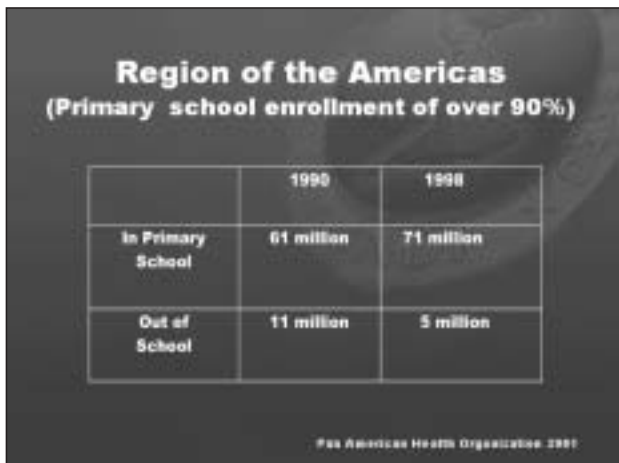
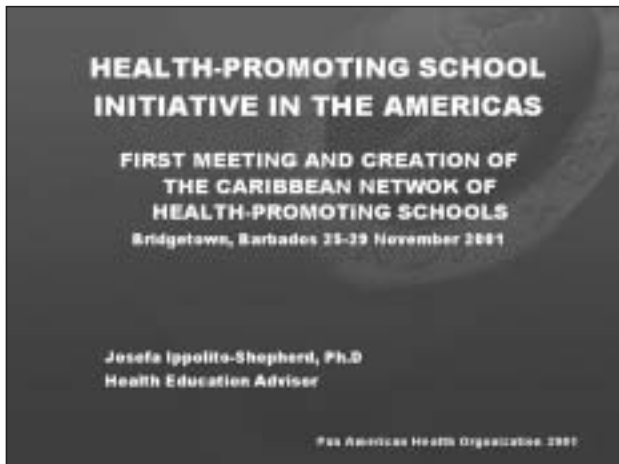
Plans for the Future

Strengthen/expand technical collaboration through:

- Dissemination of materials
- Development of HPS database
- Development of HPS Web site
- Development of Project Profiles for presentation to potential donors
- Regional/subregional/national operational plans
- Research
- Monitoring and evaluation, including Youth Risk Behavior Surveillance
- Latin American and Caribbean Networks of Health-Promoting Schools
- Use of Rapid Assessment Process and Tools (RAP and RAT) and preparation/dissemination of respective reports
- Regional implementation and evaluation of training workshops
- Regional implementation and evaluation of Life Skills training within the schools
- Implementation of activities responsive to the World Bank-PAHO/WHO partnership

In closing, health promotion and health education in schools is a pressing priority. Ensuring the right to health and education for all children is a responsibility shared by all. It is an investment that each society should make in order to generate and augment the creative and productive capacity of all young people and a sustainable social, healthy, and peaceful human future.

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Health-Promoting Schools in Central America and Panama

| | Guatemala | El Salvador | Honduras | Costa Rica | Panama | Belize |
|-------------------------|-----------|-------------|----------|------------|--------|--------|
| HP5 policies | X | X | X | X | X | X |
| Coordination | X | X | X | X | X | X |
| Workshop | X | X | X | X | X | X |
| HP5 activities | X | X | X | X | X | X |
| Educational Material | X | X | X | X | X | X |
| Workshop | X | X | X | X | X | X |
| Training | X | X | X | X | X | X |
| Community Participation | X | X | X | X | X | X |
| Workshop | X | X | X | X | X | X |
| Workshop | X | X | X | X | X | X |
| Publications | X | X | X | X | X | X |
| Learned lessons | X | X | X | X | X | X |
| Future Plans | X | X | X | X | X | X |

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Health-Promoting Schools

ARGENTINA

- Ministry of Health's demand-driven initial health screening by teachers
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BRAZIL

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CHILE

- Junta Nacional de Becas (JUNAEB) provides free health screening for all children in primary schools

EL SALVADOR

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PARAGUAY

- "Escuelas Saludables" pilot, provides dental screening facilitated by the Odontomóvil

PERU

- "Teaching without Cholera" helped communities to provide basic sanitation infrastructure in 757 schools

Colombia

- "Escuelas Saludables", started in 1991, provides comprehensive health education - promotion - life skills education

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Challenges

- Mobilization of resources for the implementation of the initiative
- Involvement of the society as a whole
 - International and technical cooperation agencies
 - political decision makers
 - private and public communication sectors
 - teachers and parents
- Involvement of community leaders, decision makers, and other influential persons
- Commitment of the countries
- Leadership role for all relevant sectors

Pan American Health Organization 2001

Plans for the Future

- Strengthen/expand technical collaboration
 - Dissemination of materials
 - Development of HP5 data base
 - Web Site
 - Development of project profiles for presentation to potential donors
 - Regional/subregional/national operational plans
 - Research

Pan American Health Organization 2001

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Plans for the Future (cont.)

- Strengthen/expand technical collaboration
 - Monitoring and evaluation, including YRBS
 - Latin American and Caribbean Networks of Health-Promoting Schools
 - Use of RAP and RAT and preparation/ dissemination of respective reports
 - Regional implementation and evaluation of training workshops
 - Regional implementation and evaluation of Life Skills training within the schools
 - Implementation of activities responsive to partnership World Bank-PAHO/WHO

Pan American Health Organization 2001

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Health promotion and health education in schools is a pressing priority. Ensuring the right to health and education for all children is a responsibility shared by all. It is an investment that each society should make in order to generate and augment the creative and productive capacity of all young people and a sustainable social, healthy and peaceful future.

Pan American Health Organization 2001



Health Promotion and Education in the School Setting: Status and Trends in the Latin American Region

Dr. Benjamín Puertas, Director of Masters in Public Health, Universidad San Francisco de Quito, Ecuador

Criteria for Analysis

- Policy development
- Coordinating mechanisms
- Comprehensive health education
- Healthy environments
- School health services
- Risk behavior surveys surveillance
- Monitoring and evaluation system
- Community participation

Policy Development

- The elements analyzed were education reform in the Region, with particular interest in curricula renovation
- The existence of intersectoral policies between the health and education sectors was also analyzed. All the countries in the region are going through a curricula reform.

Coordination Mechanisms

The existence and participation of intersectoral committees (health and education), commissions, or task groups was analyzed. The Latin American experience showed that although most of the countries have a national joint committee, it is not necessarily active currently. In some cases, local committees created to deal with a particular issue have a better impact.

Health Education

- Health education is approached as a subject in several countries. However, health education is included throughout the curricula in some countries of the Region.
- Teacher's training and continuing education in health promotion and education is not wide spread in Latin America. However, there are some interesting experiences of training programs for teachers in which health promotion is included.

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- The educational material produced in the Region is mostly traditional (hygiene, sanitation), but several countries are introducing more comprehensive and participative educational material (self-esteem, interpersonal relations, etc.)

School Environments and Services

Environments

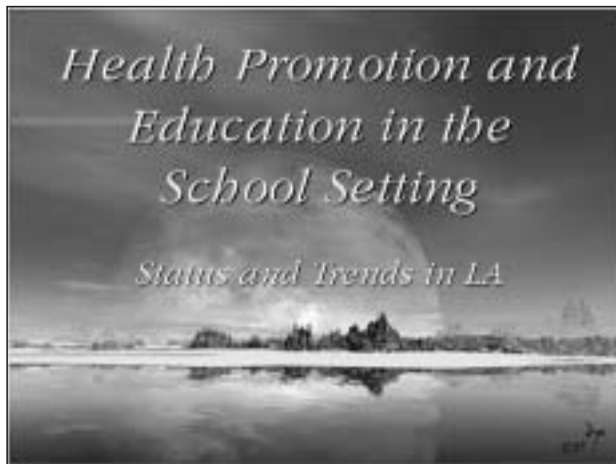
Most of the School Health Programs in the Region have included the improvement of the physical environment of the schools as one of their strategies. However, there are only a few countries, which include the psychosocial and emotional environment at the school level.

Services

- Health services are located at the schools, but children are usually referred to the health system for care. Mobile units have been implemented in some countries. Most of the services are related to screening (sight, hearing, weight and height), diagnosis and treatment of disease, and disease prevention. Health professionals at the school level do not provide services or information related to health promotion and do not become involved in health education.
- Feeding Services—all the countries have some type of school nutrition program (fortified milk, fortified cookie, etc).

Monitoring and Evaluation

Monitoring and evaluation of school health programs is limited in the Latin American Region. There are some efforts in certain countries to establish a continuous evaluation system (process, impact and results).



CRITERIA FOR ANALYSIS

- Policy development
- Coordinating mechanism
- Comprehensive health education
- Healthy environments
- School health services
- Risk behavior surveys surveillance
- Monitoring and evaluation system
- Community participation

Policy Development

- Education reform: Curricula renovation
- Intersectoral policies (health - education)
- Other policies, agreements, norms or legislation

Coordination Mechanisms

- Intersectoral committees, commissions, task groups

Health Education

- Health education as a subject or included throughout the curricula
- Teacher's training and continuing education in health promotion and education
- Educational material
 - traditional/comprehensive and participative

School Environments and Services

| | |
|------------------------------|--------------------|
| ENVIRONMENTS: | SERVICES: |
| ■ Physical environ. | ■ Health services |
| ■ Psychosocial and emotional | ■ Feeding Services |

Research

- ◆ Youth risk behavior surveys and surveillance system

Monitoring and Evaluation

- Monitoring and evaluation of school health programs

Community Participation

- ◆ School - community integration
- ◆ Parent - teachers association



Multi-Risk Information Surveillance Systems: Behavior Surveillance Among Youth

Charles Gollmar, World Health Organization (WHO)

Mr. Gollmar described current surveillance efforts currently being conducted by the World Health Organization to gather global data on risk factors affecting the health of children and adolescents worldwide. The following is a brief summary of his presentation.

In partnership with UNICEF, UNESCO, UNAIDS, CDC, and the World Bank, the WHO will act as the Secretariat of a new surveillance system called Global Multi-Risk Information Surveillance Among Youth. The primary purposes of the system are:

1. To provide countries with high-quality data on risk factors affecting the health of children and adolescents to drive policies and programmes and to justify resource allocation decisions
2. To provide data that will enable countries and international agencies to compare the prevalence of important risk factors among youth, both within and across countries
3. To provide data that will enable countries and international agencies to track trends over time

This surveillance system is significant in that it focuses on collecting information not only about disease prevalence, but also about behavior. Behavior surveillance can increase efforts by showing that adolescents do not have either the knowledge base, or the appropriate behavior, to avoid disease.

The surveillance system will focus on risk factors related to the following health areas:

- injuries and violence
- tobacco use
- alcohol and other drug use
- sexual behaviors
- dietary behaviors
- physical activity
- mental health
- hygiene

The project will place a particular emphasis on building capacity within countries by providing technical support for data collection, assistance with dissemination of results, and assistance in applying the data to programs and policies addressing the health needs of children and adolescents.


The survey will consist of a core questionnaire with specific modules to assess different risk factors. The survey is designed to be flexible in its implementation and can be modified to meet individual country needs.

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At the next meeting of professionals involved in creating the Multi-Risk Information Surveillance Among Youth, the participants plan to draft a core set of questions for each of the 8 modules, draft add-on questions as time permits, and determine the next steps to further the development of school-based and non-school-based, multi-risk information surveillance among youth. Included in this meeting will be professionals from the WHO, UNESCO, UNICEF, UNAIDS, the World Bank, FAO, the Centers for Disease Control and Prevention, Education International, Education Development Center, Inc., and Family Health International. In addition, the following countries will be represented at the meeting: Botswana, Brazil, China, Costa Rica, India, Indonesia, Jamaica, Malawi, South Africa, the Russian Federation, and Zambia.

Multi-Risk Information Surveillance System

Behavior Surveillance Among Youth



Department of NCD Prevention and Health Promotion, WHO

Outline

- Where are youth?
- Special considerations
- What is already going on?
- Global Multi-Risk Factor Surveillance Among Youth

Where Are Youth?

- In-school
- Out-of-school
 - Households
 - Other settings

Special Considerations

- Gatekeepers
- Location
- Privacy
- Simplicity
- Duration

Global Multi-risk Information Surveillance Among Youth

- July 14, 2001 - 3rd meeting
- WHO, UNICEF, UNESCO, UNAIDS, CDC, World Bank, FHI,
- In school (WHO) and out-of-school (UNAIDS, UNICEF) components
- WHO will act as Secretariat

Primary Purposes of System

- To provide countries with high quality data to drive policies and programmes and to justify resource allocation decisions
- To provide data that will enable countries and international agencies to compare the prevalence of important risk factors among youth – within and across countries
- To provide data that will enable countries and international agencies to track trends over time

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Focus of System

- Injuries and violence
- Tobacco use
- Alcohol and other drug use
- Sexual behaviors
- Dietary behaviors
- Physical activity
- Mental health
- Hygiene



Capacity Building

- Technical support for data collection
- Dissemination of results
- Application to programs and policies



Survey Design

- Core questionnaire
- Risk factor specific modules
- Flexible implementation
- Modified to meet individual country needs



Disease surveillance can reduce a country's efforts where there is low prevalence, but...

Behavior surveillance can increase efforts by showing that adolescents do not have either the knowledge base or the appropriate behavior to avoid disease.



Purpose of the 4th Meeting of Professionals Interested in Multi-risk Information Surveillance among Youth

- Draft a set of core questions for each of the 8 modules
- Draft add-on questions as time permits
- Determine next steps to further the development of school-based and non school-based Multi-Risk Information Surveillance Among Youth



4th Meeting of Professionals Interested in Multi-risk Information Surveillance Invitees

- WHO/HQ, WHO/RO
- UNESCO, UNICEF, UNAIDS, World Bank, FAO
- CDC, EI, EDC, HBSC, Family Health International
- Botswana, Brazil, China, Costa Rica, India, Indonesia, Jamaica, Malawi, South Africa, The Russian Federation, Zambia

