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Making every school a health-promoting school

Global standards and indicators

Making every school a health-promoting school

Global standards and indicators

Contents

Foreword

Around the world, schools play a vital role in the well-being of students, families and their broader communities.

The closure of many schools during the COVID-19 pandemic has severely disrupted education, prevented an estimated 365 million primary school students from having school meals and significantly increased the rates of stress, anxiety and other mental health issues. Experience tells us that, in some parts of the world, when schools close for more than a few weeks, early and forced marriage, early pregnancy, child labour and domestic violence increase.

The right to education and the right to health are core human rights and are essential for social and economic development. Now, more than ever, it is important to make all schools places that promote, protect and nurture health; that contribute to well-being, life skills, cognitive and socioemotional skills and healthy lifestyles in a safe learning environment. Such schools are more resilient and better able to ensure continuity in education and services, beyond the delivery of literacy and numeracy.

The idea of health-promoting schools was first articulated by WHO, UNESCO and UNICEF in 1995. Yet, few countries have implemented it at scale, and even fewer have made the institutional changes necessary to make health promotion an integrated, sustainable part of the education system. In 2015, experts in health-promoting schools identified the lack of systematic support, limited resources and a common understanding and approach as major challenges.

No education system can be effective unless it promotes the health and well-being of its students, staff and community.

Every education system should have institutionalized policies, mechanisms and resources to promote health and well-being in all aspects of school life, including the teaching curriculum and school governance based on participatory processes that are inclusive of the broader community. This requires that education systems be re-oriented towards a systematic approach to health-promoting schools and allocation of resources, so that each level of governance has the infrastructure and the means to implement policies and programmes for better education, health and well-being.

The Global Standards for Health Promoting Schools provide a resource for education systems to foster health and well-being through stronger governance. Building on a large body of evidence, eight global standards are proposed, while the accompanying Implementation Guidance details 13 implementation areas, associated strategies and a process that will enable country-specific adaptation. In addition, case studies illustrate how health promotion in schools is being implemented in low- and middle-income countries.

Application of these global standards could improve the health and well-being of 1.9 billion school-aged children, adolescents and staff worldwide, delivering a triple dividend for students today, the adults of tomorrow and the generation of children to come.

Join our effort and let's "Make Every School a Health-promoting School".

Dr Tedros Ghebreyesus
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Acknowledgements

WHO and UNESCO are grateful to all those who contributed to this document.

Abbreviations and acronyms

FRESH	Focusing Resources on Effective School Health
G-SHPPS	Global School Health Policies and Practices Survey
HPS	health-promoting schools
NGO	nongovernmental organization
RMNCAH	reproductive, maternal, newborn, child and adolescent health
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	The United Nations Relief and Works Agency for Palestine Refugees in the Near East
WHO	World Health Organization

Glossary

Community: School and local communities

Component (of a standard): A thematic, action-oriented statement that must be implemented to achieve the standard. Some components contain additional statements that describe quality implementation of the component.

Comprehensive (health services): the extent to which the spectrum of care and range of services respond to the full range of health problems in a given community. Ideally, comprehensive services address all health areas relevant to their student population, including: positive health and development; unintentional injury; violence; sexual and reproductive health, including HIV; communicable disease; noncommunicable disease, sensory functions, physical disability oral health, nutrition and physical activity; and mental health, substance use and self-harm. The term "comprehensive" is used in this document in accordance with the WHO guideline on school health services *(1)*.

Curriculum: "A collection of activities implemented to design, coordinate and plan an education or training schedule. This includes the articulation of learning objectives, content, methods, assessment, material and training for teachers and trainers" *(2)* that enables students "to develop skills, knowledge and an understanding of their own health and well-being and that of their community" *(3)*. The curriculum encompasses the totality of students' experiences during the educational process and it includes planning and development and also students' educational experience beyond the classroom (e.g. extracurricular activities).

Distributed model of school leadership (also referred to as "shared leadership"): Collaborative, interdependent leadership, including decision-making, that is shared among individuals at all levels of the school community *(4)*

Educational outcome: The desired learning objectives that schools, teachers and other school staff wish students to achieve, including academic achievement, the learning experience and the educational, social and life effects of education, including school completion and employment *(5)*

Governance: The rules, mechanisms, relationships and processes by which HPS activities and roles are led, managed, monitored and held to account for use of allocated resources and achievement of specified objectives.

Health: "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" *(6)*

Health education: Any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge, influencing motivation and improving health literacy. Can include communication of information on the determinants of health, individual risk factors and use of the health care system. Can involve task-based communication to support actions such as participation in immunization and screening programmes, adherence to medication or health behaviour change. Can also include skills-based communication to develop generic, transferrable skills for health that equip people to make more autonomous decisions about their health and to adapt to changing circumstances. Includes development of knowledge and skills that enable action to address the determinants of health

Health literacy: Health literacy represents the personal knowledge and competence that accumulate through daily activities, social interactions and across generations. Personal knowledge and competence are mediated by the organizational structures and resources that enable people to access, understand, appraise and use information and services to promote and maintain good health and well-being for themselves and those around them.

BOX 1.
Health literacy as a personal, institutional and social asset

Health literacy is based on personal competence and organizational structures, resources and commitment that enable people to access, understand, appraise and use information and services to promote and maintain good health. As a personal asset, health literacy enables students to:

- access and navigate health information environments;
- understand health messages;
- think critically about health claims and make informed decisions about health;
- acquire health knowledge, and use it in new situations;
- communicate about health topics and concerns;
- use health information to promote their own health, that of others and environmental health;
- develop healthy behaviour and attitudes;
- engage in healthy activities and avoid unnecessary health risks,
- become aware of their own thinking and behaviour;
- identify and assess body signals (e.g. feelings, symptoms);
- act ethically and socially responsibly;
- be a self-directed, life-long learner;
- develop a sense of citizenship and be capable of pursuing equity; and
- address social, commercial, cultural and political determinants of health.

Health literacy benefits not only individuals but also organizations and communities. Although health literacy is mediated by community and organizational structures, resources and commitment, the relationship is bidirectional. Health-literate communities and organizations (e.g. HPS) will better fulfil their objectives and responsibilities towards their members.

Adapted from: Health literacy in schools - state of the art. Factsheet nr.6. Schools for Health in Europe; 2020 (https://www.schoolsforhealth.org/sites/default/files/editor/fact-sheets/factsheet-2020-english.pdf).

Health promotion: "Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions" *(7)*. Its scope and activities are ideally comprehensive and multifaceted. Often framed in the context of prevention strategies for a group, community or population, it is also embodied in individual approaches such as treatment and continuing care.

Health-promoting education system: An education system that, through intentional, planned actions, institutionalizes health promotion in all its functions, i.e. governance of the educational process and its content, resource allocation, educators' professional development, information system and performance management.

Health-promoting school: A school that consistently strengthens itself as a safe, healthy setting for teaching, learning and working *(8)*. The global standards and indicators are applicable to any whole-school approach to health, even if the term "HPS" is not used (e.g. comprehensive school health, healthy learning environment, *école en santé, escuela para la salud*).

Implementation: Conduct of a specified set of activities to establish or put in place a programme *(9)* or initiative. The activities include identification of an issue, determination of a desired outcome, planning, use of monitoring and feedback, collection and use of data and collaboration of internal and external stakeholders *(10)*. Particularly in schools, implementation is considered to represent complex interactions among the characteristics of the education system, implementers and the organizational context in which a programme is implemented *(11)*.

Indicator: A variable used to monitor or evaluate specific, measurable progress towards completion of an activity, output, outcome, goal or objective *(12, 13)*. Indicators are provided for the components of each global standard. Indicators can be populated from various data sources and can be collected and reported at various levels (e.g. global, national, subnational, school). The different types of indicator are *(14)*:

- **Input indicator:** used to monitor human and financial resources, physical facilities, equipment and operational policies for implementation of programme activities;
- **Process indicator:** used to monitor the activities conducted to achieve the objectives of a programme, including what is done and how well it is done;
- **Output indicator:** used to monitor the immediate results of various processes in terms of service access, availability, quality and safety;

- **Outcome indicator:** used to monitor the intermediate results of a programme that are measurable at population level; and
- **Impact indicator:** used to evaluate the long-term outcomes to which programmes are designed to contribute affect, including decreased mortality and morbidity.

Intersectoral collaboration: A working relation between two or more sectors to achieve, in the context of HPS, health and education outcomes in an effective, efficient, sustainable manner *(15)*

Local community: Both the local (geographical) community of people living or working near the school and various organizations external to the school but that engage with students or staff at the school. May include local government authorities, nongovernmental organizations (NGOs), faith-based organizations, private enterprises, community health services and community groups such as youth groups and providers of organized sports, arts and other culture.

Parents: Comprises parents, caregivers and legal guardians of students

Resources: Any financial, information, human or physical resources

School: An institution designed to provide compulsory education to students at both primary (elementary) and secondary (junior and senior high school) levels

School community: All school staff, including teachers, school governance (e.g. school board members), management staff, other school staff (e.g. administrative staff, cleaners, health professionals) and volunteers who work in the school, students, parents, caregivers, legal guardians and the wider family unit.

School health service: Health services provided to students enrolled in primary or secondary education by health care and/or allied professionals, which may be provided on site (school-based health services) or in the community (school-linked health services). The services should be mandated by a formal arrangement between the educational institution and the health-care providers' organization *(16)*.

Social–emotional learning: Specific elements of the school curriculum and "... the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions ..." *(17, 18)*. An inherently

strengths-based approach intended to equip students with the personal resources to enable them to cope better with challenging circumstances.

Stakeholder: A person, group or organization with an interest in or that may be affected by implementation of HPS (or similar). They include individuals within the school community, such as students, parents, teachers, administrative staff, HPS coordinators and principals. Stakeholders outside the school may include local health service providers, business owners, United Nations agency staff, nongovernmental organizations and their representatives and district, provincial and national ministerial staff.

Standard: A statement that defines characteristics, structures, processes and/or expectations of performance *(19)*.

Standard statement: The overarching descriptor of a global standard.

Subnational: Political–administrative unit that operates at the level of a state, region, province, municipality, district or zone. Countries may have different levels of school governance.

Sustainability: The degree to which an initiative is maintained over time or institutionalized in a given setting *(20)*.

Well-being: A physical, emotional and social state "in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to [their] community" *(21)*. Well-being is defined as five interconnected domains including good health and optimum nutrition; connectedness, positive values, and contribution to society; safety and a supportive environment; learning, competence, education, skills, and employability; and agency and resilience (see resources for adolescent well-being in Annex 1).

Whole-school approach: "An approach which goes beyond the learning and teaching in the classroom to pervade all aspects of the life of a school" *(3)*. Includes teaching content and methods, school governance and cooperation with partners and the broader community, as well as campus and facility management. It is a cohesive, collective, collaborative approach by a school community to improve student learning, behaviour and well-being and the conditions that support them *(22)*.

Whole-of-government: Joint activities coordinated and performed by multiple sectors and levels of government towards a common goal or solution.

Summary

Every school should be a health-promoting school.

No education system is effective unless it promotes the health and well-being of its students, staff and community. These strong links have never been more visible and compelling than in the context of the COVID-19 pandemic.

A health-promoting school (HPS) approach was introduced over 25 years ago and has been promoted globally since; however, the aspiration of a fully embedded, sustainable HPS system has not yet been achieved, and very few countries have implemented and sustained the approach at scale.

This publication is based on an extensive review of health-promoting school policies, strategies and guidelines from 91 countries in various regions and on expert and public consultations with education and health sector policy-makers, practitioners and researchers around the world.

Stakeholders in all sectors involved in identifying, planning, funding, implementing, monitoring and evaluating the health-promoting approach in schools will find this publication useful for understanding:

- why every school should become a health-promoting school and
- what constitutes a health-promoting school.

Towards making every school a health-promoting school: Let's start with a shared vision based on the standards and indicators presented in this publication.

Health Promoting Schools are everyone's business.

This requires multi stakeholder engagement.

This document is the first of a series, Making every school a health-promoting school. The three volumes are:

1

Volume 1:
Global standards and indicators

2

Volume 2:
Implementation guide

3

Volume 3:
Country case studies

Introduction

Schools are important settings for education, health and well-being.

Governments and school communities recognize increasingly that health, well-being and educational outcomes are closely intertwined and that schools are important resources for influencing the health and well-being of students, families and the wider community. The school closures due to the COVID-19 pandemic have made these links particularly clear.

A health-promoting school is "a school that constantly strengthens its capacity as a safe and healthy setting for living, learning and working" *(8)*. The concept of health-promoting schools (HPS) is a whole-school approach to promoting health and educational attainment in school communities by capitalizing on the organizational potential of schools to foster the physical, social–emotional and psychological conditions for health as well as for positive education outcomes. The HPS approach and related whole-school approaches to health have been associated with considerable improvements in many domains of student health, well-being, nutrition and functioning.

Global standards and indicators for HPS will accelerate global implementation.

Although HPS and other whole-school approaches to promoting health in schools were developed over 25 years ago, the aspiration of a fully-embedded, sustainable system has not yet been achieved. Intentional, planned actions are necessary to institutionalize health promotion in all aspects of the education systems, such as governance of the educational process and its content, resource allocation, educators' professional development, information systems and performance management. Investment is required at national, subnational, local and school levels to accelerate global progress towards making every school a health-promoting school.

In 2018, WHO and UNESCO announced an initiative to "make every school a health-promoting school", which included a commitment to develop global standards and indicators for HPS and to support their implementation. The global standards and indicators are intended to provide direction to government staff and policy-makers in all sectors, school leaders and developmental partners in the implementation of sustainable whole-school approaches to health in education. The global standards and indicators are designed to be used by all stakeholders in all sectors involved in identifying, planning, funding, implementing, monitoring and evaluating the HPS approach at schools locally, sub-nationally, nationally and globally.

This document has four parts:

1
Part 1 provides the rationale for whole-school approaches to health and well-being.

2
Part 2 briefly reviews the eight global standards and how they were developed.

3
Part 3 describes the rationale and aim of each global standard, with standard statements, components and sub-components.

4
Part 4 suggests indicators for the components of each of the eight global standards.

The annexes provide a list resources and of data sources and resources for indicators.

The document should be read in conjunction with the accompanying implementation guidance for HPS (volume 2 of the series), which is designed to assist national, subnational (where relevant) and local governments in developing, planning, funding and monitoring sustained whole-school approaches to health promotion in schools to meet nationally and locally relevant priorities for the health and well-being of students, parents, caregivers, school staff and local communities. Country case studies are provided in volume 3 of the series.

Why invest in health-promoting schools?
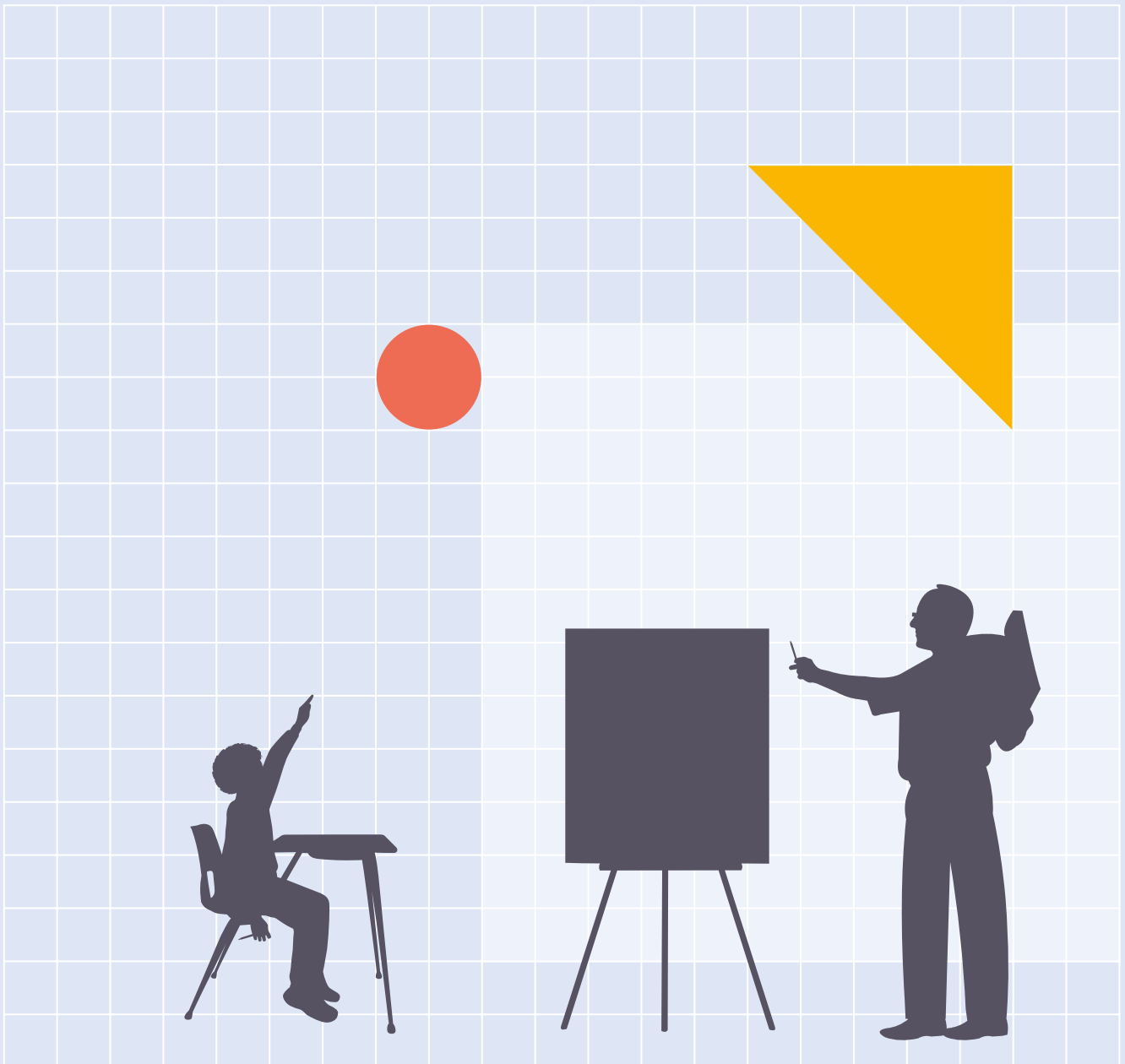
Schools are a setting for health.

Schools are increasingly regarded as a key setting for promoting the health, well-being and development of children and adolescents *(23)*. Globally, most children and adolescents are enrolled in school, and an increasing proportion are enrolled continuously from primary to secondary school *(24, 25)*. At their best, schools are a safe, secure place where students can acquire the knowledge, attitudes, behaviour, skills and experiences that are the foundation for becoming healthy, educated, engaged citizens. For example, schools can address the social determinants of health (e.g. gender-based violence) and can promote health by developing peer norms and social–emotional skills (e.g. to empower students to avoid harmful substances such as alcohol and tobacco *(26)*) and through rights-based initiatives (e.g. food and nutrition interventions *(26)*, comprehensive sexuality education *(27)*).

Many students, parents and caregivers also view schools as safe places to seek advice and support, including for health concerns *(27)*. Schools can serve as outreach locations for the delivery of health services such as vaccinations and access to healthy meals for students, particularly in rural areas or low-resource settings *(28)*. Gender inequality remains a salient issue in education *(29)*; in many regions, girls still have less access to schooling *(30)* and poorer learning outcomes, such as basic literacy, than boys *(31)*. Yet, investing in better educated, healthier students, especially girls, improves the health of students and also of the next generation when young people themselves become parents *(32, 33)*. Schools can therefore be viewed as an important resource, influencing the health and well-being not only of students and families but also of school staff and the wider community.
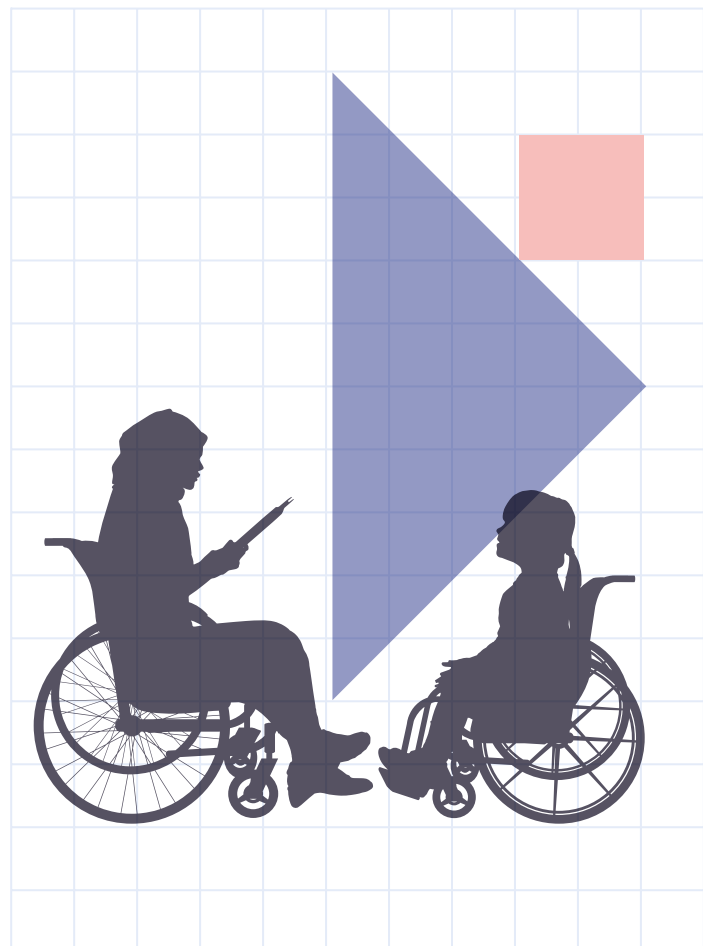
Well-being, health and education are linked.

The extensive links between health, well-being and educational outcomes are also becoming recognized, as governments and school communities understand that health and well-being are intrinsic to the delivery and attainment of educational outcomes and permeate all aspects of school life *(34, 35)*. Better student health and well-being, including health behaviour, such as physical activity and healthy eating, and the development of social–emotional skills, are associated with increased school attendance, engagement and academic performance *(36–38)*. The development of social–emotional skills has been identified as an educational objective to be incorporated into student learning standards *(39)*. Access to education, better-educated students and safe, supportive school environments are associated with better health outcomes for students, which persist into adulthood *(40–45)*. Recognizing the mutual influences between health, supportive environments and social determinants, in 2019, WHO in collaboration with the Partnership for Maternal, Newborn & Child Health and other partners defined adolescent well-being as having five interconnected domains including good health and optimum nutrition; connectedness, positive values, and contribution to society; safety and a supportive environment; learning, competence, education, skills, and employability; and agency and resilience (see Box 2).

New health issues have emerged that overtly affect students' school attendance and educational engagement, such as mental health disorders. Furthermore, student strikes have been held across the world for more effective political action against climate change and environmental pollution, with their effects on health.

The complexity of the links between health, well-being and learning is most powerfully demonstrated by the impact of the school closures in response to the COVID-19 pandemic. The closures have had not only deleterious effects on student engagement, learning outcomes and educational transitions *(46)* but have also resulted in emotional distress and mental health problems *(47)*. While the scope and long-term effects of the pandemic are yet to be fully appreciated, schools have had to make innovative changes. In many settings, schools adapted quickly to widescale remote learning, with new technologies and redefined school schedules to meet the practical needs of students and their families *(48)*. School closures and shifts to remote learning have also brought wider appreciation of the critical role of schools in the health and well-being of students, families and broader school and local communities.

BOX 2.
Domains of adolescent well-being:

good health and optimum nutrition;

connectedness, positive values, and contribution to society;

safety and a supportive environment;

learning, competence, education, skills, and employability; and

agency and resilience.

Source: Annex 1, resources for adolescent well-being

What is a health-promoting school?

A health-promoting school is "a school that is constantly strengthening its capacity as a healthy setting for living, learning and working" *(8)*. A health-promoting school is contributing to all domains of well-being (see Box 2). The concept of HPS embodies a whole-school approach to promoting health and educational attainment in school communities by capitalizing on the organizational potential of schools to foster the physical, social–emotional and psychological conditions for health as well as for positive educational outcomes *(49)*. HPS are prepared, responsive and resilient, including to environmental disasters and other community crises. The HPS approach has been shown to have positive effects on health, including increasing physical activity, improving nutrition and reducing use of licit and illicit substances and bullying *(44, 45, 50–52)*.

WHO defined six key characteristics or "pillars" of HPS: healthy school policies, healthy physical school environments, healthy school social environments, health skills and education, links with parents and the school community and access to school health services *(49, 53)*. Various terms have been used for HPS *(51)* and similar whole-school approaches to health, such as "comprehensive school health", "healthy school communities" and "school health education". Despite differences in the terms and the evolution of these approaches, they essentially all have the characteristics of a whole-school approach, which includes and extends beyond delivery of a health curriculum or a discrete health intervention or programme to encompass the whole school curriculum and the broader ethos[1] and environment of the school, with engagement of parents, families and the wider local community *(51)*. The term "HPS" is used generically in this document for any whole-school approach to health in schools.

Supporting implementation of health-promoting schools

The HPS initiative and other whole-school approaches to health in education have now existed for several decades. Nevertheless, there is widespread recognition that the uptake and sustainability of HPS should be increased in both high-income countries and, especially, in low- and middle-income countries *(54–56)*. Wider implementation of HPS will require increasing investment, enhancing school and national capacity in adopting an evidence-based, standards-driven approach, increasing collaboration between the health and education sectors and engaging a broader set of stakeholders (such as parents, local governments and civil society organizations) *(7, 54, 57)*. A further priority is the collection and use of better-quality data (e.g. indicators) as a basis for decisions *(7)*.

The initiative announced by WHO and UNESCO in 2018 included the development and promotion of global standards and indicators for HPS. This aspirational initiative is expected to serve over 1.9 billion school-aged children and adolescents and contribute to the target of the WHO 13th General Programme of Work of "1 billion lives made healthier" by 2023 *(58)* and the UNESCO strategy on Education for Health and Well-being contributing to ending AIDS as a public health threat by 2030 *(59)*. The initiative responds to the recommendation in the "Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation" that "every school should be a health-promoting school" *(60)*. It also supports the United Nations Sustainable Development Goals for both education and health, including the target that "all learners acquire the knowledge and skills needed to promote sustainable development … human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity …" by 2030 *(61)*. Challenges to and disruptions of education, exacerbated by public health challenges such as the COVID-19 pandemic, increase the urgency of investment in inclusive, equitable education to address learning poverty and to build human capital *(62)*.

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[1] The distinguishing character, sentiment and guiding beliefs of HPS.

What can health-promoting schools achieve?

The HPS and related whole-school approaches to health have been associated with considerable improvements in many domains of student health, well-being, nutrition and functioning. In several countries, it has been reported that whole-school approaches to health in which school policies, practice and ethos are aligned improve engagement in education and social and emotional well-being and reduce risk-taking behaviour in a variety of countries *(43, 44, 52)*. A systematic review *(54)* showed that the HPS approach improved body mass index, physical activity, physical fitness and fruit and vegetable intake in students and reduced tobacco use. Randomized controlled trials have demonstrated the benefit of whole-school approaches in countries with health and education contexts as different as India and England *(45, 55)*. A variety of health outcomes were measured in these studies, such as bullying and aggression, well-being, substance use and attitudes to gender and also school climate and educational engagement. The findings demonstrated the efficiency of multicomponent, whole-school approaches to improving both health outcomes and educational engagement *(43, 52)*. Other systematic reviews have shown the efficiency and effectiveness of school health services *(63, 64)*. Although some studies also addressed cost per student and school, more research is necessary on the impact of HPS on educational and school-related outcomes and evaluations of costs and benefits *(50)*.

The standards are based on the best current evidence that the HPS system can directly improve the lives of students as the primary beneficiaries and contribute to benefits to individuals, communities and society as a whole in the intermediate to longer term. Discrete evidence cannot be generated for each standard or for each possible outcome in all settings. The reinforcing links between health and education outcomes indicate, however, that the HPS approach can reduce inequalities in health and educational outcomes *(36, 37)*. It has been shown, for example, that poor health (e.g. anaemia, anxiety) and adverse experiences known to affect health, such as interpersonal violence, interfere with school attendance and learning *(65, 66)*. Many health problems can be prevented or treated (e.g. malnutrition, vision impairment, diarrhoeal diseases), and this can promote both student health and learning. HPS can address the inequity in many health and educational outcomes by embodying various elements of health promotion and prevention and through early intervention and referral.

Fig. 1 summarizes how investment in whole-school approaches such as HPS can provide intermediate- and longer-term benefits for health and education for students, schools and local communities and also for government and community stakeholders.
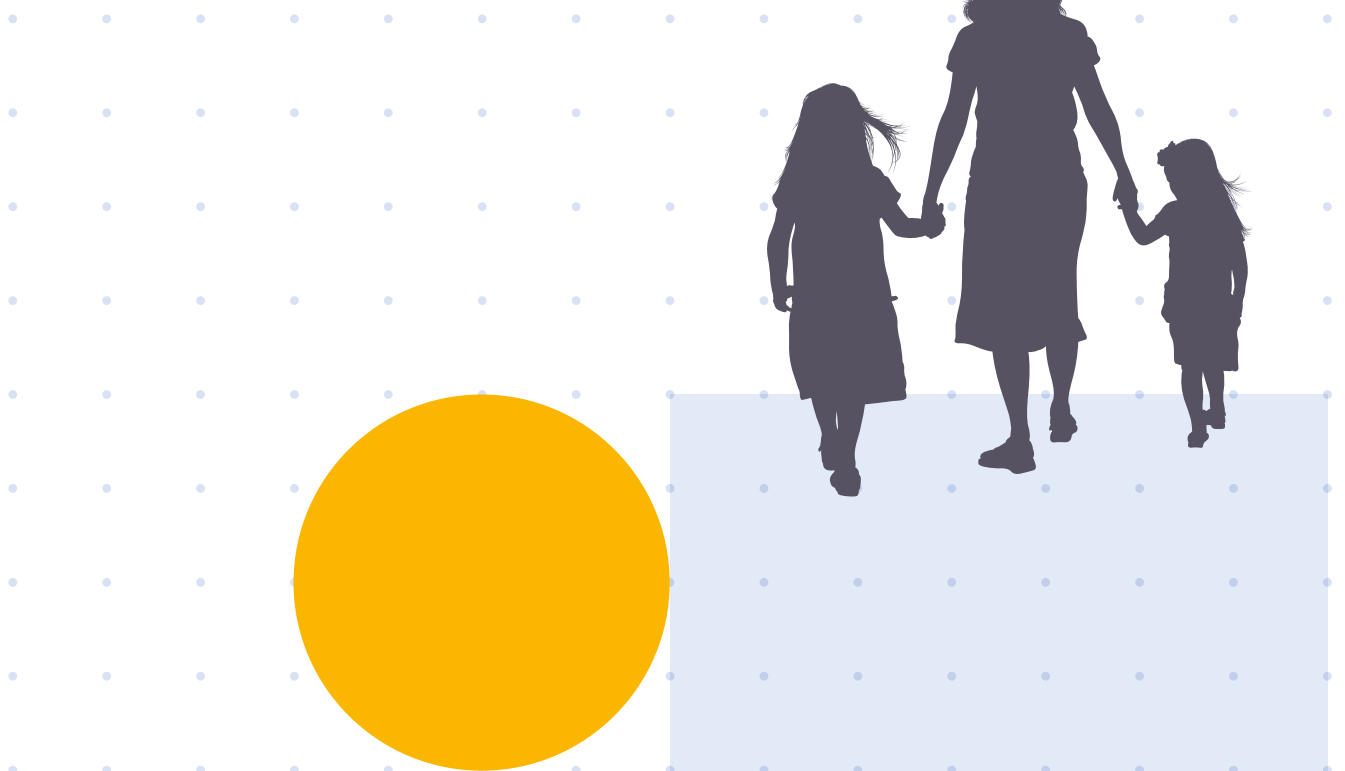
Fig. 1. Reasons for investing in health-promoting schools
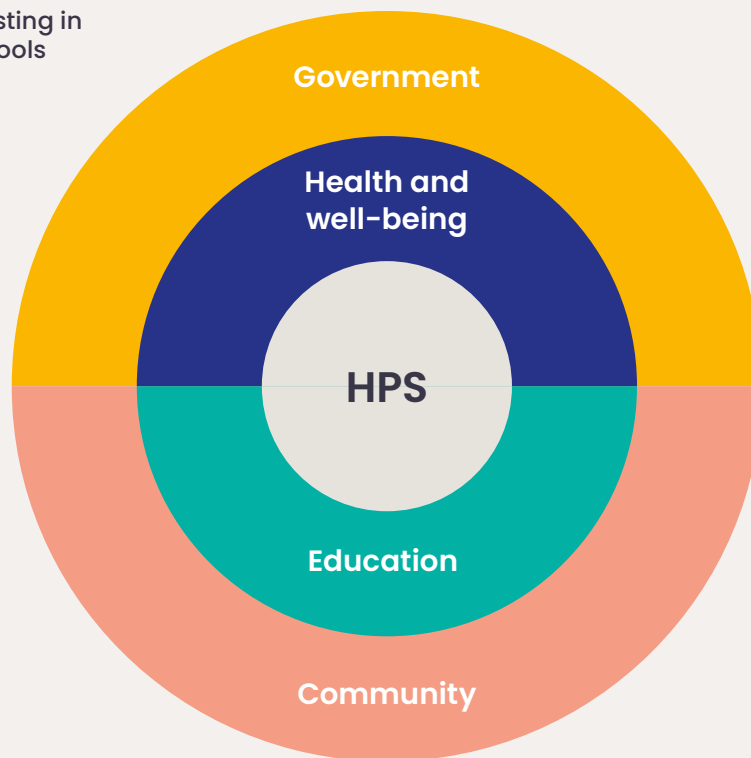
Why invest now?

Health and well-being

To ensure healthy growth and development of students

To improve health literacy, beliefs and attitudes, skills and health-promoting behaviour among students, staff and the wider community

To increase the capacity of schools to address student health and well-being

Education

To improve health literacy, beliefs and attitudes, skills and health-promoting behaviour among students, staff and the wider community

To increase the capacity of schools to address student health and well-being

To increase engagement among schools, families and communities

Community

To increase engagement among schools, families and communities

To improve student access to health services

To enhance community engagement in school operations

To promote healthier communitities and community citizenship

Government

To achieve more equitable health and education outcomes, including increased gender equity

To increase student, family and community health and well-being

What can be achieved?

Health and well-being	Education	Community	Government
Improved health-enabling environments in schools	Less inequality in educational outcomes	Sustained multisectoral collaboration that efficiently supports health well-being and education	Scaled-up health-promoting policies, plans and activities
Reduced health risk factors within and outside school premises	Less inequality in educational achievement	Increased workforce capacity, social capital and social cohesion	Decreased burden of disease in children and adolescents
Improved health and well-being of students, staff and the wider community	Improved school completion rates		
Establish foundational knowledge, attitudes and behaviour to enhance health and well-being throughout the lifespan			
Reduced inequities and inequalities in health outcomes			

Overview of global standards for health-promoting schools
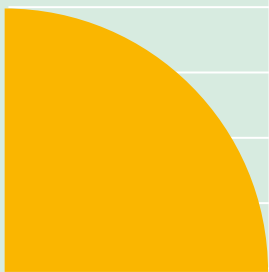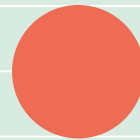
The eight global standards for HPS, listed in Table 1, are intended to function as a system (see Fig. 2). The standards are intentionally aspirational, looking towards progressive realization of a vision for healthy schools.

Fig. 2. Relations among global standards for health-promoting schools

1. Government policies and resources
2. School policies and resources
3. School governance and leadership
4. School and community partnerships
5. School curriculum
6. School social–emotional environment
7. School physical environment
8. School health services
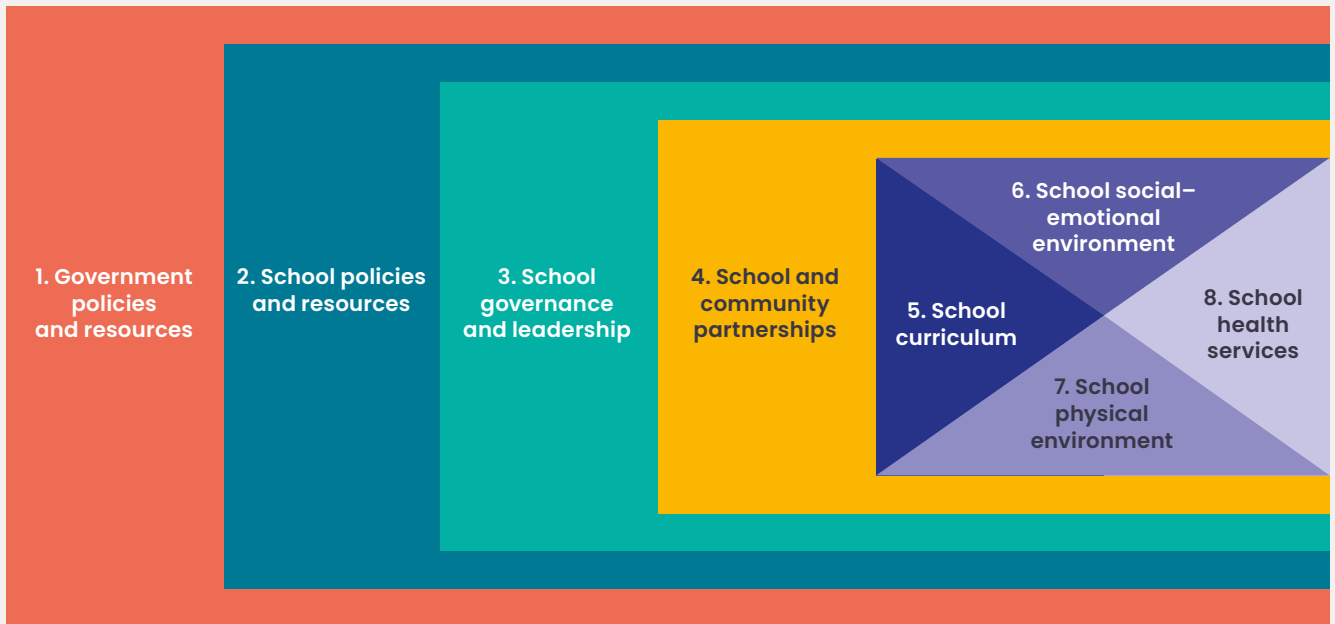
Table 1. Overview of the global standards and standard statements

1	**Government policies and resources** The whole of government is committed to and invests in making every school a health-promoting school.
2	**School policies and resources** The school is committed to and invests in a whole-school approach to being a health-promoting school.
3	**School governance and leadership** A whole-school model of school governance and leadership supports a health-promoting school.
4	**School and community partnerships** The school is engaged and collaborates with the local community for health-promoting school.
5	**School curriculum** The school curriculum supports physical, social–emotional and psychological aspects of student health and well-being.
6	**School social–emotional environment** The school has a safe, supportive social–emotional environment.
7	**School physical environment** The school has a healthy, safe, secure, inclusive physical environment.
8	**School health services** All students have access to comprehensive school-based or school-linked health services that meet their physical, emotional, psychosocial and educational health-care needs.

The rationales, aims and components of each of the eight global standards are presented in section 3 of this document

Why have global standards and indicators?

Whole-school health initiatives must be supported by bridging the gap between current practices and the aspiration of a fully-embedded, sustainable HPS system. Stronger commitment at national, subnational, local and school levels will accelerate global progress in implementation of sustainable health-promoting actions in schools. The global standards and associated indicators for HPS are intended to support this aim by:

- providing a vision and framework for government efforts and supporting quality implementation based on the best available evidence;
- enabling identification of areas that require additional or separate commitment, investment, resources, capacity development and stakeholder engagement;
- supporting a consistent, data-driven approach to planning, performance monitoring and quality improvement; and
- ensuring consistent advocacy, communication and action while at the same time providing sufficient flexibility for adaption to specific contexts.

For whom are the global standards and indicators?

The global standards and indicators are designed to be used by stakeholders in all sectors involved in identifying, planning, funding, implementing, monitoring and evaluating the HPS approach in schools, locally, sub-nationally, nationally and globally. The standards apply to any educational institution, public or private, that provides primary and secondary level education. These include:

- government staff in all sectors, especially education, health and associated sectors;
- policy-makers in all sectors;
- school principals, leaders and administrators;
- schoolteachers and staff;
- school councils and boards;
- school health-care professionals;
- development partners (e.g. United Nations agencies, donors, NGOs, charities); and
- researchers and evaluators.

The standards and indicators are applicable to any whole-school approach to health in education, including: comprehensive school health, healthy school communities, healthy learning environments, integrated school health and education, *éducation pour la santé, école en santé, estrategia* or *entorno escuela saludable* and *escuelas para la salud.*

Stronger commitment at national, subnational, local and school levels will accelerate global progress in implementation of sustainable health-promoting actions in schools.

The HPS system

Fig. 2 above shows how the eight global standards are interrelated to comprise an HPS system (67). Some features of the HPS system are described below.

2.1 HPS require a system of goverance.

The eight global standards are represented as a system to emphasize the importance of HPS as a system of governance. Embedding in policy and institutions and a strong, interconnected system of governance by the education and health sectors are key elements for the successful implementation of sustainable HPS initiatives (54). While the day-to-day implementation of HPS is the responsibility of the school (mainly standards 6–8) with the support of school governors, leaders and community partners (standards 3 and 4), a sustainable HPS approach requires basic commitment and investment in leadership and resources from different sectors and levels of government (standards 1 and 2).

The numbers of the standards represent levels of governance rather than a hierarchy of importance or timing of implementation. Governance includes systems of support at national, subnational and local government levels where applicable (standard 1), at school level (standards 2 and 3) and through partnerships between the school and local communities (standard 4). While these governance systems are represented in the diagram as distinct categories (in different colours), they interaction and overlap. For example, a parent who is on the school council or board may take a leadership role and influence school policy decisions and also live and work in the local community (standards 2–4); similarly, a local government may form a partnership with a local NGO and work with school leaders to provide a health service, such as oral health care, counselling or micronutrient supplementation (standards 1, 3, 4 and 8).

2.2 HPS require a whole-school approach.

The eight global standards for HPS are also represented as a system (Fig. 1) to distinguish HPS from a specific programme or intervention, in accordance with the objective of HPS, which is a sustainable, adaptive, whole-school approach to health and well-being embedded in the school's operations, which evolves over time. This approach does not have a defined beginning, middle and end (although it should be monitored and evaluated regularly). Rather, it is a system that is continually responsive to the needs and priorities of a school, its students and its community. For example, in a community with a high prevalence of HIV, comprehensive sexuality education and HIV prevention may serve as entry points to wider efforts; in a setting with a high prevalence of overweight and obesity, nutrition education, physical activity and the availability of healthy food choices may take priority. For each of these examples, a whole-school response requires consideration of a broad suite of actions (including programmatic and curriculum responses) rather than individual programmes or curricula.

Although the global standards are presented as distinct categories, a systems approach inherently implies overlap and reciprocal relations among the standards. For example, having a quiet space in a school's grounds (standard 7) encourages relaxation and reflection (standard 6), which, in turn, promotes emotional well-being and mental health.

Embedding in policy and institutions and a strong, interconnected system of governance by the education and health sectors are key elements for the successful implementation of sustainable HPS initiatives.
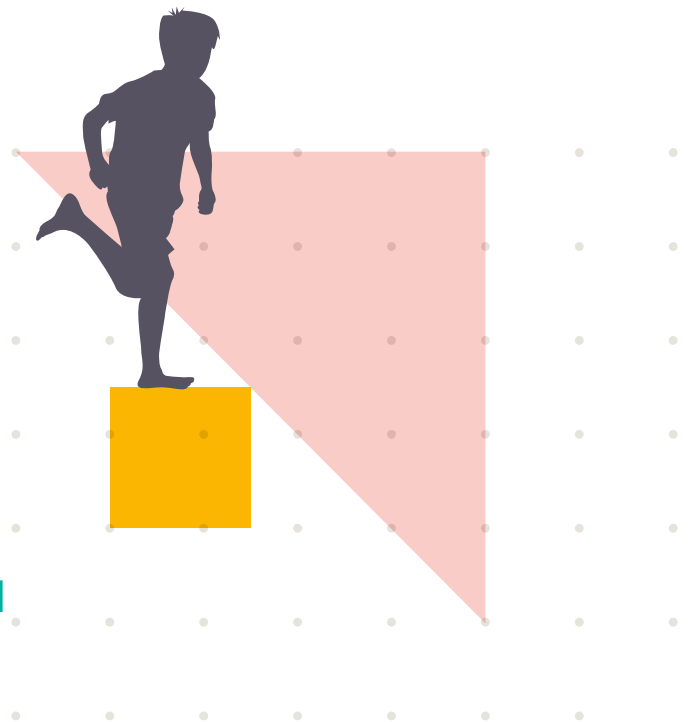
2.3 HPS systems are flexible and dynamic.

Full realization of the HPS system of eight global standards in every school is intended to be progressive. As described above, in any HPS system, the choice of programmes and interventions is contextual and will depend on the health needs and resources available within the school and community. A systems approach enables delivery of specific programmes or interventions (e.g. a nutrition curriculum, a noncommunicable disease prevention programme, a bullying reduction programme, comprehensive sexuality education, a hygiene programme, injury prevention and safety promotion) and at the same time recognizes that these become part of the HPS system when intentionally mapped to create alignment, connections and linkages.

Many schools already have school health programmes, by investing resources or through existing relations with development partners, or have established indicators to monitor progress. HPS does not replace these programmes, and they can serve as an important basis, especially when their adherence to the principles and standards of the HPS system is assured. The eight global standards should be viewed as a guide to assist governments and schools in moving progressively towards a sustainable whole-school approach. The approach can also be used to help align other programmes or interventions in schools to potentially amplify their benefits.

A nutrition curriculum in which students are taught about healthy food choices and which gives them tools to become informed consumers is part of an HPS approach when the school also, for example: ensures that healthy food choices are available in the school canteen (or school meals) and nearby shops, starts a school garden, ensures that nutrition is appropriately reflected in school policies, engages school staff and parents in making healthy food choices and offers related school health services *(68)*. Similarly, an anti-bullying programme can be seen to reflect the HPS approach to mental health and well-being, when, for example, school policy states that bullying is not tolerated in the school community and supports appropriate responses from students, teachers and parents; students are supervised to reduce opportunities for bullying; teachers are trained to recognize students who are depressed or anxious; health and counselling services are available for students with mental health problems; and the health curriculum promotes social–emotional learning, well-being and mental health literacy.

The HPS approach is defined by cumulative, concurrent, mutually reinforcing actions in multiple facets of a school's operations and the multi-level governance system. The eight global standards define what is necessary for a sustainable HPS system and ensure that all schools and education policy actors find an area of their work that contributes to this goal.

Where can I find more information about applying the global standards and indicators to my context?

While the global standards and indicators are designed to be universally applicable, all HPS initiatives exist within historical, economic, political, physical and cultural contexts. For example, different countries will be in different phases of HPS implementation and have different supporting structures (e.g. lead ministry). A key to success is the fact that the systems approach can be tailored to different contexts in space and time. Tailored approaches are critical for building school community motivation, commitment and ownership. With government investment, these are essential for the sustainability of HPS.

Most of the global standards refer to the "needs and priorities" of the school community rather than specific topics, health concerns, initiatives or programmes, because the needs and priorities of school communities differ and evolve over time. This is also reflected in the eight standards, which include components of planning and monitoring progress and performance.

This document should be read in conjunction with the implementation guidance for HPS (volume 2 of the series). Other guidance is available for implementation in schools, such as the manuals developed by Schools for Health in Europe *(1)* and Focusing Resources of Effective School Health (FRESH) *(69)*, but little guidance on implementation is available for government level. The accompanying implementation guidance is intended to provide a high-level framework for governments in using the global standards in implementing HPS. Several country case studies (volume 3 of the series) indicate how the components of the standards can be adapted to individual settings.

How were the global standards developed?

The eight global standards and indicators were developed by experts in the education and health sectors, including practitioners, policy-makers and researchers with expertise in policy and indicators. The development included wide consultation with staff at many United Nations agencies and an external advisory group of national experts and national, regional and public consultations.

In 2018, WHO and UNESCO, in collaboration with other United Nations entities (the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East) announced an initiative for "Making every school a health-promoting school" *(59)*. As part of the work, WHO commissioned two evidence reviews to inform the standards and their implementation guidance from the Centre for Adolescent Health, Murdoch Children's Research Institute, Melbourne, Australia. The first review identified current recommendations by national governments, WHO and other United Nations agencies on comprehensive school health programmes *(55)*, while the second addressed barriers and enablers of implementation *(54)*. The outcomes of the two reviews (e.g. thematic frameworks) were interpreted in several rounds of consultation with WHO, UNESCO and other United Nations organizations. Before completion of the two reviews, on 18 and 19 March 2020, an international consultation was held with an external advisory group. A series of country case profiles was also developed in 2020 to identify barriers and enablers to HPS in low- and middle-income countries
(volume 3 of the series).

The global standards and indicators for HPS are also informed by other resources, such as the European standards and Indicators of the Schools for Health in Europe *(1)*; the FRESH initiative *(69)*, a collaboration between WHO, UNESCO, UNICEF and the World Bank to enhance the quality and equity of education; and the WHO/UNAIDS global standards for Quality health-care services for adolescents *(19)*. The standards are also consistent with a report from the Global Education Evidence Advisory Panel on "smart buys" for improving learning in low- and middle-income countries *(70)*.

How were the indicators identified?

An indicator is used to monitor specific, measurable progress towards an outcome, goal or objective *(13)*. The suggested list of indicators for the global standards (section 4) is recommended as a starting point for monitoring and evaluating the implementation of HPS in schools, nationally, sub-nationally and globally. The list may serve as a basis for national adaptation to local priorities.

The indicators were developed interactively by examining the indicators identified in the first evidence review and scoping by experts on the WHO, UNESCO and Centre for Adolescent Health teams. The indicators identified are aligned with the components of the global standards and can be used to provide a general indication of progress towards achievement of each standard. They can also be used to identify areas in the HPS system that require further work.

The indicators are for global, national, local and school levels, the national indicators also being applicable at subnational level. School-level indicators are designed to support schools in self-assessing their progress towards implementation of HPS. National-level indicators are designed for governments to assess their progress towards supporting schools to become HPS, and global indicators are designed for international organizations to assess global progress towards HPS and can be used to identify areas in which increased investment is necessary. A time frame for reporting indicators is suggested, as are data sources that can be used to populate the indicators. Approaches to measuring and reporting indicators will be supported by WHO and UNESCO's future web application and measurement and evaluation tool.

Indicators for the global standards were selected on the basis of the following criteria *(71)*:

1. **Relevance:** Does the indicator measure an area of importance? Is the indicator relevant in all contexts?

2. **Feasibility:** Can the data for populating the indicator be obtained with reasonable, affordable effort? Will the indicator be used?

3. **Validity:** Does the indicator provide a robust assessment of the content area? Is the indicator sensitive to change over time? Has the indicator been field tested?

4. **Usefulness:** Does the indicator capture information that is easily understood and timely? Can it be used to communicate information to stakeholders and guide decision-making?

The indicators for the global standards are designed to provide sufficient information to be useful to schools and governments without being overly burdensome to collect. Information about the implementation of HPS may also be useful. For example, are the necessary structures, resources and investments for HPS in place (input indicators)? Are the activities required for HPS being implemented (process indicators)? Are HPS activities having the intended immediate effect (output indicators)? Are HPS activities collectively affecting the health, well-being and education of the school and local community (outcome indicators) and wider society in the longer term (impact indicator)? As countries progress in making every school a health-promoting school, further revisions of the proposed list might be necessary.
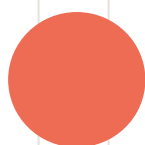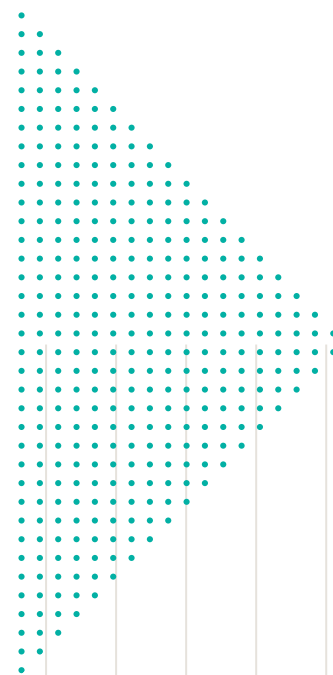
Global standards and components for health-promoting schools

This section describes the rationale and aim of each of the eight global standards, with standard statements, components and sub-components for each standard.

Standard 1: Government policies and resources

Rationale: Making every school a health-promoting school requires a commitment to health-promoting educational systems (see Glossary). It requires long-term investment and specific actions at national, subnational and local levels. The sustainability of HPS requires a clear policy position, accountability for implementation and appropriate allocation of resources. Intersectoral collaboration is paramount: the ministry of education or ministry responsible for education drives HPS, with support from the ministry of health when possible and other ministries (e.g. social protection, food and agriculture, finance, infrastructure, transport, justice, community, environment).

Aim: The aim of standard 1 is to ensure that whole-of-government commitment to and investment in HPS are reflected in laws, regulations, policies, strategies, resource allocation, intersectoral collaboration, collaboration and engagement with school and local communities, with a sustainable system of monitoring and evaluation.

Standard statement:
The whole of government is committed to and invests in making every school a health-promoting school.

Standard components

1. **A national education policy or strategy recognizes HPS as a means to achieve national development goals through education and provides a framework for nationwide promotion of HPS.**	1.1 The policy states national standards for all aspects of HPS (school policies to health services).
	1.2 The policy states goals and objectives and the roles and responsibilities of each stakeholder (e.g. at national, subnational and local levels; intersectoral, inter-agency and international).
	1.3 The policy includes a plan for continuous resource allocation (human, information, financial), capacity development, implementation, monitoring and evaluation at national, subnational and local levels.
	1.4 The policy articulates inclusivity, equity and evidence-informed approaches for policies at all levels.
	1.5 Policies at all levels are aligned, are integrated with existing policies on single issues (e.g. adolescent pregnancy, school violence, nutrition) and promote integration among polices.
	1.6 A national plan ensures the continuity of learning and health promotion and processes to identify and monitor students at risk when distance or virtual learning is required (e.g. in response to a public health emergency and diverse learner needs).
2. **Leadership of HPS by the education sector is established and clearly stated, with continuous support and contributions from health and other sectors at all levels.**	2.1 The education and health sectors have a formal partnership for HPS at all levels (i.e. a documented commitment to support and promote HPS, with clearly defined roles and responsibilities).
	2.2 Intersectoral coordination and collaboration are clearly defined, including mutually agreed goals and actions.
	2.3 The education and health sectors encourage and support engagement with other sectors in decision-making and implementing and monitoring HPS (e.g. through a multisectoral steering committee).
	2.4 National, subnational and local governments and other stakeholders collaborate and jointly coordinate HPS activities and related programmes.

3. Local government, communities and schools collaborate and have a formal commitment for HPS.	3.1 Mechanisms of collaboration between local government, communities and schools are established and take into account existing channels.
4. There are adequate[2] human, information and financial resources to make every school a health-promoting school.	4.1 Resources are adequate to implement and monitor policy and are aligned with policy goals and targets. 4.2 The allocation of resources is included in national, subnational, local and sector budgeting. 4.3 Investment is made in the pre-service training in health promotion of teachers and other school staff, including health-care staff.
5. There is a system for planning, monitoring progress and performance and oversight of HPS at national, subnational and local government levels.	5.1 Systems for planning and monitoring progress and performance are clearly stated in operational plans and guidelines. 5.2 Monitoring covers student health, well-being and education outcomes.

[2] In the global standards, the term "adequate" is used generically to account for the diversity of countries and contexts in which the standards will be used. Thus, what is considered "adequate" in one context may be inadequate in another. For example, "adequate resources" includes resources that are planned, committed, allocated and can be evaluated to achieve the aims required in a specific context.

Standard 2: School policies and resources

Rationale: HPS require commitment and investment by schools that are reflected in school policies and/or plans and the allocation of school resources. It is important that the value of health for education and education for health are recognized, as are the values, preferences and needs of the school community, as they will inform strategic priorities. The mutuality of health and education will ensure that health is embedded in the core work of the school and that it is synonymous with the notion of a high-quality school rather than being considered an add-on or an afterthought.

Aim: The aim of standard 2 is to ensure that the school's commitment to and investment in HPS are reflected in school policies and plans to ensure clear communication, direction and structure for school staff, students and the wider school and local communities. It is also intended to include adequate resources and a system of monitoring and evaluation to ensure that policies are effective and can be implemented sustainably.

Standard statement: The school is committed to and invests in a whole-school approach to being a health-promoting school.

Standard components

1. The school has a policy and/or plan for HPS.	1.1 The school policy and/or plan is aligned with national policy (if there is one).
	1.2 The school policy and/or plan states the roles and responsibilities of the school board, management, staff, students, parents and caregivers and continuous resource allocation.
	1.3 School policies articulate inclusive, equitable, evidence-informed and rights-based approaches, recognizing the diversity of teachers and learners.
	1.4 School policies are informed by local needs assessment and priorities identified by students and the school and local communities in addressing key outcomes (e.g. education, health, safety, well-being, nutrition), through participatory planning.
	1.5 A whole-school plan ensures the continuity of learning and health promotion when schooling is disrupted (e.g. the school plan is aligned with national or subnational plan for distance or virtual learning if required by a public health emergency).
2. The school has a policy and/or plan for regular engagement, communication and collaboration between the school and stakeholders for HPS.	2.1 The plan includes partnership engagement with national, subnational and local authorities.
	2.2 The plan includes partnership engagement with parents and caregivers.
	2.3 The plan includes partnership engagement with the local community, including other schools when applicable.
	2.4 School policies are clearly communicated to all stakeholders.
3. The school has adequate human, information and financial resources to make progress towards becoming a health-promoting school.	3.1 Resources are adequate to implement and monitor policy and are aligned with policy goals and targets.
	3.2 Allocation of resources is defined and included in budgeting.
	3.3 The school invests in professional learning of teachers and other school staff, including health-care staff, in HPS.
4. The school regularly plans and monitors implementation and performance of school policies and resources for HPS.	4.1 Systems for planning and monitoring progress and performance are clearly stated in operational plans and guidelines.

Standard 3:
School governance and leadership

Rationale: HPS require a clearly defined, shared school leadership model in which the school board, all school staff, students, parents and caregivers are empowered to engage daily with HPS. Motivated school leaders (including the school board, management, principals, leadership staff and students) are critical for embedding the HPS ethos[3] in the school community, in partnership with the local community, including local government.

Aim: The aim of standard 3 is to ensure a distributed, collaborative model of leadership in a school community so that the ethos of HPS is embedded in all decision-making and that leadership for HPS is sustainable over time. School leaders are appropriately resourced and trained to support HPS effectively.

Standard statement:
A whole-school model of school governance and leadership supports a health-promoting school.

Standard components

1.	The school leadership team (school board members, management, principal and other school leaders) supports and promotes the value and ethos of HPS for the school community.	1.1	The school leadership team meets regularly to review and integrate the priorities, needs and interests of the school community identified by stakeholders into school operations.
2.	The school leadership for HPS is distributed and comprises the school principal, leading teachers, administrative staff, members of the school board and management, school health personnel, students, parents and caregivers.	2.1	Clear roles are established for HPS leadership in the school.
		2.2	Students are included in decision-making and in HPS leadership and are provided with training.
		2.3	Parents and caregivers are encouraged to participate in decision-making and in HPS leadership.
		2.4	Existing or new channels are used for dialogue, to ensure a shared vision of the needs and strategy of HPS.
3.	HPS leaders (individuals who drive HPS initiatives) are provided with in-service professional learning opportunities in leadership and HPS.	3.1	Training includes implementation of monitoring and evaluation systems.
		3.2	Training includes the range of social determinants, health risks and protective factors and of health problems (including physical and mental health) that affect students and addresses student resilience, diversity and inclusion.
4.	A system ensures regular planning and monitoring of progress and performance of school governance and leadership for HPS.		

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[3] The distinguishing character, sentiment, and guiding beliefs of HPS.

Standard 4:
School and community partnerships

Rationale: Active engagement and consultation within the school community (e.g. between school staff and parents and caregivers) and between the school and the local community (e.g. between school staff, students, local businesses, NGOs and government) are critical to implementing HPS. HPS require that the entire school community be engaged and that all stakeholders are committed to a collaborative partnership with a shared vision for success. Engagement and collaboration strengthen both the school and the community in relation to health and well-being and for longer-term impacts. Engagement with local partners should be free of conflict of interests.

Aim: The aim of standard 4 is to ensure that the school community, including students, collaborate with local stakeholders in HPS and recognize its mutual benefits. This includes engaging parents and caregivers and the broader community as partners in their children's learning and encouraging the school's role as an important entity in the local community.

Standard statement:
The school is engaged and collaborates with the local community for a health-promoting school.

Standard components

1. The students, parents, caregivers, legal guardians and families are engaged and collaborate in all aspects of school operations related to HPS.	1.1 Mechanisms are in place to facilitate collaboration within the school and between the school and local communities (e.g. committees)
	1.2 Parents and caregivers are involved in planning for HPS and HPS activities.
	1.3 A student committee works collaboratively with the HPS leadership team and is consulted regularly and meaningfully.
	1.4 Investments are made to enhance students' competence to undertake HPS activities and be advocates and agents of change in the school and local community.
2. The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government, for HPS.	2.1 There is clear, consistent communication between the school and local communities on the goals and actions of HPS.
	2.2 The local community is involved in decision-making on HPS and relevant HPS activities.
	2.3 The local government allocates resources and supports the school in implementing national standards for HPS.
	2.4 Community organizations support schools in being HPS, including in crises, to ensure continuity of education.
3. Members of the school leadership team collaborate with the school and local communities, including parents and caregivers, in planning and monitoring the progress and performance of HPS partnerships.	3.1 Planning, oversight and feedback mechanisms are in place.

Standard 5:
School curriculum

Rationale: The school curriculum contributes to health literacy (see Glossary) by advancing the knowledge, skills, attitudes and behaviour of students and the school community (see Box 1 in the glossary). This applies specifically to education in health and relationships and also to school curricula more broadly, as inclusive, participatory pedagogy can promote health, well-being, social and emotional competence, equity and diversity as well as deep learning (a method of learning in which knowledge is not only memorized and understood but is synthesized and can be applied) *(72)*.

Aim: The aim of this standard is to ensure that the school's curriculum explicitly educates and implicitly promotes all elements of physical, social–emotional and psychological health, well-being and development. It ensures that the curriculum is designed and delivered in an inclusive, evidence-informed manner that responds to the health, developmental and learning needs and priorities of the school and local community. Staff must be appropriately trained and supported, particularly in delivering health education.

Standard statement:
The school curriculum supports physical, social–emotional and psychological aspects of student health and well-being.

Standard components		
1. School staff demonstrate knowledge and understanding of the physical, social and psychological development and characteristics of students and how they may affect learning and behaviour.	1.1	Teachers can tailor learning strategies and activities to the developmental needs of students.
	1.2	School staff are equipped to address additional physical, psychological and emotional needs of students, including through student–staff relationships, to understand the "invisible learning" of the "hidden curriculum" and to know referral options.
2. The school implements a curriculum that encompasses physical, social–emotional and psychological aspects of student health, safety, nutrition and well-being for key education and health outcomes (see Annex 1) and is aligned with national HPS policy.	2.1	Health topics[4] reflect the rights and evolving needs and priorities of students, their families and local communities for health and well-being and build relevant knowledge, attitudes and skills.
	2.2	Knowledge- and skill-building are relevant to personal and social development of students in a cyclical, progressive manner throughout their schooling (e.g. integrated life skills education, learning and digital literacy as a key component of health literacy and social and emotional skills).
	2.3	The school curriculum is aligned with curriculum standards and evidence-informed guidance and co-designed with the involvement of key stakeholders.
3. The school curriculum fosters understanding, values and attitudes that support sustainable consumption and sustainable environments.	3.1	The curriculum integrates the physical surroundings as a method of promoting a healthy, safe, sustainable environment (e.g. recycling, composting).

4.	The pedagogy and student–teacher and teacher–teacher relationships in the school's curriculum promote health, positive and healthy relationships and lifestyle, safety, physical activity, healthy nutrition and well-being through the development of knowledge, skills, attitudes and behaviour in the school community.	**4.1** The curriculum supports participatory methods by encouraging engagement with the context and daily life of students. **4.2** The curriculum encourages cooperative interactions among students and promotes inclusive education to achieve educational outcomes. **4.3** The curriculum is flexible and can be tailored to emerging health or environmental conditions. **4.4** The curriculum is implemented in partnership with students, the school staff and the school community, including health-care professionals, community health workers, educators and NGOs.
5.	Training and support are provided to staff in health literacy and use of learning and teaching strategies to support the HPS approach.	**5.1** The specific topics of health and relationships that are considered essential for healthy development are delivered by school staff in an inclusive, age-appropriate, gender-responsive, rights-based, evidence-informed manner free of personal biases. **5.2** Equitable digital and distance learning strategies are used to complement classroom education and health promotion (e.g. to ensure continuity of learning and health promotion when in-person schooling is disrupted, for whatever reason).
6.	The content and delivery of the school curriculum is regularly planned, monitored for progress and performance and revised (when necessary) to support health and well-being.	

[4] Examples of health topics are: health and life skills; social and emotional skills; physical education; water, sanitation and hygiene education; infectious disease prevention; food and nutrition education; healthy sleep education; comprehensive sexuality education; healthy relationship skills; gender equity education; mental health, substance use and help-seeking behaviour skills; violence prevention; road safety; drowning prevention; natural disaster precautions; injury prevention; first aid; immunization; living with chronic health conditions and disabilities.
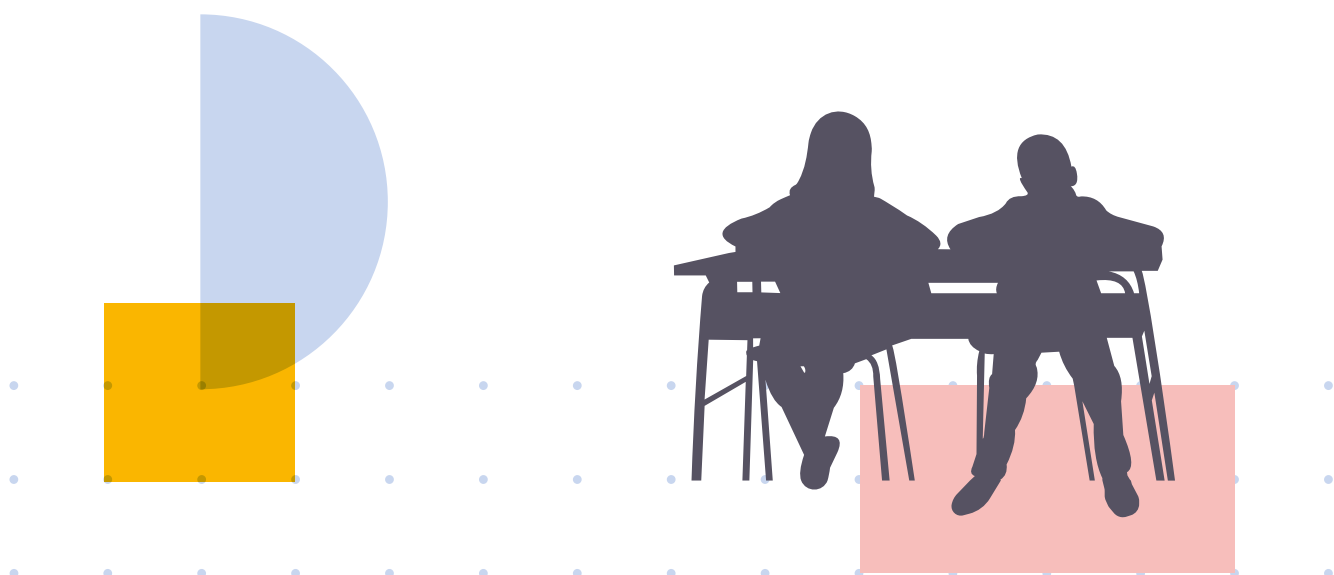
Standard 6:
School social–emotional environment

Rationale: A healthy, inclusive school climate and learning environment is critical for whole-school approaches to health. The school social–emotional environment encompasses the norms, values, behaviour and attitudes of individuals in the school communities and the quality of their interpersonal interactions. Safe, supportive school environments in which students feel respected, engaged and connected to the school and within their social relationships promote health, well-being and good education outcomes, which can also set a positive foundation for future interpersonal functioning within families, communities and workplaces.

Aim: The aim of standard 6 is to ensure dedicated investment in the social–emotional environment of a school to promote the well-being, confidence and mutual respect of all members of the school and local communities. HPS require that an inclusive, supportive, safe environment be prioritized in school policy, and that its ethos is embodied by students, staff and community members in all their interactions.

Standard statement:
The school has a safe, supportive social–emotional environment.

Standard components

1. School policies set clear directions for the desired social–emotional environment in the school, including making any necessary improvements and feedback.	1.1 The desired elements of the social–emotional environment in the school are agreed by all stakeholders in the school and local community.
	1.2 The school social–emotional environment fosters equity, including gender equity, by promoting inclusiveness and welcoming diversity within the school and local community.
	1.3 Individuals in the school community treat each other with respect and kindness in all interactions (e.g. no tolerance of discrimination, bullying, corporal punishment or harassment).
	1.4 The school has high expectations of students, school staff and local communities in relation to social interactions and health and education outcomes (where relevant).
	1.5 The school social–emotional environment fosters good relationships and builds self-esteem and confidence in all individuals.
	1.6 The school fosters all aspects of the social–emotional environment, even during distance or virtual learning (e.g. student engagement, reaching out to students at risk, promoting the school culture).
2. The school has made adequate investment and has adequate resources to promote a safe, supportive social–emotional environment.	2.1 Teachers receive professional training to develop the skills to support a healthy, safe school climate, including by enhancing connections with students and families.
3. The social–emotional environment in the school is monitored regularly, and improvement and feedback actions are taken to ensure a positive environment.	3.1 The school has mechanisms to detect and responds to any disruption of the socio–emotional environment by students and teachers

Standard 7:
School physical environment

Rationale: A healthy, safe, secure, accessible environment within and around the school establishes the prerequisites for optimal health and learning (e.g. lighting, fencing, water and sanitation, provisions for menstrual hygiene, food provided to students) for all students and members of the school community. The school physical environment includes the school grounds, facilities and equipment, such as classrooms, activity rooms, infirmary, canteen that provides healthy food, cafeteria, sports facilities, toilets and showers. It also includes: transport facilities used by students, school staff and members of the school and local communities such as carparks, school buses and footpaths; community facilities used by the school, such as swimming pools, gardens and sports fields; and the local shops and other businesses that serve the school community, such as corner shops and supermarkets. Regular interaction with the physical environment by students and the school community directly influences their health,

well-being and learning (e.g. clean, accessible physical environments that comply with health and safety regulations) and has indirect influences (e.g. advertisements that encourage risky lifestyle behaviour, location of shops selling substances and alcohol, family behaviour).

Aim: The aim of standard 7 is to ensure that the physical environment of a school receives dedicated investment to ensure it is safe, secure, healthy and inclusive for all students and the school community before, during and after school hours. The students include those with additional needs and disabilities. Its aim is to ensure that the school physical environment facilitates health promotion by being accessible, needs-based and aligned with national policy and regulations.

Standard statement:
School policies ensure a safe environment for all members of the school community that is aligned with national policy.

Standard components

1. **School policies ensure a safe environment for all members of the school community that is aligned with national policy.**	1.1 The school physical and learning environment is accessible for and adapted to the needs of all individuals in the school community, including those with additional needs and disabilities. 1.2 The school physical environment complies with relevant government hygiene and safety standards and regulations at relevant government levels (when they exist; e.g. fire safety, sun safety, pest management). – The school has a clean water supply, safe and adapted sanitation (e.g. separate, secure toilets for girls and menstrual hygiene management facilities), proper drainage, adequate lighting, clean air, temperature control and proper waste and refuse disposal. – Any school outdoor and sports facilities are safe, gender-sensitive, secure and properly maintained (e.g. well-lit, lockable toilets). – The school food environment is healthy and accessible (e.g. adheres to government food and nutrition standards and regulations such as on food safety, clear definition of "healthy foods", adequately furnished and maintained facilities). – The immediate school surroundings are safe and conducive to health and well-being (e.g. with consideration of injury prevention, can be adapted for different forms of physical activity, adhere to regulations on banning of the marketing and sales of alcohol, tobacco, unhealthy food and sugar-sweetened beverages). – The school has provisions for disaster management and evacuation (e.g. basic first aid). – The school ensures a safe, secure, healthy, inclusive environment to foster healthy distance or virtual learning (e.g. provision of physical supplies such as laptops, home ergonomic workstation, assessment of staff) and interactive teaching and safe use of digital technologies (e.g. online safeguards). – The school physical environment, both inside and outside the classroom, supports the development of social–emotional environments that promote learning and well-being (e.g. quiet spaces, "buddy benches", spaces for play, mindfulness and stress management, personal space for spiritual practices, green spaces).

2. There is adequate investment (e.g. resources, training, funding) to maintain safe school physical and virtual environments.

3. Compliance with required standards and regulations for a safe, secure, healthy, inclusive school physical environment is monitored regularly, and corrective actions are taken (e.g. regular checks of equipment).

Standard 8:
School health services

Rationale: The school provides a key opportunity to provide accessible school-based or school-linked health services embedded in the community of which the students and their families are part. Access to high-quality, evidence-based, comprehensive school health services, including school nutrition and provision of food, is critical for child and adolescent health, well-being and education. As described in the WHO guideline *(2)*, school health services include various services, such as health promotion, health education, screening, preventive interventions, clinical assessment and management of health conditions in areas such as mental health, sexual and reproductive health and disease and injury prevention *(73)*. Comprehensive school health services are considered integral to HPS *(2)*.

Aim: The aim of this standard is to ensure that school-based or school-linked health services are adequately resourced, appropriately and equitably delivered and responsive to the specific health needs of the community they serve. Readers are encouraged to refer to the WHO guidelines for school health services *(16)*, which include a description of the types of services and interventions.

Standard statement:
All students have access to comprehensive school-based or school-linked health services that meet their physical, emotional, psychosocial and educational health-care needs.

Standard components	
1. The delivery of comprehensive school health services is included in school policies and is aligned with national policies and regulations.	1.1 There is an explicit agreement between the health and education sectors at all levels that governs school health services and clearly defines roles, responsibilities and funding sources.
2. School health services reflect the needs and priorities of the school and local community and can be adapted to public health emergencies and other emerging needs.	2.1 An evidence-based, comprehensive package of health services is provided to students (see WHO guidelines for school health services for full list). 2.2 The school ensures continuity of health services during distance or virtual learning. 2.3 School health services can support public health and social measures during public health emergencies.
3. School health services are delivered according to standards for quality health services for children and adolescents (e.g. timely, culturally safe, sensitive, age-appropriate, gender-responsive, rights-based, evidence-based).	3.1 There are national standards and guidelines to guide implementation of high-quality school health services
4. Dedicated investment (e.g. resources, training, funding) has been made in school health services, including school nutrition and provision of healthy food.	4.1 School health personnel (e.g. nurses, psychologists, social workers) receive specialized education and training programmes. 4.2 During public health emergencies, school health personnel are supported in contributing to the national and local response, as required. 4.3 The terms of information exchange and collaboration between school health and other primary care professionals (affiliated with governments, NGOs or the private sector) are clearly defined. These include delivery of specialist services and referral pathways (e.g. for students who require higher level or more specialized care, such as for injuries, chronic conditions, disabilities, pregnancy) and communication and service delivery during emergencies.
5. The school has a system for planning and monitoring progress and performance of school health services, including quality assurance and compliance with standards.	

Part 4

Indicators for global standards for health-promoting schools
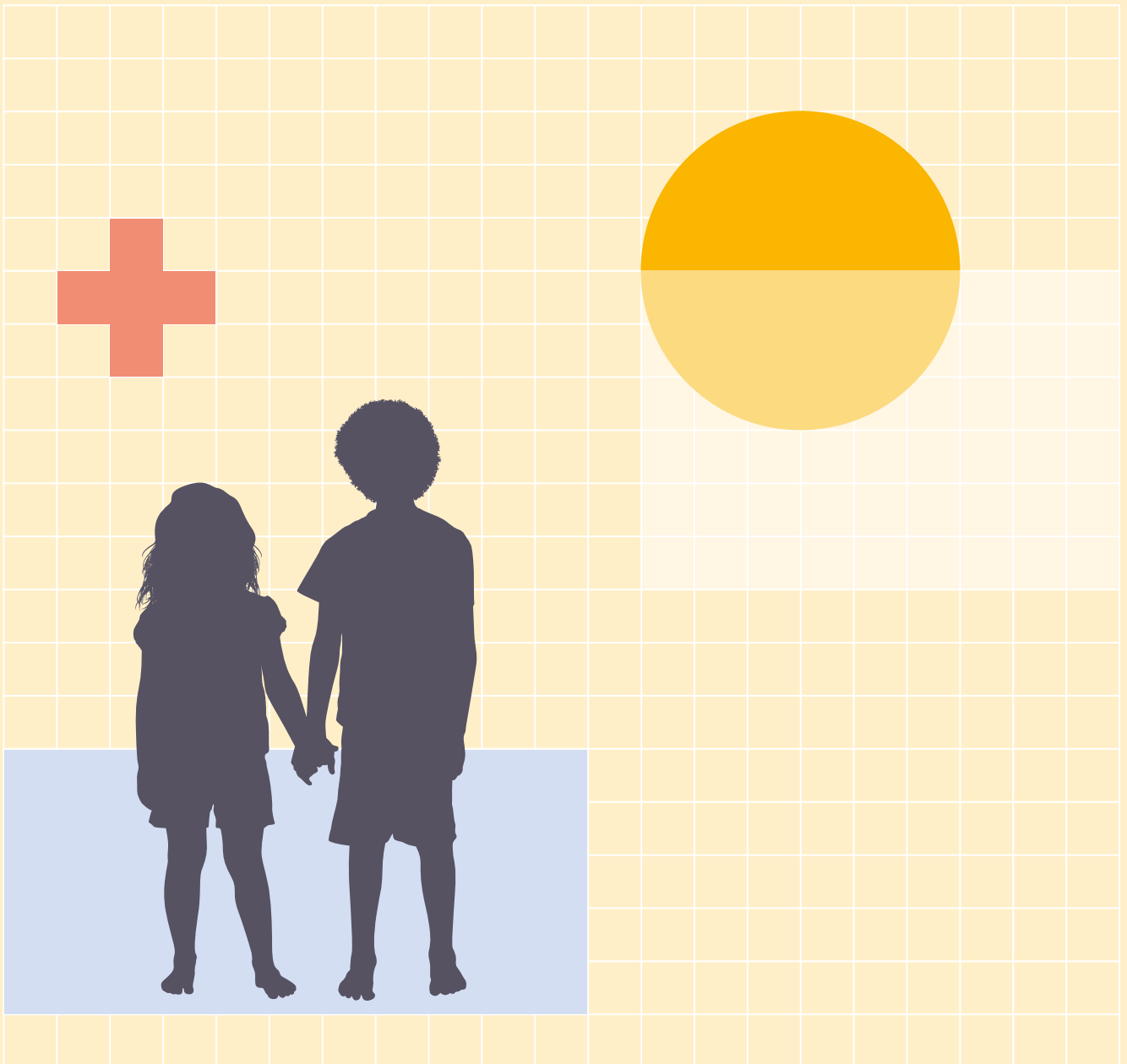
Tables 2–9 list suggested indicators for the components of each of the eight global standards. The indicators are for four levels of reporting: global, national, local and school; national indicators can be applied at subnational level where relevant. In most cases, one priority indicator is suggested for each standard component per level of reporting. Some additional, optional indicators are also suggested. Many of the indicators are derived from an indicator at a lower level of aggregation; e.g. a global indicator may be derived from a set of national indicators.

The indicators are suggested for HPS and health-promoting educational systems. The list will be revised as lessons emerge from countries' progress in making every school a health-promoting school.

The reviews revealed several challenges with existing indicators:

- Indicators that may be relevant to HPS may not be feasible because they are not based on data that are currently collected routinely or are based on data that require substantial financial and human resources to collect. These factors reduce the feasibility and usefulness of such indicators.

- Many existing indicators or routinely collected data are not relevant and therefore cannot be used to populate HPS indicators. We recommend some emerging data sources as potentially useful to populate the indicators (e.g. the Global School Health Policies and Practices Survey, G-SHPPS *(74)*). The Global Action for Measurement of Adolescent Health advisory group is expected to propose indicators for adolescent health. Other sources provide examples of indicators (Annex 2).

- The different types of indicators (input, process, output, outcome, impact) are highly context specific, such as the proportion of students who received a tuberculosis vaccination early in life or the proportion of schools that have functioning toilets. The standards encourage schools and governments to use validated surveys to assess e.g. the health, well-being, nutrition and learning outcomes of the student population, to set priorities for investment; however, they cannot be used as priority indicators for the global standards.

The data used to populate indicators for the global standards should be obtained in a coordinated manner, collected routinely and derived from the education sector. They may be related specifically to HPS or other whole-school approaches or to school health or health promotion in schools more broadly. Other sectors, such as health, may provide technical assistance for relevant indicators that are not necessarily collected by the education sector, such as those related to school health programmes. No single tool is available for populating the indicators for the global standards.

Schools can use various tools and accreditation schemes to monitor their progress through indicators; however, these are not necessarily linked to the other levels of governance (local, national) necessary to monitor national and global progress. The web application for HPS being developed by WHO to monitor and evaluate this work should be useful. The implementation guidance (volume 2 of the series) also provides resources for monitoring by schools.

It should be remembered that the indicators are for individual components of the global standards. As schools, countries and regions work towards implementing the HPS *system*, "system indicators", which measure how the system itself is working and how the eight global standards interact, will be particularly useful when HPS implementation is more advanced.

The colour scheme used in sections 2 and 3 to represent different levels of governance for the standards is also used in tables 2–9 of suggested indicators for the components of each of the eight global standards.

Table 2. Standard 1: Government policies and resources

Standard 1: Government policies and resources

Standard statement: The whole of government is committed to and invests in making every school a health-promoting school.

Component	Indicator	Level of reporting	Suggested data sources	Comments	Suggested frequency of reporting
1. A national education policy or strategy recognizes HPS as a means to achieve national development goals through education and provides a framework for nationwide promotion of HPS.					
	Existence of a national education policy or strategy for HPS	National	RMNCAH policy survey 2018	Specific questions could be added to the RMNCAH survey to populate HPS indicators	Every 3 years
			School Health in Latin America and the Caribbean (national survey)	Survey addresses school health policies broadly; could be used to populate this indicator	Every 3 years
	Proportion of countries that report the existence of a national education or health policy or strategy for HPS	Global	RMNCAH policy survey 2018	Specific questions could be added to the RMNCAH survey to populate HPS indicators	Annually
2. The leadership of HPS by the education sector is established and clearly stated, with ongoing support and contributions from health and other sectors at all levels.					
	The national ministry of education has leadership and ownership of HPS. There is a documented partnership between the national ministries of education and health for HPS.	National	RMNCAH policy survey 2018	Specific questions could be added to the RMNCAH survey to populate HPS indicators	Every 3 years
			School Health in Latin America and the Caribbean (national survey)	Survey addresses school health policies broadly; could be used to populate this indicator	Every 3 years
	HPS is situated within and led by the education sector at local government authority level. There is a documented partnership between education and health for HPS at local levels.	Local	School Health in Latin America and the Caribbean (national survey)	Survey addresses school health policies broadly; could be used to populate this indicator	Annually

Component	Indicator	Level of reporting	Suggested data sources	Comments	Suggested frequency of reporting
1.3. Local government, communities and schools collaborate in and share a commitment for HPS.					
	Agreements for collaboration exist between schools and local government authorities. Agreements for collaboration exist between schools and the local community.	Local	School Health in Latin America and the Caribbean (national survey)	Survey addresses school health policies broadly; could be used to populate this indicator	Every 3 years
	Proportion of schools that have agreements for collaboration with their local government authority Proportion of schools that have agreements for collaboration with their local community	National			Annually
1.4. There are adequate human, information and financial resources to make every school a health-promoting school.					
	The national HPS policy includes explicit allocation of adequate financial resources to support HPS throughout the country. There are adequate financial resources specifically for HPS in national budgets.	National	RMNCAH policy survey 2018	Specific questions could be added to the RMNCAH survey to populate HPS indicators	Every 3 years
			School Health in Latin America and the Caribbean (national survey)	Survey addresses school health policies broadly; could be used to populate this indicator	Every 3 years
1.5. There is a system of planning, monitoring of progress and performance and oversight of HPS at national, subnational and local government levels.					
	There is a monitoring and evaluation framework for HPS in place at national level.	National	RMNCAH policy survey 2018	Specific questions could be added to the RMNCAH survey to populate HPS indicators.	Every 3 years
	There is a monitoring and evaluation framework for HPS in place at local level.	Local			Every 3 years
	Proportion of countries that report that they have a monitoring and evaluation system for HPS	Global			Every 3 years

Table 3. Standard 2: School policies and resources

Standard 2: School policies and resources

Standard statement: The school is committed to and invests in a whole-school approach to being a health-promoting school.

Component	Indicator	Level of reporting	Suggested data source	Comments	Suggested frequency of reporting
5.1 The school has a policy and/or plan for HPS.					
	Existence of a school policy and/or plan for HPS	School	G-SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Annually
	Proportion of schools that have a school policy and/or plan for HPS	National	G-SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Every 3 years
5.2 The school has a policy and/or plan for regular engagement, communication and collaboration with stakeholders for HPS.					
	Existence of a policy and/or plan that states the mechanisms for regular engagement and collaboration between the school and local stakeholders for HPS.	School	G-SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Annually
a. The school has adequate human, information and financial resources to make progress in becoming a health-promoting school.					
	The school HPS policy includes explicit allocation of adequate financial resources to support HPS in the school. The school budget has adequate financial resources specific for HPS.	School	G-SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Annually
b. The school has a system of regular planning and monitoring progress and performance in implementing school policies and resources for HPS.					
	A framework is available at schools for monitoring and evaluating implementation and resourcing of HPS.	School	G-SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Annually
			FRESH	Feasibility will depend on school resources for data collection	
	Proportion of schools that have a monitoring and evaluation framework for HPS	National	G-SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Every 3 years

Table 4. Standard 3: School governance and leadership

Standard 3: School governance and leadership

Standard statement: A whole-school model of school governance and leadership supports a health-promoting school.

Component	Indicator	Level of reporting	Suggested data source	Comments	Suggested frequency of reporting
3.1. The leadership team (school board members, management, principal, other school leaders) supports and promotes the value and ethos of HPS for the school community.					
	The school has a leadership team that supports and promote HPS.	School	G–SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Annually
3.2. A distributed model of school leadership for HPS comprises the school principal, leading teachers, administrative staff, members of the school board and management, school health personnel, students, parents and caregivers.					
	The school HPS policy includes a distributed model of leadership. HPS leaders at the school are aware of and adhere to the policy.	School	G–SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Annually
3.3. HPS leaders (individuals who drive HPS initiatives) are provided with in-service professional learning opportunities in leadership and HPS.					
	The school provides HPS and leadership training for leaders (where applicable). The school allocates finance and resources for training in HPS.	School	G–SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Annually
	Percentage of schools in which leaders have been trained in HPS (at the level relevant to the local context)	National	G–SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Every 3 years
3.4. There is a system of regular planning and monitoring progress and performance of school governance and leadership for HPS.					
	A framework is available at schools for monitoring and evaluating governance and leadership of HPS.	School	School Health in Latin America and the Caribbean (school survey)	Has section on school health policies and on implementing policy	Annually

Table 5. Standard 4: School and community partnerships

Standard 4: School and community partnerships

Standard statement: The school is engaged and collaborates within the local community for health-promoting schools.

Component	Indicator	Level of reporting	Suggested data source	Comments	Suggested frequency of reporting
4.1. The school engages and collaborates with parents, caregivers, legal guardians and families in all aspects of school operations related to HPS.					
	Schools have a documented plan for engaging parents, caregivers, legal guardians and families in all aspects of school life.	School	School Health in Latin America and the Caribbean (school survey)	Has section on school health policies and on implementing policy, including community engagement	Every 3 years
4.2. The school engages and collaborates through formal and informal partnerships with stakeholders in the local community, including local government, for HPS.					
	Schools have a documented plan for engaging with stakeholders in the local community, including local government, for HPS.	School	School Health in Latin America and the Caribbean (school survey)	Has section on school health policies and on implementing policy, including community engagement	Every 3 years
4.3. Members of the school leadership team engage and collaborate with the school and local communities, including parents and caregivers, in planning and monitoring progress and performance of HPS partnerships.					
	Schools have a method for including stakeholders in the development and implementation of all monitoring and evaluation frameworks for HPS.	School	School Health in Latin America and the Caribbean (school survey)	Has section on school health policies and on implementing policy, including community engagement	Every 3 years

Table 6. Standard 5: School curriculum

Standard 5: School curriculum

Standard statement: The school curriculum supports physical, social–emotional and psychological aspects of student health and well-being.

Component	Indicator	Level of reporting	Suggested data source	Comments	Suggested frequency of reporting
5.1. School staff demonstrate knowledge and understanding of physical, social and psychological development and characteristics of students and how they may affect learning and behaviour.					
	Percentage of school staff who consider themselves equipped to address the health and well-being concerns of their students.	School	Teaching and Learning International Survey	Has sections on school climate and school in diverse environments, but does not require annual reporting	Annually
	Percentage of school staff who received both pre-service and in-service training in the link between health and learning	School			Annually
5.2. The school implements a curriculum that encompasses physical, social–emotional and psychological aspects of student health, safety, nutrition and well-being that address key education and health outcomes (see Annex 1) and is aligned with national HPS policy.					
	The school curriculum encompasses physical, social–emotional and psychological aspects of health and well-being (at all levels).	School	School Health in Latin America and the Caribbean (school survey)	Has section on health education	Annually
	Proportion of schools that report that their curriculum encompasses physical, social–emotional and psychological aspects of health and well-being	National	SHPPS (health education survey)	Assesses district policies for health topics	Every 3 years
	National policies guide schools in implementing curricula specific to HPS.	National	School Health in Latin America and the Caribbean (national survey)	Addresses school health policies broadly and could be used to populate this indicator	Every 3 years
5.3. The school curriculum fosters understanding, values and attitudes that support sustainable consumption and sustainable environments.					
	Sustainable development is included in environmental science in the curriculum for all students.	School			Annually

Table 6. Standard 5: School curriculum (continued)

Standard 5: School curriculum					
Standard statement: The school curriculum supports physical, social–emotional and psychological aspects of student health and well-being.					
Component	Indicator	Level of reporting	Suggested data source	Comments	Suggested frequency of reporting
5.4. The content, pedagogy, student–teacher and teacher–teacher relationships in the school curriculum promote health, positive and healthy relationships and lifestyle, safety, physical activity, healthy nutrition and well-being through the development of knowledge, skills, attitudes and behaviour in the school community.					
	Existence of participatory pedagogy that promotes HPS through the development of knowledge, skills, attitudes and behaviour in the school community Existence of a framework for student–teacher and teacher–teacher relationships to promote HPS in the school community	School	Teaching and Learning International Survey	Has sections on school climate and school in diverse environments, but does not require annual reporting	Annually
5.5. Staff are trained and supported in the use of learning and teaching strategies to support the HPS approach.					
	Existence of teacher training curricula to support participative, skills-based health education in schools (at the level relevant to the local context)	National	School Health in Latin America and the Caribbean (school survey)	Has section on health education	Every 3 years
5.6. There is a system of regular planning, monitoring of progress and performance and revision (when required) of the content and delivery of the school curriculum that supports health and well-being.					
	A framework at schools is available to monitor and evaluate the school curriculum as it pertains to HPS and health and well-being.	Schools			Annually

Table 7. Standard 6: School social–emotional environment

Standard 6: School social–emotional environment

Standard statement: The school has a safe, supportive social–emotional environment.

Components	Indicator	Level of reporting	Suggested data source	Comments	Suggested frequency of reporting
6.1. School policies set clear directions for the desired social–emotional environment in the school, including how to make any necessary improvements and feedback.					
	Existence of a comprehensive school policy that includes all components of the social–emotional environment, including equity, inclusiveness, diversity and respect. Existence of an anti-bullying policy	School	Teaching and Learning International Survey	In use and led by the education sector, but does not require annual reporting	Annually
6.2. The school has made adequate investment and has resources to promote a safe, supportive social–emotional environment.					
	The school budget includes adequate resources dedicated to promoting and providing a safe, supportive social–emotional environment as stated in school policy.	School	G-SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Annually
6.3. The social–emotional environment in the school is monitored regularly, and improvement and feedback actions are taken to ensure a positive environment.					
	A framework is in place at schools to monitor and evaluate the school social–emotional environment as it pertains to HPS,	School			Annually
	Percentage of schools that meet the national school safety standards (socio-emotional)	National	FRESH	Feasibility will depend on school resources for data collection	Every 3 years

Table 8. Standard 7: School physical environment

Standard 7: School physical environment

Standard statement: The school has a healthy, safe, secure, inclusive physical environment.

Component	Indicator	Level of reporting	Suggested data source	Comments	Suggested frequency of reporting
7.1. School policies ensure a safe environment for all members of the school community that is aligned with national policy.					
	A school policy states topics and actions to ensure a safe physical learning environment.	School	School Health in Latin America and the Caribbean (national survey)	Addresses school health policies broadly; could be used to populate this indicator.	Annually
7.2. The school has made adequate investment (e.g. resources, training, funding) to maintain a safe physical environment.					
	Allocation of adequate resources and investment dedicated to promoting and maintaining a safe environment is stated in school policy.	School	G-SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Annually
7.3. Compliance with required standards and regulations for a safe, secure, healthy, inclusive school physical environment is monitored regularly and corrective actions taken (e.g. regular checks of equipment).					
	A framework is in place in schools to monitor and evaluate the safety of the school physical environment.	School			Annually
	Percentage of schools that meet national safety standards	National			Every 3 years

Table 9. Standard 8: School health services

Standard 8: School health services					
Standard statement: All students have access to comprehensive school-based or school-linked health services that meet their physical, emotional, psychosocial and educational health-care needs.					
Component	Indicator	Level of reporting	Suggested data source	Comments	Suggested frequency of reporting
8.1. Delivery of comprehensive school health services is included in school policies and aligned with national policies and laws.					
	Existence of a school policy that explicitly outlines the delivery of or linkage to comprehensive school health services	School	G–SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Annually
	National governments require that schools have a policy that explicitly outlines the delivery of or linkage to comprehensive school health services.	National	RMNCAH policy survey 2018	Has module on adolescent service delivery	Every 3 years
	Percentage of schools in which the minimum package of school-based health services (as defined locally and nationally) is provided	National	FRESH	Feasibility will depend on school resources for data collection	Every 3 years
8.2. School health services reflect the needs and priorities of the school and the local community.					
	The needs and priorities of the school and local community are prioritized by school health services.	National	RMNCAH policy survey 2018	Has module on adolescent health service delivery	Every 3 years
8.3. School health services are delivered in line with standards for quality health services for children and adolescents (e.g. timely, culturally safe, sensitive, age-appropriate, gender-responsive, rights-based, evidence-based).					
	School health services are delivered in line with standards for quality health-care services for children and adolescents.	School	School health services standards	Links to data collections are relevant.	Every 3 years
8.4. The school has made dedicated investment (e.g. resources, training, funding) in school health services, including school nutrition and food provision.					
	Allocation of adequate resources and investment dedicated to delivering or linkage to school health services is stated in school policy. An adequate budget allocation enables delivery or linkage to school health services.	School	G–SHPPS	Anticipated that once the survey is revised it can be used to populate indicators	Every 3 years
8.5. The school has a system of planning and monitoring progress and performance of school health services, including quality assurance and compliance with standards.					
	Schools have a framework for monitoring and evaluating the delivery of or linkage to school health services.	National	RMNCAH policy survey 2018	Module 5: Adolescent health; e.g. Are there activities to monitor implementation of these standards for delivery?	Every 3 years

Conclusion

Schools are a vital resource for influencing the health and well-being of students, as well as of their families and the wider community. While the HPS initiative and other whole-school approaches to health in education have now existed for several decades, there is increasing recognition that health and education are basic resources for children and adolescents and that schools are an important setting for health as well as education. As part of the initiative of WHO and UNESCO, these global standards and suggested indicators provide direction to schools and governments for the implementation and sustainability of whole-school approaches to health in education.

The eight global standards for HPS systems highlight that successful implementation requires a multi-level system of governance and a whole-school approach of mutually reinforcing actions across all facets of a school's operations. The HPS system is intentionally aspirational, flexible and dynamic. It is intended to act as a scaffold that enables progressive implementation of whole-school initiatives and individual programmes. The global standards and suggested indicators are supported by accompanying implementation guidance that provides detailed approaches to scoping, designing, implementing, monitoring and evaluating HPS activities.

The global standards for HPS systems look to the future as a vision for healthy schools. The standards are also anticipated to function as a roadmap for stakeholders at all levels of governance, particularly within the education sector, by highlighting the ethos, activities and environment that are required for a truly embedded, sustainable HPS system.

"**Health and education are the two cornerstones of human development.**"

Tedros Adhanom Ghebreyesus, Director-General, WHO, October 2018, at the official announcement by the UNESCO Chairs for Global Health and Education

"**We must ensure the right to quality education for all, because these two goals – health and education – go hand in hand.**"

Audrey Azoulay, Director-General, UNESCO, December 2017, on World AIDS Day
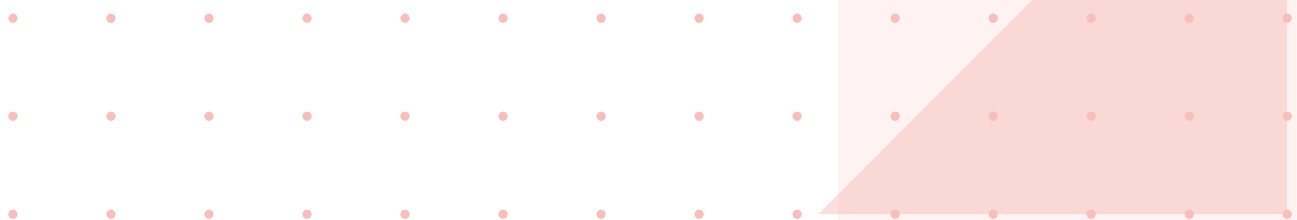
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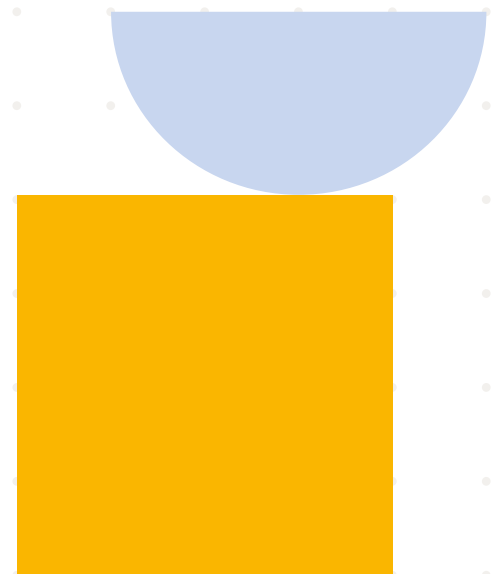
Annex 1. Resources

This list includes globally relevant resources that provide further details on topics and issues in the global standards (e.g., guidelines, policies). A list of resources for implementation is included in the implementation guidance (volume 2 of the series).

Educational and health topics and outcomes
The following resources may be useful for determining the topics and outcomes in education and health to be addressed locally.

Adolescent well-being
Ross DA, Hinton R, Melles-Brewer M, Engel D, Zeck W, Fagan L et al. Adolescent well-being: a definition and conceptual framework. J Adolesc Health. 2020; 67(4):472–6.

Comprehensive sexuality education
International technical guidance on sexuality education: An evidence-informed approach. New York City (NY): UNFPA; 2018 (https://www.unfpa.org/publications/international-technical-guidance-sexuality-education).

Practical guidelines for supporting EDUCAIDS implementation. Paris: United Nations Educational, Social and Cultural Organization; 2012 (https://unesdoc.unesco.org/ark:/48223/pf0000215295?posInSet=12&queryId=c2ea1e8e-48a6-4609-b8d8-6d0cc084c35f1).

Education on food and nutrition
School-based food and nutrition education – a white paper on the current state, principles, challenges and recommendations for low- and middle-income countries. Rome: FAO; 2020 (http://www.fao.org/documents/card/en/c/cb2064en).

Home-grown school feeding resource framework. Rome: World Food Programme; 2018 (https://www.wfp.org/publications/home-grown-school-feeding-resource-framework).

Flexible learning strategies
Flexible learning strategies for out-of-school children and youth. Paris: United Nations Educational, Social and Cultural Organization; 2017 (https://unesdoc.unesco.org/ark:/48223/pf0000252750).

Handbook on facilitating flexible learning during educational disruption. The Chinese experience in maintaining undisrupted learning in COVID-19 outbreak. Paris: United Nations Educational, Social and Cultural Organization; 2020 (https://iite.unesco.org/wp-content/uploads/2020/03/Handbook-on-Facilitating-Flexible-Learning-in-COVID-19-Outbreak-SLIBNU-V1.2-20200315.pdf).

Health outcomes for adolescents
Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation. Geneva: WHO; 2017 (https://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf?sequence=1). A list of key health outcomes for adolescents, such as positive health and development interventions, prevention of unintentional injury, violence prevention, sexual and reproductive health including HIV, communicable disease, noncommunicable disease, nutrition and physical activity, mental health, prevention of substance use and self-harm.

Information and communication technology
ICT competency standards for teachers: competency standards modules. Paris: United Nations Educational, Social and Cultural Organization; 2008 (https://unesdoc.unesco.org/ark:/48223/pf0000156207?posInSet=9&queryId=fefab325-fcd3-4353-8e95-1fd0bcde192a)

ICT competency standards for teachers: policy framework. Paris: United Nations Educational, Social and Cultural Organization; 2008 (https://unesdoc.unesco.org/ark:/48223/pf0000156210?posInSet=19&queryId=fefab325-fcd3-4353-8e95-1fd0bcde192a).

Life skills education
Life skills education school handbook: Noncommunicable diseases. Geneva: WHO; 2020 (https://www.who.int/publications/i/item/97-8924-000484-9).

School health services
Guideline on school health services. Geneva: WHO; 2021

Evaluation within education and health systems
Better evaluation (https://www.betterevaluation.org/).

Rogers P. Overview of impact evaluation. New York City (NY): UNICEF; 2014 (https://www.unicef-irc.org/KM/IE/impact_1.php).

United Nations Evaluation Group (http://www.uneval.org/).

Global standards for quality health care services for adolescents
Vol. 1. Standards and criteria (http://apps.who.int/iris/bitstream/10665/183935/1/9789241549332_vol1_eng.pdf?ua=1).

Vol. 2. Implementation guidance (http://apps.who.int/iris/bitstream/10665/183935/4/9789241549332_vol2_eng.pdf?ua=1).

Vol. 3. Data collection tools (http://apps.who.int/iris/bitstream/10665/183935/5/9789241549332_vol3_eng.pdf?ua=1).

Standards for improving the quality of care for children and young adolescents in health facilities. Geneva: WHO; 2018 (http://apps.who.int/iris/bitstream/handle/10665/272346/9789241565554-eng.pdf?ua=1).

Responding to public health crises
Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises. Geneva: WHO; 2020 (https://www.who.int/publications/i/item/9789240017467).

Policy brief: Education during COVID-19 and beyond. New York City (NY): United Nations; 2020 (https://www.un.org/sites/un2.un.org/files/sg_policy_brief_covid-19_and_education_august_2020.pdf).

Whole-school approaches to health in education
Focusing resources on effective school health (FRESH). Paris: United Nations Educational, Social and Cultural Organization; 2014 (https://www.fresh-partners.org/fresh-framework.html).

Health promoting schools. Washington DC: Pan American Health Organization (https://www.paho.org/hq/index.php?option=com_docman&view=list&slug=health-promoting-schools-7584&Itemid=270&lang=en).

Schools for Health in Europe (https://www.schoolsforhealth.org/).

Thompson D, Leis M, Davies N, Viner R. Building healthy societies: A framework for integrating health and health promotion into education. Doha: World Innovation Summit for Health; 2020 (https://2020.wish.org.qa/app/uploads/2020/09/IMPJ7849-02-Schools-WISH2020-201102-WEB.pdf).
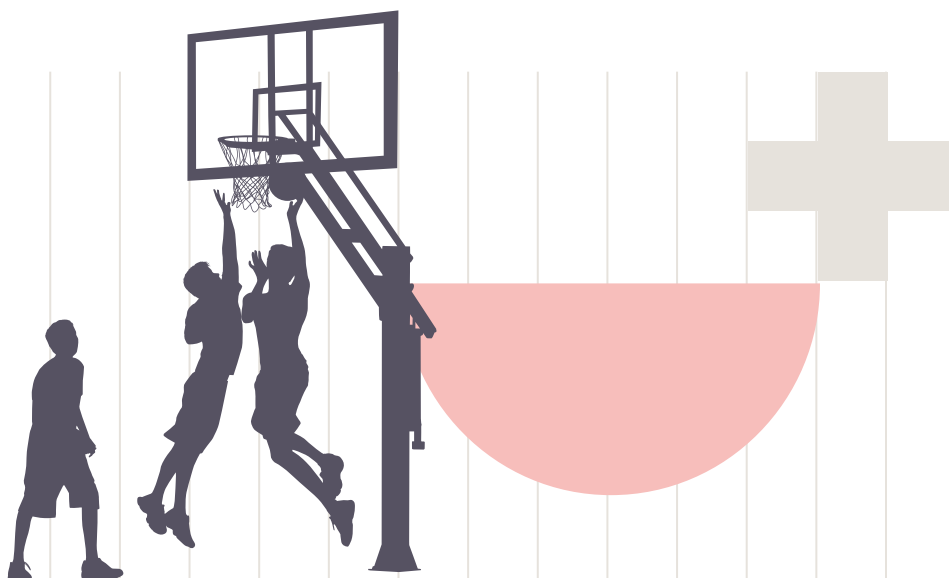
Annex 2. Data sources and resources for indicators

The following sources may be useful for populating the proposed indicators for the global standards.

Potential sources	Comments (e.g. suggested modules, sample items)
European Standards and Indicators for Health Promoting Schools SHE (2019)	Contains school-level indicators. Example: "The school curriculum includes health and well-being topics and activities, which aim to develop age-appropriate health literacy and health-promoting action competences." https://www.schoolsforhealth.org/resources/materials-and-tools/standards-indicators
Global School-based Student Health Survey WHO and Centers for Disease Control and Prevention (CDC) (2017)	May be helpful for assessing student outcomes. Core questionnaire modules Example: "During the past 12 months, how often have you been so worried about something that you could not sleep at night?" https://www.who.int/ncds/surveillance/gshs/methodology/en/ https://www.cdc.gov/gshs/index.htm
	Core-expanded questions for the alcohol use module Example: "During the past 30 days, how many times did you get into trouble with your family or friends, miss school, or get into fights as a result of drinking alcohol?"
Global School Health Policies and Practices Survey (G-SHPPS) WHO and CDC (2017, 2021)	Contains items on school health coordination, school health services and student health topics. Currently being revised. Examples: "Are those who teach about health-related topics provided with curricula, lesson plans, or learning activities to guide instruction?" "Does our school have or follow a written policy/guideline/rule prohibiting fighting and other forms of violence among students at school?" "On average, how many days per month are doctors or other health care professionals (such as dentists or mental health counsellors) at your school?" https://www.cdc.gov/healthyyouth/data/shpps/index.htm
Health Promoting School: An Update Lee A, Lo A, Li Q, Keung V, Kwong A (2020)	Summarizes key components, indicators and plausible outcome measures for HPS. https://link.springer.com/article/10.1007/s40258-020-00575-8

Potential sources	Comments (e.g. suggested modules, sample items)
INSPIRE Indicator Guidance and Results Framework UNICEF (2018)	May be useful for assessing violence and bullying outcomes (social–emotional environment). Core indicator examples: Physical punishment in school "Percentage of female and male children and/or adolescents currently attending school who report being physically punished by a teacher in the past 12 months, by sex and grade level (or age)" Peer violence "Percentage of female and male adolescents who experienced bullying during the past 12 months, by type, sex and grade level (or age)" https://www.unicef.org/documents/inspire-indicator-guidance-and-results-framework
Middle Years Development Instrument (MDI) Human Early Learning Partnerships, University of British Columbia (2019)	Questions refer to student's feelings of support from teachers, their sense of belonging and their own contributions to the school community. May be suitable for assessing outcomes related to the social–emotional environment. Examples: "At your school, [is] there a teacher or other adult who believes that I will be a success?" "[How much do you agree that] teachers and students treat each other with respect in the school?" http://earlylearning.ubc.ca/mdi/
Monitoring and Evaluation Guidance for School Health Programmes FRESH (2014)	Population of indicators requires multiple data sources and informant interviews in many cases. Eight core indicators to support FRESH Examples: "Percentage of schools where the minimum package of school-based health and nutrition services (as defined at local- and national-level) is provided." "Are the health topics included in the curriculum for primary and secondary schools selected on the basis of national health priorities?" "Do the pre-service teacher education curricula include the pedagogy of teaching skills-based health education?" https://hivhealthclearinghouse.unesco.org/library/documents/monitoring-and-evaluation-guidance-school-health-programs-eight-core-indicators
	Thematic Indicators Supporting FRESH
Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) policy survey WHO (2018)	Led by ministries of health. Items could be adapted to populate indicators if data are collected routinely. Module 4: Child health (Provision of integrated child health services) Examples: "Are there national policies/guidelines on child health and development of children?" "Is there a national policy/guideline on the integrated management of childhood illness?" Module 5: Adolescent Health Examples: "Does the country have national standards for health-promoting schools?" "Are there national policies/guidelines that specifically address adolescent (10 to 19 years) health issues?" "Does the country have national standards for delivery of health services to adolescents?" "Are adolescents cited as a specific target group for defined interventions/activities in a national policy/guideline for the following health issues?" "Are activities being carried out to monitor the implementation of these standards for delivery?" https://www.who.int/maternal_child_adolescent/epidemiology/policy-indicators/en/

Potential sources	Comments (e.g. suggested modules, sample items)
School health index CDC (2017)	Data collected at schools (in the USA and potentially elsewhere). Data not stored centrally. Elementary school Examples for self-assessment (on a 0–3 scale): "Representative school health committee or team" "Written school health and safety policies" "Communicate health and safety policies to students" https://www.cdc.gov/HealthySchools/SHI/
	Middle school or high school
School Health in Latin America and the Caribbean. National survey Pan American Health Organization, WHO, UNICEF, United Nations Office on Drugs and Crime, World Bank, UNESCO	Could be adapted to populate indicators, depending on data collection methods. National survey; school health policies and strategies section Examples: "Does your country have a national school health policy, strategy and/or plan?" "Who is responsible for the implementation of the school health policy, strategy and/or plan?" "Do you think that most regional, local and school-level stakeholders have copies of the national school health policy, strategy and/or plan?" "What are the funding sources for school health?"
	School questionnaire Example: "Does your school have a health policy, strategy and/or plan?"
School Health Policies and Practices Study (SHPPS) CDC (2016)	Healthy and safe school environment district questionnaire https://www.cdc.gov/healthyyouth/data/shpps/index.htm
	Health education district questionnaire
	Health services district questionnaire "Currently, does someone in your district oversee or coordinate school health services?"
	Nutrition services district questionnaire "Has your district adopted a policy stating that school food service managers are required to earn continuing education credits on nutrition topics?"
	Physical education and physical activity district questionnaire
SDG4 Data Digest – How to produce and use the global and thematic education indicators UNESCO (2019)	Global Indicators Examples: "Extent to which (i) global citizenship education and (ii) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in: (a) national education policies (b) curricula (c) teacher education and (d) student assessments" "Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)" http://uis.unesco.org/sites/default/files/documents/sdg4-data-digest-2019-en.pdf

Potential sources	Comments (e.g. suggested modules, sample items)
Survey on student attitudes to school Department of Education and Training, Melbourne, Australia (2019)	Questions on bullying, school atmosphere, school safety and school connectedness. May be suitable for assessing outcomes related to the social–emotional environment and student well-being outcomes. Items include: "I am happy to be at this school" "feel like I belong at this school" https://www.education.vic.gov.au/school/teachers/management/improvement/Pages/performsurveyat.aspx
Teaching and Learning International Survey OECD (2018)	Data routinely collected and led by education sector. May be suitable for assessing outcomes related to the social–emotional environment. Principal questionnaire Examples: "In this school, are the following policies and practices implemented? Teaching students to be inclusive of different socio-economic backgrounds Explicit policies against gender discrimination Explicit policies against socio-economic discrimination Additional support for students from disadvantaged backgrounds" http://www.oecd.org/education/school/talis2018questionnaires.htm
	Teacher questionnaire "Thinking of all of your professional development activities during the last 12 months, did any of these have a positive impact on your teaching practice?"
Well-being questionnaire for PISA (international option) OECD (2018)	Data routinely collected and led by education sector. May be suitable for assessing outcomes related to the social–emotional environment and student well-being outcomes. Well-being module Example: "How easy is it for you to talk to the following people (family, friends, teachers etc.) about things that really bother you?" https://www.oecd-ilibrary.org/education/data/oecd-education-statistics/pisa-programme-for-international-student-assessment_data-00365-en
What matters most for school health and school feeding: A framework paper SABER, The World Bank (2012)	Policy indicator examples: "A situation analysis assesses the need for inclusion of various thematic areas, informs policy, design, and implementation of the national school health program such that it is targeted and evidence-based." "Percentage of schools where the school environment is kept clean and safe through regular cleaning and waste disposal" https://documents.worldbank.org/en/publication/documents-reportsdocumentdetail/197681468331747243/what-matters-most-for-school-health-and-school-feeding-a-framework-paper

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