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Intercountry Workshop on School Health in the Prevention of Noncommunicable Diseases

**Bishkek, Kyrgyzstan, 23-25 August
2016**



Intercountry Workshop on School Health
in the Prevention of Noncommunicable
Diseases (NCDs)

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ABSTRACT

Risk behaviours, which present the fastest growing health issues for children and adolescents, have long-term negative effects and increase the risks for non-communicable diseases (NCDs) in later life. NCDs prevention therefore should play an important role at school. For many adolescents and school age children school health services (SHS) are the first and the most accessible point of contact with health services. Schools offer many opportunities for children and young people to develop a positive outlook on life and a healthy lifestyle and can contribute to improving the health and well-being of children and young people. The European Network of Health Promoting Schools was launched in 1992 and today Health Promoting Schools exist in 40 Member States of the WHO European Region. This report summarizes outputs from the WHO Regional Office for Europe Intercountry workshop on school health in the prevention of NCDs meeting for national coordinators of child and adolescent health programmes of Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Russian Federation, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan in Bishkek, Kyrgyzstan, on 23-25 August 2016.

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Acronyms and abbreviations

CAH-Child and Adolescent Health
CC- chronic conditions
CRC-Child Rights Convention
CSO-civil society organizations
DALY-disability-adjusted life year
EECA-Eastern Europe and Central Asia
GYTS-Global Youth Tobacco Survey
HBSC- Health Behaviour in School-aged Children
HIC- High income countries
HLS-Healthy Lifestyle
HPS-Health Promoting Schools
ICD- International Classification of Disease
LMIC- Low-middle income countries
MoE- Ministry of Education
MoF- Ministry of Finance
MoH- Ministry of Health
MOLHSA- Ministry of Labour, Health and Social Affairs
NCDC- national centre for disease control
NCDs-Noncommunicable diseases
NGO- nongovernmental organizations
OSI-Open Society Institute
PHC-primary health care
SHE- Schools for Health in Europe
SHS-school health services
SRH-sexual and reproductive health
UNESCO- United Nations Educational, Scientific and Cultural Organization
UNFPA-United Nations Population Fund
UNICEF-United Nations Children's Fund
WHO- World Health Organization
WFP-World Food Programme

Introduction and context

Nowadays the absolute majority of deaths and burden of diseases in the WHO European Region are caused by Noncommunicable Diseases (NCDs). The Sustainable Development Goals set by the United Nations in 2015 identify prevention of NCDs as a core priority. The WHO strategy and policy framework “Health 2020” stressed a need for prevention of NCDs particularly by adopting a life-course approach. The European Child and Adolescent Health strategy 2015–2020 also considered a life-course approach as a key guiding principle based on recognition of a fact that adult health and illness are rooted in health and experiences in previous stages of the life-course. It reflects socioeconomic, biomedical and other factors that influence health and health behaviour. WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 brought new evidences of actions that can be implemented by the governments to keep people healthy throughout the life course. Three key directions - needs “to act early, act on time and act together” have been stressed at the conference.

Two thirds of premature deaths in adulthood, mainly from NCDs are the results of health behaviours established at the school age and adolescence. Therefore, prevention of risky behaviours among the children of these age groups is one of the key directions of health promotion activities. The school provides good opportunities for health promotion among children; it can make significant contribution to improving health and behaviours of the children and adolescents and, by this to reduce burden of NCDs in the future. In this regard, the governments are called to recognize School Health as a priority, employ intersectoral approach and implement relevant policies.

To this end, the WHO Regional Office for Europe held a meeting on school health programmes with a focus on NCD for national coordinators in the areas of child and adolescent health and NCDs from Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Russian Federation, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan, WHO representatives, international experts and partners. The meeting was held in Bishkek, Kyrgyzstan, on 23-25 August 2016.

The objectives of the meeting were to:

- Introduce the international experience, research evidence and best practices in school health and health-promoting schools in context of NCDs prevention;
- Share success country experiences in health promotion in school settings;
- Discuss and identify major challenges as well as key actions towards establishing «every school in the country is a health promoting place», primarily focusing on prevention of NCDs (cardiovascular disease, cancer, chronic lung diseases, overweight) as well as depression, violence, substance abuse, injuries.

Meeting outcomes were:

- Awareness and prioritization of prevention of NCDs through the promotion of school health increased.
- Countries’ key staff became more familiar with the experiences in the region concerning SHS and HPS (health promoting school(s) and may use this in their own countries.

- The country plans of further steps in promotion of SHS and HPS were outlined and discussed.
- The need of comprehensive intersectoral collaboration in future activities was particularly stressed.

Plenary sessions

Opening and welcome remarks

The WHO Intercountry meeting on school health in the prevention of NCDs held on 23 -25 August 2016 in Bishkek, Kyrgyzstan. Welcome speeches were given by Dr Jarno Habicht, WHO Representative and Head of Country Office, Kyrgyzstan; and the Minister of Health of Kyrgyzstan, Professor Talantbek Batyraliev. The special guest, the First Lady of Kyrgyzstan, Professor Raisa Atambayeva, welcomed over 60 delegates from the regions of Eastern Europe, Caucasus and Central Asia, international experts, representatives of WHO and the partner organizations, described recent developments in school health care provision in Kyrgyzstan, called for intersectoral collaboration.

In continuation of the First Lady's speech, professor Elmira Mingazova, Kazan Medical University, Russia, reported on the innovative project "Health School – Healthy Nation" implemented in Kyrgyzstan. The project's activities are targeted to improving health screenings and early referrals of the school children with health problems; further assessment of their physical and mental health status; identification and prevention of educational and environmental risk factors affecting child health; prevention of risky behaviors of the schoolchildren of Kyrgyzstan; and support to educational institutions in developing and implementing health promotion programs.

Prevention and Control of Noncommunicable Diseases

Dr Jill Farrington, Senior Technical Officer, Integrated Prevention and Control of Diseases (NCDs) at WHO Regional Office for Europe, a.i., Head of project on NCDs, Moscow, introduced the Road Map of commitments included in the 2011 UN Political Declaration on NCDs, reported on European NCDs Strategy (2006) & Action Plan (2012-2016) and Global NCDs Strategy (2000) & Action Plan (2013-2020). The Sustainable Development Goals, set by the United Nations in 2015, identify prevention and control of NCDs as core priorities. No less than 77% of the disease burden in the WHO European Region is caused by NCDs. Investing in prevention and better control of this broad group of disorders will reduce premature death and preventable morbidity and disability; improve the quality of life and well-being of people and societies, and help reduce the growing health inequalities they cause. Currently NCDs are in historic crossroads and included in the 2030 Agenda for Sustainable Development, Goal 3: Good Health and Well-being.

Nine global NCDs targets to be attained by 2025 (against a 2010 baseline) include reduction in the risk of premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases; relative reduction in the harmful use of tobacco and alcohol; relative reduction in the prevalence of insufficient physical activity; reduction in population mean intake of salt/sodium. In line with preventive measures also availability of proper counselling and drug therapy to prevent heart attacks and strokes were considered.

A number of current strategies and action plans for NCDs prevention elaborated by the WHO Regional Office for Europe were mentioned. Among them were European action plan to reduce the harmful use of alcohol 2012-2020; Making tobacco a thing of the past; Physical activity strategy for the WHO European Region 2016—2025; European Food and Nutrition Action Plan 2015-2020; Ending childhood obesity; and Good maternal nutrition.

The WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 stressed three key directions in prevention and control of NCDs: “act early, act on time and act together”.

Obviously, among the risk factors, currently obesity is particularly concerning. However, progress in tackling childhood obesity has been slow and inconsistent. The Commission on Ending Childhood Obesity established in 2014 has developed a set of recommendations to tackle childhood and adolescent obesity in different contexts around the world. Recommendations include promoting intake of healthy food, promoting physical activities, preconception and pregnancy care, early childhood diet and physical activity, health, nutrition and physical activity for the schoolchildren, weight management.

Fifty countries of the region (out of 53) ratified the Framework Convention on Tobacco Control and 25 countries raised tobacco taxes. Less numbers of countries introduced other restrictions such as laws on smoke-free public places, bans on advertising and pictorial warnings labels on packages. Seven countries offered cessation programs. The countries in the WHO European Region made significant progress towards the elimination of under-nutrition although in some countries more needs to be done. Significantly less progress is reported in such fields as promotion of exclusive breastfeeding, prevention of anemia and some others.

European NCDs Action Plan 2016-2020 outlined key directions for activities in the following priority areas: governance; surveillance, monitoring and evaluation, research; prevention and health promotion; and health systems.

Population level priority interventions cover fiscal and marketing policies; product reformulation and improvement; salt reduction; active living and mobility; and clean air. Cardiometabolic risk assessment and management; early detection and treatment; vaccinations and communicable disease control are examples of individual level interventions. Supporting interventions include mental, oral and musculoskeletal health as well as health in specific settings. Existing WHO strategies and action plans, particularly in the field of Child and Adolescent Health are coherent to European NCDs 2016 -2025 Action Plan policies.

Setting based approaches are employed at subnational level. For instance, the WHO Healthy Cities Network project made input in improving nutrition and obesity prevention. The majority of cities working on food and nutrition also work on active living. Within the project, 36 cities have been involved in ensuring a safe, healthy and sustainable food supply through comprehensive approach to healthy diet in children involving schools, farms, producers, catering in kindergartens, increasing availability of fruits and vegetables in schools. Twenty two cities have been participated in programs on providing comprehensive information for families and 20 were involved in monitoring, evaluation and research. Families and home environment play crucial role in prevention of NCDs and broader approaches are required to involve families and communities.

Another key part of NCDs prevention and control is disease management as children by themselves may suffer from NCDs.

Childhood chronic conditions can be classified as:

- congenital - (for example, Down syndrome; hypothyroidism);
- acquired - (for example, type 1 diabetes; epilepsy);
- preventable - (for example, HIV; traumatic injuries);
- non-preventable - (for example, congenital adrenal hyperplasia);
- communicable - (for example, HIV, TB);
- non-communicable - (for example, asthma and epilepsy).

Comprehensive strategies to manage chronic conditions within schools include a series of activities: developing relevant policies, individual healthcare plans, staff training. The statutory guidance for educational institutions “Supporting pupils with medical conditions in schools” was adopted in England in 2014 to ensure that the needs of children with chronic conditions are properly understood and effectively supported.

The reasons to include children in NCDs policies are:

- children are our future, which is the strongest motivator for change;
- children have a right to health and life;
- children can be powerful agents for change and peer educators; young people should be included in planning and implementation of NCDs actions;
- many children have no voice to advocate for themselves;
- children are the cornerstone of a life-course approach to the prevention of NCDs;
- children are affected by NCDs and chronic conditions;
- there are cost-effective interventions which, if delivered through basic health services during childhood, prevent death and disability;
- childhood offers a golden-window of opportunity for cost effective prevention of NCDs;
- children experience the negative impact of a parent living with NCDs, particularly in low-middle income countries (LMICs); forced to provide care or an income for their families, they can experience significant emotional, social and physical consequences.

The Child and Adolescent Health Strategy and Health Behaviour of School-aged Children

Dr Martin Weber, Programme Manager, Child and Adolescent Health and Development, Division of Noncommunicable diseases and Life-course of the Regional Office, focused on Health 2020- a European policy framework and strategy for the 21st century and European Child and Adolescent Health Strategy. The main goal of the strategy is to enable children and adolescents in the WHO European Region to realize their full potential for health, development and well-being and reduce their burden of avoidable disease and mortality. Strengthening

people-centered health systems and public health capacity to improve child and adolescent health and development, addressing social determinants of health for children, adolescent, parents and caregivers, promotion of intersectoral approach are among main objectives of the strategy.

Key guiding principles of the strategy include:

- adopting a life-course approach;
- adopting an evidence-informed approach;
- promoting strong partnerships and intersectoral collaboration; and
- adopting a rights-based approach.

Priorities are given to transforming the governance of child and adolescent health by supporting early childhood development and growth during adolescence; and protecting health and reducing risk by achieving a tobacco-free millennial generation; promoting healthy nutrition and physical activity; and tackling depression and other mental health problems in adolescence. Countries can set their own objectives to meet their specific needs. Countries should take into consideration the fact that actions taken today will show the results after 50 years.

The main source of information regarding adolescents' health and well-being is Health Behaviour in School-aged Children (HBSC) study. HBSC is a WHO collaborative study, which provides information about the health, well-being, social environment and health behaviour of 11-, 13- and 15-year-old boys and girls. Currently conducted in 44 countries of Europe and North America the study has the same core methodology, with country adaptations, allows longitudinal and cross-country comparisons. The HBSC study highlights socioeconomic differences and variations between 44 countries and regions and identifies opportunities for policy interventions.

The most recent HBSC report: "Growing up unequal: gender and socioeconomic differences in young people's health and well-being" conducted in 2013/14 showed that over 80% of young people report high life satisfaction, most find it easy or very easy to talk to their mother, the majority of girls and boys report high levels of support from family, friends and classmates. The majority perceive their school performance as good or very good, relative to their peers. Positive trends in eating behaviour, tooth brushing and risk behaviour, for example, smoking and drinking have halved since 2001/02. Gender differences were provided and analyzed: for instance, the prevalence rate of multiple health complaints is higher among girls. Boys report better communication with father. At the same time mismatch between actual and perceived overweight at the age of 15 was observed which causes certain concerns.

Age-dependant comparisons showed the following results:

In girls:

- Decreases with age: liking school, academic performance, classmate support, family support, parental communication, family meals, life satisfaction, self-rated health, eating breakfast, fruit consumption and physical activity.
- Increases with age: school pressure, health complaints, feeling too fat, dieting, TV viewing, smoking and drunkenness.

In boys:

- Decreases with age: liking school, academic performance, family support, parental communication, family meals, eating breakfast and fruit consumption.

- Increases with age: school pressure, TV viewing, smoking, drinking and drunkenness.

HBSC findings serve as a base for health policy changes. The Germany HBSC study in 2003 showed increase in alcohol consumption among 15-year-olds, mirroring the growing popularity of Alcopops. Strong media pressure led to Alcopops Tax Act 2004, increasing price and banning sales to young people. In 2006 HBSC study showed dramatic decrease in alcohol consumption among young people, a trend that was sustained. In Latvia HBSC study in 2002 found high soft drink consumption among young people. The Latvian Parliament introduced excise tax on soft drinks in 2004 and banned sales in schools in 2006 (also including sweets and salty snacks). The latest 2013/2014 survey showed decreasing soft drink consumption in 2002-2014.

HBSC data is live on the European Health Information Gateway. The health portal and the smart phone apps make data instantly usable.

In summary, HBSC provides crucial health related data on young adolescents. HBSC is the core collaboration to obtain health related data from adolescents relevant for policy decisions and strategy development.

Health promotion at school age: the key age for effective prevention of NCDs and other health problems

Goof Buijs, coordinator of the “Schools for Health in Europe (SHE) network, and Temporary Advisor to the workshop, provided a new framework for school health promotion and reported on SHE network strategies and activities. The SHE network has been functioning since 1992; consists of 45 member countries from EU and EECA. Currently there are 34.000 health promoting schools in the European region. The coverage between countries varies significantly.

The six key components of the whole school approach include healthy school policies, physical school environment, social school environment, health skills and education, school health services, community links and parents. This whole school approach builds health protective factors and reduces risk-taking behaviour. The education sector can help create healthier people and communities through ensuring access to education for all; education is a key determinant of health; training school staff health dimension of their work is important as well as enhancing health literacy; and address gender inequalities.

There is a strong link between school-based activities including physical education and academic performance among school-aged children. Physical activity and sports help building healthy bones and muscles, decreases the likelihood of obesity and disease risk factors such as high blood pressure, reduces anxiety and depression and promotes positive mental health, supports learning and academic performance.

Advantages to have a school policy on health and well- being include:

- healthier students and staff;
- better learning achievements;
- better care for pupils, better school atmosphere; and
- better image of school.

Overall, health promoting schools support healthy behaviour and better learning, provide NCDs prevention through a whole school approach with active participation of students, teachers and parents. Further progress may be achieved by effective communications and making alliance with decision makers and policy makers, researchers, evaluators, implementing authorities, civil societies, private sector and schools.

The Global Strategy for Women, Children and Adolescent Health and the Global AA-HA! Guidance (Accelerated Actions for the Health of Adolescents)

DrValentina Baltag, Scientist, Adolescent Health at WHO Headquarters, presented on the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030 and the Global AA-HA! Guidance (Accelerated Actions for the Health of Adolescents).

Globally, adolescent health has come of age. Finally, there is a sense of urgency that action is needed now to make a real difference to the health of adolescents. The WHO report "Health for the World's Adolescents. A second chance in a second decade" was launched in May 2014 which featured latest data on main causes of deaths and ill-health in adolescents. There are approximately 1.2 billion adolescents aged 10-19 in the world, accounting for 16.4% of the global population. Adolescents are not as healthy as believed. There were an estimated 1.3 million adolescent deaths in 2012; approx. 140 adolescents die every hour. Moreover, in high-income countries (HIC), mortality rates in 15-19 year-olds are now higher than in 1-4 year-olds. Just when this age group is starting to become productive members of society, many die from preventable causes. The leading causes of death among adolescents in 2012 were road injury, HIV, suicide, lower respiratory infections and interpersonal violence. Adolescents benefited least from the epidemiological transition with the smallest percentage drop in mortality since 2000. Adolescents report poorer satisfaction with the health care services compared with adults, and face barriers to accessing health care. Adolescents have capacity for decision-making yet often face policies that unnecessarily restrict the exercise of their rights. According to Lancet report published in May 2016, "adolescents are ...the most pervasively neglected group in global health". There are many reasons to give more attention to the health of adolescents, including the demographic dividend, public health across the life-course and human rights.

To address main health challenges, the U.N. Secretary-General launched in September 2015 the Global Strategy for Women's, Children's and Adolescents' Health. The Strategy lays out an ambitious vision for a world "in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies". Addressing adolescent health is essential to the success of the strategy; among 16 key indicators to monitor its progress, four are related to adolescent health.

To support countries in making progress in implementing the adolescent health component of the Global Strategy, the 68th World Health Assembly requested the WHO Secretariat to develop a global guidance for Accelerated Action for Adolescent Health (the AA-HA! guidance) in consultation with youth, Member States and major partners. The process of the development of AA-HA! Guidance includes face-to-face meetings, youth workshops, and online survey with key stakeholders including adolescents themselves, health care providers, policy makers, and representatives of academia and civil society. The first round of consultations was conducted in spring 2016, and based on inputs a draft document is being developed. The second round of consultations will be carried out in October-November 2016, and AA-HA! launch will take place at a side event at the World Health Assembly in May 2017.

Global overview of school health services: the changing role of school health services in the 21st century and evidence of effectiveness.

Dr Valentina Baltag returned to the podium to present an overview of the history of school health services (SHS), and how their role evolves in attempts to respond better to changing health and development priorities of adolescents. SHS are defined as health services provided to enrolled students by health care professional(s) and/or allied professional(s), irrespective of the site of service provision; the services should be mandated by a formal arrangement between the educational institution and the provider health care organization. Called “Health Promoting Schools” in Europe, and the “Comprehensive School Health Program” in North America, it was promoted as an intersectoral approach to better engage school staff as well as school health professionals in altering the school environment, policies, curriculum and services to promote and develop healthy growth, and prevent disease. As an inherent component of the Health Promoting Schools initiatives, SHS received less attention in global and national health policies and initiatives.

Various organizational models and key characteristics of SHS were described based on the “Global overview of school health services: data from 102 countries”. SHS exist in at least 47 high-income, 26 upper-middle income and 29 LMICs; most frequently they are organized as school-based health services (97 countries), facility-based school health services (27 countries) and a combination of school-based and facility-based services (24 countries). School health services personnel include nurses, doctors, in some setting psychologists, dentists, social workers, counselors. There is a great variability of indicators used in countries to express staff-to-student ratios. The top 10 interventions at schools include vaccinations; health education including sexual and reproductive health (SRH) education; vision, nutrition, hearing, dental, hypertension and mental health screenings. Overview revealed the gaps of services: mental health services are reported more often than not in the context of projects rather than routine provision, and less often in LMICs. Support for pupils with chronic conditions only is mentioned in HICs context. Health education and counselling are common but problem-solving approaches and motivational interviewing are rarely mentioned.

The advantages of SHS to achieve universal health coverage with preventive interventions were discussed, as well as organizational challenges that limit the ability of SHS to perform to their best potential. The examples of the WHO available tools to support change in adolescent and school health were provided.

Recommendations for advocacy, research, policy and practice included:

- strengthening the evidence base for most common interventions and service delivery models;
- normative guidance on age-appropriate screening tests, cost-benefit analysis of school-based screening programs, cost-effectiveness of various models of school health services organization, school health services in various health systems and epidemiological scenarios;
- better alignment between priority health and development issues in adolescence and the content of school health services. Mental health, injuries prevention, support for students with chronic conditions, violence prevention, detection, and referral are the

areas that might need greater consideration in the package of services provided by school health services;

- accelerating knowledge translation from research to school health practice, for example, provide motivational interviewing, psychosocial risk screening and counselling intervention, interventions to reduce multiple health risk behaviours;
- improving the collection, analysis and use of data in school health services;
- developing and implementing service standards (the European Framework for Quality Standards in School Health Services and Competencies for School Health Professionals and Global standards is an example);
- more active engagement in global, regional, and national advocacy.

Discussion

- Adolescent and school health services are among the most neglected fields. Investments in this field should be a part of whole-of-society approach as well as life-course approach.
- For all nurses it is a rather difficult to follow the principles of individual approach to every child and conduct time consuming massive screenings at schools at the same. In this regard work is progressing to understand the evidence base and the necessity of some forms of school screenings, and reduce them if no health impact is found.
- Psychosocial screening and motivational interviewing are more required nowadays. To facilitate it, information technologies may be applied: for example, children will be asked to fill in the electronic questionnaires.
- Nurses usually overloaded with the routine paper-based work, has no time to provide counseling to the adolescents.
- Most countries have two parallel systems: general practitioners and school health services. They should work together.
- Some suggested that in case of limited resources school health services may start with programs which do not need much financial resources (“best buy” programs); examples might include tobacco use prevention and smoke-free environment; programs on enhancing physical activity and healthy eating and mental health improvement programs. However more research and cost-benefits analysis need to be done.
- The whole school approach to health in the SHE network is largely supported by countries as a good option for health promotion and disease prevention.
- Some SH programs show economic effectiveness, most of beneficiaries are placed in schools.
- WHO will provide technical assistance to support countries in strengthening SHS, and will work with donors to generate more funds for adolescent and school health, but the domestic funds, overall governmental support and collaboration with other sectors should be considered as main sources for SHS programs.

Poster session

Armenia presented the results of the latest 2013/2014 HBSC survey, SHS and Healthy Life Style (HLS) education tendencies.

- Armenia has conducted HBSC on a regular basis since 2009. Among 17-year-old students the survey was conducted in 2013/2014 for the first time in the country.
- The survey results revealed both positive and negative tendencies. More than 90% of respondents are satisfied with their life, which is the highest rate in HBSC network. Additionally, family atmosphere, positive attitude to school, good communications with peers, high fruit consumption are more positive indicators.
- Unhealthy diets, insufficient level of physical activity, a worrying increase in the prevalence of smoking between the ages of 15 and 17; high level of multiple health complaints among girls; lack of knowledge on HIV/AIDS prevention; and the highest frequency of physical fights among boys give serious cause for concern. Results of HBSC data of Armenia were largely used for developing the National Child and Adolescent Health and Development Strategy and plan of actions 2016 -2020.
- Nurses are key providers of medical services in the vast majority of Armenian schools. They are responsible for sanitary-epidemiological supervision and various screenings in schools.
- A new model of integrated medico-psychosocial services has been developed and successfully implemented in pilot schools with support of UNICEF. According to this model, school nurse is a link between schools and medical facilities. School nurses collaborated with psychologists, social workers/pedagogues, provided counseling for the schoolchildren, and participated in parents' meetings; assisted in provision of healthy lifestyle lessons (HLS) in some extent. Responsible doctors from policlinic (adolescent doctor or family doctor, depending on the case) monitor and supervise activities of the school nurse.
- Armenia joined SHE Network, some schools in regions and villages are health promoting schools.
- According to the relevant order of the MoE, since 2008 HLS lessons are compulsory from 8th to 11th classes. However, in many cases the lessons are provided by teachers of physical culture who are not confident in the provision of SRH issues. Revision of methodological recommendations for teachers has been conducted in 2015-2016.
- "Arabkir" Medical Centre – Institute of Child and Adolescent Health with support of UNFPA, implemented a pilot model on awareness raising on SRH issues among adolescents with special needs.

Main gaps include:

- still weak links between parent-teachers-school nurse-pupils; lack of resources; absence of physical activity lessons for children with chronic conditions; absence of monitoring system for HLS lessons.

Further actions will include:

- expansion of the integrated model in schools of Armenia; increasing number of health promoting schools; strengthening of adolescent health services; and strengthening of provision of HLS lessons in educational institutions;
- a new web-site for adolescents with information and videos on HLS promotion for adolescents will be developed in collaboration with the UNESCO Regional office in Moscow.

Azerbaijan presented a pilot project on “Healthy Education-Healthy Nation”. Within the framework of the project the healthy education classes have been established in 64 schools. The schoolchildren receive proper information on healthy eating, safe environment, and physical activity from the first class. The school desks in these schools also are non-standard; they can be used for writing in both positions: seating and standing. Standing school desks are required for scoliosis treatment.

Belarus reported a number of implemented activities including development of normative acts, reconstructions in schools, conducted screenings in schools. As a result, the morbidity rate among school-aged children is declining now. At the same time vision problems, reproductive health issues, trauma, and disability still on agenda. The project “Health territory” has been elaborated and adopted for 2016-2020. Family, school, society, health care systems are key components of the project.

Georgia presented the latest development on SHS in the country. Among the main challenges of the system is lack of school doctors. Up to 20% of public schools are covered with the SHS. School doctors should provide education on HLS and reproductive health (SRH) issues. Thus, training of 20 trainers in adolescent health was conducted under the support of UNFPA in 2015.

Kyrgyzstan reported on the main achievements and main obstacles in the field of HLS promotion and SHS.

Their achievements include:

- school feeding program with hot meal provision for children from 1-4 classes;
- increased access to safe water in schools;
- the subject “Basics of safe lifestyle” for the pupils of elementary school was introduced; some hours are devoted to HLS education for pupils of middle and high school;
- eleven programs on HLS education are elaborated for teachers;
- introduction of programs on parents’ involvement in healthy lifestyle promotion;
- inclusion of “Adolescents in life cycle” course in under- and post-graduate education;
- establishing the coordinating council on public health and developing the normative acts on health promotion; and
- agreement between MoH and MoE.

Main obstacles include:

- insufficient integration of healthcare technologies in school subjects;
- absence of healthcare provider(s) in schools;
- strong need for improvement of school environment.

Further actions will include:

- strengthening intersectoral collaboration for health promotion of children;
- development of HLS standards and inclusion in other school subjects;
- further optimization of school feeding;
- MoE budget allocation for school healthcare providers.

Kazakhstan presented the results of adolescent health status. According to the data of the National Centre for HLS Formation, many adolescents suffer from vision problems, gastrointestinal and nervous disorders. Reproductive health issues are quite common among adolescent girls. About 11% of schools in Kazakhstan are Health Promoting Schools. Some competitions conducted between schools; schools may receive the nomination “the most active healthy school”. HLS lessons usually conducted in informal way, often with the representatives from nongovernmental organizations (NGOs); specialists from HLS centre. Nurses receive basic financing from MoE; in case of vaccinations additional financing from MoH is provided. Kazakhstan is going to review the system of school screenings; refusal from mass screenings is under discussion now.

Moldova presented the results of HBSC survey conducted for the first time in 2013/2014. Moldavian adolescents face problems typical for many countries. Every fourth out of 10 adolescents complained of mood disorders (irritability, nervousness, bad mood); about 30% of adolescents complained of headache, anxiety and back pain and every fifth complained of the stomach pain or poor sleep. Every second boy and third girl reported being injured or wounded in the past year. Only six out of ten have breakfast during the week, and many respondents lack eating fruits and vegetables. Smoking is common for 17-years-old: 18% of 17-year-old adolescents smoke. About 44% of adolescents aged 15 and 59% aged 17 were drunk at least once in their life. 17-year-olds are sexually active: 60% of 17-year-old boys and 22% of girls of the same age reported that they had sexual contact.

Russia presented the pilot project on school medicine. The main goal of the project is introduction of modern health-protecting technologies, capacity building of school staff, and improvement of medical supply in schools in five regions of the Russian Federation. The new project aims to increase knowledge on safe parenthood; NCDs prevention; reduces risky behavior and morbidity among children; improve the health status of pupils, and quality of life. Currently school medical staff provides screenings, prevention of communicable diseases, first aid and vaccinations.

In Tajikistan school health services exist only in private schools; public schools do not have proper medical provision.

Turkmenistan presented activities on HLS promotion in schools as well as the results of HBSC Survey which is the first conducted in Central Asia region.

- The results of HBSC survey are already used for developing the national strategies and actions plan in the field of adolescent health.
- According to the survey data most boys and girls found their classmates are kind; most schoolchildren have breakfast regularly; only 1% of adolescents use alcohol and smoke at least once a week. Girls are less physically active than boys.

- Subject on Life skills based education are provided in all classes.
- First Aid and Survival classes were provided to schoolchildren.
- Numerous materials for preschool children, school children, for adolescents and teachers, including HIV/AIDS prevention are developed.
- Screenings for NCDs prevention are introduced since 2016.
- School meal is provided to the students.
- Methodological recommendation on hot meal provision in schools has been developed.
- MoH with the partners developed the National Mother, Newborn, Child and Adolescent Health Strategy 2015-2019 as well as the Conceptual framework and an action plan for 2015-2020 on developmental pediatrics and early intervention services.

Further steps will include:

- conduction of HBSC survey;
- promotion of children participation in the development of policies and programs on child and adolescent health;
- organization of the first aid classes;
- improvement of school feeding program; and
- raising awareness on HIV/AIDS, hygiene issues.

Uzbekistan presented the following components of SHS:

- healthcare provision in Uzbekistan is conducted in accordance with the orders of the Government and the MoH;
- currently orders include health promotion and disease prevention, screenings in schools, organization of feeding in schools, conduction of physical classes and sport activities in schools, prevention of accidents, smoking, drug and alcohol use;
- SHS provide health care of pupils, sanitary-hygiene education, physical education, school feeding, psychosocial counseling, healthy school environment; collaborate with family and other interested structures;
- school headmasters control school feeding programs;
- normative acts and strategies are elaborated;
- according to the frame of the World Bank project “Health-3” activities devoted to the health promotion and NCD prevention will be introduced in two pilot regions of the Uzbekistan. Activities will include raising awareness campaign for children and parents on NCDs risk factors, prevention of harmful habits, reduction of tobacco and alcohol use; and enforcement of healthy environment.

Further steps will be to:

- continue “Schools free of NCDs” project implementation in other pilot regions;
- inform parents and children about NCDs risk factors and prevention of NCDs;
- ensure provision of school nutrition programs;

- apply national concept on school health services, quality standards and job descriptions of health care providers.
- strengthen the implementation of tobacco and alcohol use and dissemination restriction law.

Discussion

- In Belarus there is a unified system for pre-graduate education for all nurses. There are some topics in the postgraduate trainings that could be used specifically for the nurses working in educational institutions. The postgraduate trainings for nurses are held every 3 year and are offered for free. Sometimes professionals decide on their own in the priority topics which they would like to get more knowledge. In other cases the administration refers professionals to specific postgraduate trainings according to the needs of relevant health services but this rule is not respected every time.
- In Turkmenistan the curriculum of postgraduate education is based on nurses' needs. These needs are assessed by special questionnaires. Based on that, the Scientific and Research Center of Mother and Child Health provide continuous trainings for nurses.
- In Azerbaijan each nurse is responsible for 1 school; training course consists of 40 hours. The postgraduate trainings for nurses are held every 5 year.
- In Armenia, MoH has introduced a system of Continuous Medical Development which was enforced by special National Law in 2016. Doctors and nurses have to receive a definite number of credits within 5 year period by participation in the conferences, distance learning courses, practical seminars, workshops. The postgraduate training topics for doctors and nurses do not include health promotion. Since the Concept of YFHS has been developed in 2005, the adolescent health has been included as a mandatory topic into the curriculums of medical university and nurse colleges. However, allocated time is not sufficient; therefore additional information is given to nurses during different special trainings.
- The curriculum in medical universities is often very rigid; however it is possible to introduce the content of adolescent health adjusted in a way not to harm the approved structure, by inclusion of key elements of adolescent health during psychology, gynecology, endocrinology, and pediatrics rotations.
- The most global problem is that primary medical education lacks information regarding adolescent's health and care. WHO global survey with primary care providers for the global report "Health for the World's Adolescents (WHO, 2014) showed that about 43% of doctors had not formal education in adolescent health, 36% of them learning adolescents care during practice. Working in schools should not be a hobby for medical staff; they must have relevant knowledge on working with adolescents.
- WHO recently developed "Core competencies in adolescent health and development for primary care providers", including a tool to assess the adolescent health and development component in pre-service education of health care providers.
- Joint order of MoH and MoE exists in Uzbekistan and it is related to medicine supply in schools, provision of medical services by nurses in schools. Special school education

department exists in polyclinics.

Options to increase reputation of school nurses have been suggested:

- *increase financing:* the nurse working in education system has much lower salary than in health sector; however financing should be based on quality assessment results and performance indicators;
- *involve parents and school administration* in the assessment of school nurse work;
- *strengthen position of school nurses in the education system:* to increase the support from school administration and extend responsibilities of nurses, including participation in health promotion activities which will enlarge area of expertise and will make nurses' role more valuable; to include the school nurse in school administration; to establish/strengthen national school nurses association;
- *improve contacts with school children:* to work toward building higher trust among adolescents, but this needs good counseling skills and education for nurses;
- *improve education:* to introduce a system of higher education for nurses; to increase their motivation by continuous education trainings for free, study visits abroad, attendance to different courses, workshops; improve self-training by providing easier access to the Internet, especially in remote areas; to use new information technologies in the training process;
- *increase competitiveness:* to develop and introduce performance indicators or ratings between the "healthy schools" or between regions; introduce an annual award – "The best school nurse";
- *provide supportive supervision to nurses;*
- *nurses should play an important role* in the whole school approach.

Country experiences on SHS

Kyrgyzstan: School health services and prevention of NCDs in Kyrgyzstan

Samat Toymatov, Head of Medical Aid and Drug Policy Department, MoH, Kyrgyzstan, presented the list of basic normative documents elaborated in the fields of CAH. Medical examinations among schoolchildren conducted in 2015 revealed numerous problems among schoolchildren: posture deviations (such as scoliosis), vision and hearing disorders, physical growth retardation. The main causes of childhood disability are diseases of the neural system, congenital anomalies, and psychiatric disorders. Global Youth Tobacco Survey (GYTS) conducted in 2014 revealed decrease in tobacco use and increase in use of local tobacco product "nasvay". World Food Program (WFP) with support from the Government and co-financing from parents has provided food to all pupils of the elementary schools; many pupils received hot meal. MoH developed some key policies and introduced the series of activities over the last few years. The standards of physical education of the schoolchildren and students have been approved in 2014. MoH and MoE signed bilateral agreement on cooperation in the field of health promotion; the curriculums on HLS have been developed and approved. Kyrgyzstan uses different options and strategies on health promotion including "Healthy School", peer-education, involving school parliament. Further steps will include revision of school food menu, improving access of pupils to health counseling, physical education,

awareness raising campaign and continuous promotion of HLS with active involvement of mass-media.

Republic of Moldova: Approaches to improving health services in schools, health promotion and NCDs prevention

Dr Aliona Serbulenko, Deputy Minister of Health, Republic of Moldova, reported on the current status of the SHS in Moldova. Reforms in provision of medical services in schools started in 2004, with the introduction of the compulsory health insurance system. Family nurses and family doctors provided medical services in schools. Reviews, analysis and joint meeting of MoH and MoE conducted in 2006 showed the importance of school nurses. Local authorities allocated budget for school nurses. The mapping exercise of capacities of SHS has been performed in 2010. It aimed at gathering information for the national database, assessing the quality of health services in educational institutions, the health literacy of health staff working in these institutions, and impact on the upbringing of the youngsters. Health services are not available in 10% of education institutions. In the half of surveyed cases the nurse's daily working time is 5 hours and longer, and in every eighth school, on average it makes about 1-2 hours a day. Average monthly salary of nurses is approximately twice lower than the average salary in educational system. Medical services exist in 88% of schools, but only 7% are provided with relevant equipment. The vast majority of nurses indicated that they need to be trained, particularly in the field of health promotion among young people. However, only 29% noted a need in the field of communication and counseling. Currently school nurses are responsible for sanitary-epidemiological supervision in schools, prevention of communicable diseases, ensuring safe environment in schools, provision of HLS information.

Key problems of nurses' work include low salaries, poor work conditions, administrative subordination to the MoE, lack of teaching materials and medical equipment; lack of time for provision of HLS education and low level of professional development.

MoH has developed the national programs and action plans to reduce the prevalence of NCDs. "Promotion of Healthy Lifestyle" topic for children and adolescents is taught within several subjects of the curriculum in schools. HLS is a main goal of activities of the "NEOVITA" Youth-friendly Health Services, which is very popular among young people. Peace Corps volunteers also involved in provision of HLS lessons in schools.

Further steps in SHS will include:

- improving the collection, analysis and use of data in school health services;
- developing and implementing standards on individual work with adolescents;
- optimization of the education system in terms of protecting and promoting health of students and teachers;
- measures to create safe and health-protective environment in educational institutions;
- development of an effective methodology for training on HLS lessons and disease prevention in educational institutions;
- creating the national network of "Health Promoting Schools";
- motivation for volunteer movement and strengthening of initiatives that impact the health and well-being of the younger generation.

Ukraine: Experience of Ukraine in provision of SHS and prevention of NCD

Oleh Dudin, Senior specialist of coordination with other central executive authorities and Ministries, Department of Public Health, Ministry of Health, Ukraine, presented the data about health status of the Ukrainian schoolchildren. The most common diseases in school-aged children in Ukraine are respiratory and gastrointestinal diseases, endocrine and eating disorders. There is some decrease in morbidity rates in 2015 in comparison with the 2010. At the same time HBSC data revealed some decline in health complaints and tobacco use among boys and girls in 2014 in comparison with the 2010. MoH developed standards and criteria for assessment of the children's physical development. The latest results showed the prevalence of obesity among schoolchildren.

MoE has presented new curriculum where school pressure on pupils will be significantly reduced. Use of red-color pens by teachers is prohibited. The children of elementary schools will have a right to use pencils and make corrections. Marks of the children will not be open for public, but for the children and their parents only.

In order to avoid corruption risks MoH developed new sanitary regulations and cancelled usage of various permissive documents for preschool facilities. The regulations for schools aimed prioritization of health and safety of children with stress on NCDs prevention and HLS promotion will be developed soon. School nutrition standards are adopted by the Government. The principle of outsourcing will be employed in organization of the children's nutrition. Prevention of NCDs will be coordinated by the Public Health Centre in accordance with the MoH orders and "Health 2020" plan.

Main gaps include lack of financing, absence of financing motivation of health care providers, absence of unified regulatory documents for establishment of SHS and difficulties with youth involvement.

Working group session

Goof Buijs, Coordinator of the SHE network, and Temporary Advisor to the workshop, introduced the working group sessions by reviewing the whole school approach and described how the working groups would use a template to record progress. The objectives of the sessions were to review major challenges and enabling factors in the field of school health.

The whole-school approach to school health promotion includes the following six components:

1. **Healthy school policies** are clearly defined documents or in accepted practice that are designed to promote health and well-being. These policies may regulate which foods can be served at school or describe how to prevent or address school bullying. The policies are part of the school plan.
2. **School physical environment** includes the buildings, grounds and school surroundings. For example, creating a healthy physical environment may include making the school grounds more appealing for recreation and physical activity.
3. **School social environment** relates to the quality of the relationships among and between school community members, e.g. between students and students and school staff. The social environment is influenced by the relationships with parents and the broader community.

4. **Individual health skills and action competencies** can be promoted through the curriculum such as through school health education and through activities that develop knowledge and skills which enables students to build competencies and take action related to health, well-being and educational attainment.
5. **Community links** are links between the school and the students' families and the school and key groups/individuals in the surrounding community. Consulting and collaborating with community stakeholders will support health promoting school efforts and the school community in their health promoting actions.
6. **Health services** - any health services provided to enrolled students by health care and/or allied professional(s), irrespective of the site of service provision - are the local and regional school-based or school-linked services that are responsible for the students' health care and health promotion by providing direct student services. This includes students with special needs. Health service workers can work with teachers on specific issues, e.g., hygiene and sexual education.

Group 1. Major challenges and enabling factors of healthy school policies

Major challenges:

- *Policy level:* absence/lack of political will; absence/ lack of normative base;
- *Human resources and society:* unawareness of society regarding role of school in health promotion and disease prevention; role of school administration, particularly school principals and other school staff in prioritization of the health and health promotion;
- *Education:* doctors, teachers, administrators lack knowledge in the field of health promotion; gaps in undergraduate and postgraduate education;
- *Priority:* health as an asset is not prioritized among pupils;
- *Collaboration:* lack of intersectoral collaboration between teachers, doctors, psychologists in the field of health promotion both at local and national level;
- *Monitoring and financing:* absence of supportive supervision, monitoring and evaluation; absence of sustainable financing mechanisms;

Enabling factors:

- The new generation is interested in a healthy lifestyle;
- Governments in some countries are supportive and elaborate different strategies; local authorities, politicians may be supportive as well;
- International organizations, WHO, UNICEF, UNFPA are interested in health of future generation, provide systematic approach to support countries in making reforms;
- Availability of evidence-based standards, experiences according to principles of WHO;
- Opportunities to have intercountry exchange;
- Professional societies and human resources in countries;
- Support at national, regional and local levels from NGO, youth foundations, celebrities, church;

- New opportunities to use information technologies for learning, teaching and monitoring;
- The role of mass-media may be both enabling and challenging.

Group 2. School physical environment

Major challenges:

- absence of infrastructures;
- absence of medical services/ rooms in schools in some countries;
- use of non-appropriate building materials;
- absence of sport facilities;
- retail sale of junk food in schools.

Enabling factors:

- typical school with security compliance;
- schools with innovative technologies;
- community involvement, parents councils;
- availability of modern medical equipment in some schools;
- presence of dentists at schools.

Group 3. School social environment

Major challenges:

- Student - student relationships: age differences; socio-economic status; gender; nationality; religion; bullying and fighting in schools; difference in physical and emotional development; students risky behaviour.
- *Student - school (school teachers, administration) relationships*: increase of school pressure and decrease of health conditions; absence of individual approach to students; conflicts between teachers in schools; role and image of teacher, professional level of teachers; dominant position of teachers; insufficient tolerance; psychological relationships; perceptions of parents regarding relations "student - teacher" as well as a role of schools' responsibilities in general ("the school must...").
- *Parents - students relationships*: religion; gender differences; gender and religion peculiarities; violence in families; migration of the parents; absence of one of the parents; social and intellectual level of parents; economic status of parents; psychological problems.
- *Parents - students relationships*: lack of interest to school life of a child, including nutrition, environment; socio-economic status of the family; ability to create healthy environment in family and in schools; lack of interpersonal communications from the school; absence/lack of integrative approach to education, especially regarding inclusive education; psychological factors.

Enabling factors:

- safe environment;

- opportunity for physical development; socialization and communication;
- opportunity to learn and receive knowledge;
- family role in student behaviour, overall family factors;
- overall environment for strengthening personality of the schoolchildren, including ability to make proper choice for health;
- a child is a guide of health knowledge.

Group 4. Individual health skills and action competencies

Major challenges:

- absence of information materials;
- rare update of information on health promotion;
- low qualification of teachers in the field of health and health promotion;
- absence of interest to conduct lessons, seminars;
- absence of monitoring which do not allow to assess quality of teaching methods;
- health and health promotion is not priority for families.

Enabling factors:

- information received during health promotion lessons, from teachers, doctors, health advisers, representatives of NGOs;
- increasing qualifications of some teachers and health workers;
- lectures and seminars for parents;

Group 5. Community links

Major challenges:

- Parents: heavy workload of parents; single parents; illiterate parents;
- Local authorities: bureaucracy of local authorities; absence of new initiatives, lack of financing, non-proper prioritization;
- Police: non-systematic approaches from police, stereotypes;
- NGOs: some NGOs conduct propagation of religion or push their interests.

Enabling factors:

- Parents: parents councils are involved in the health care issues in schools; school nutrition programs; family traditions may be of help and assist in acquiring healthy life style habits;
- Local authorities participate in prevention of trauma, road accidents, provide technical assistance;
- Police prevents crime;
- NGOs assist in financing, conducting some sport and educational activities.

Group 6. Health services

Major challenges:

- *Human resources and financing:* ageing of staff; capability for professional development, lack of postgraduate education; lack of financial motivation, low salaries; absence of mechanisms based on results; poor work conditions; difference between cities and provinces; absence/lack of non-financial incentives as well; absence of ratings among doctors;
- *Normative base:* absence of strategies and standards; absence of road maps; lack/absence of integration and communications between sectors; weak connections between medical services, school administration and parents;
- *Quality of services:* assessment of the quantity not quality of services; absence of quality indicators; absence of standards and job description for child and adolescent care; absence of regulations for duties of school nurse(s) and nurse(s) of family doctor; absence of feedback.

Enabling factors:

- increased salary;
- provide school nurse with the status of deputy director on medical affairs;
- improve living conditions of nurse(s) in provinces ;
- provide better condition for work in schools;
- provide opportunities to learn experience from different countries;
- elaboration of road map and strategies in the field of SH;
- elaboration of quality standards and indicators.

Discussion

- *Policies:* Comprehensive school policy on a school level is very important: it is effective if all six components of whole school approach work. Global strategies and actions in the field of adolescent health are also supportive.
- *Involvement of the student* in the process of the school policy elaboration, school environment creation is encouraging; adherence to children's right in SHS is one of the crucial components.
- *School administration* should be motivated to create healthy environments; supportive role of school leaders is essential. Relationships between teachers help to build a positive atmosphere in schools.
- *Physical environment* of the school means not only different standards and norms, but the environment as a whole. It is important to have child-friendly colorful walls, chairs, desks in school as well.

- *Parents' positive attitude toward schools* may have effect on child health and development.
- *Migration* is one of the key issues now in different countries. Integration of migrant students is rather difficult and need to be addressed in a health promoting school.
- *Mass - media* should reflect the good progress in school; inform society about the importance of school health services.
- *Local communities* such as "mahallya" in Uzbekistan can provide support, advice, suggestion, serve as a health promotion services.
- *Other activities*: in Kazakhstan private partner sector is involved in supporting sport activities, organizing different competitions, Olympiads for children. In general children should be involved in different extracurricular activities: arts, sports.
- Overall, *every school has his own start*: in some place the start should be done with the water supply, water sanitation, in others with modern information technologies.

Thematic talks followed by World Cafe

Valentina Baltag, Scientist, Adolescent Health, at WHO Headquarters, presented the World Cafe methodology.

The World Cafe is a whole group interaction method focused on conversations. A Cafe Conversation is a creative process for sharing knowledge and creating possibilities for action in groups. Table leader presents the topic and people sit to a table and hold a series of conversational rounds lasting 5-10 minutes about one or more questions which are meaningful to them. At the end of each round, participants move to other tables. Table hosts welcome newcomers to their tables and share the essence of that table's conversation so far. The newcomers relate any conversational threads they are carrying -- and then the conversation continues.

Topics discussed during World Cafe:

1. *School Nutrition*: lead by Lira Duishebaeva, Programme Policy Officer (School Feeding), World Food Programme.
2. *Health promotion at schools*: new tools to make healthy school policies- lead by Goof Buijs, Coordinator of the SHE network.
3. *Children rights in school health services*: lead by Dr Martin Weber of the Regional Office.
4. *Management of chronic diseases/NCDs by school health services*: lead by Dr Yelena Tsoy, National professional officer, WHO Country Office in Uzbekistan.
5. *Suggestion for AA-HA Global action*: lead by Dr Valentina Baltag, Scientist, Adolescent Health at WHO Headquarters.

1. School Nutrition.

Lira Duishebaeva, Programme Policy Officer (School Feeding), World Food Programme, presented the School feeding program, implemented in Kyrgyzstan. The Government of Kyrgyzstan has supported the school nutrition program since 2006 but food for pupils consisted of tea and sweet snack only. With the financial support of the Government of Russian Federation and co-financing from the parents WFP has implemented the “School nutrition optimization program in Kyrgyzstan since 2013.

The project's activities included assessment of pilot schools prior to project implementation; renovation of food processing enterprises and training of cooks. To ensure parents to participate in school feeding program the survey has been conducted to reveal how children spend their money in schools. The technical cards and 144 receipts for cooks were elaborated; interactive teaching of pupils on school nutrition and hygiene issues had been conducted. Currently all pupils of elementary schools (1-4 classes) of the country receive school food. Vast majority of schools offer hot meals for pupils at least 3 times a week; some schools make available meat products and fruits. The energetic balance of food is 514 Kcal. A number of grants have been provided for the development of small school farms.

Discussion and recommendations

- It's important to keep all requirements such as "5 keys to safer food", "12 steps to healthy eating" in organizing school food programs.
- Provide education for parents on main principles of healthy nutrition.
- Sale of snacks, soda, sweet beverages should be prohibited; families should be informed about it.
- The national receipts and national food cards should be developed.
- School meal should be available not only for younger, but also for older pupils.
- Evidence-based information about flour fortification should be provided to the public.
- Experiences from Russia were presented: pupils have special electronic credit cards. They can spend the money of the card only in school canteens.
- Ensure sustainability of programs.

2. Health promotion at schools: new manual- five steps to become health promoting school.

Goof Buijs, Coordinator of the SHE network, introduced the new SHE online school manual. The SHE online school manual is intended for school management, teachers and other school staff who are involved in the development of health promoting schools. The manual is a step-by step guide on how to become a health promoting school, presented in five, consecutive phases. For each phase, key concepts and actions are described to help complete the necessary actions in that phase. Key phases for a whole-school approach to becoming and remaining a

health promoting school include "Getting started - assessing your starting point- planning for action- taking action- monitoring and evaluation".

The manual includes two companion resources: first, "SHE rapid assessment" which can be used in phase 2 in order to help assess school starting point regarding policies and practices; then "School action planner" is meant to be used along with the manual in phase one, two and three of the process. The SHE rapid assessment tool help to make the assessment and consists of a series of questions related to the whole-school approach. Answering the questions can help to identify what school already does well, what areas need improvement and what focus needed for this health promoting school. The SHE rapid assessment tool can also be used once health promoting school is in place. It is possible to compare answers from the first assessment to those of the second to assess school's progress.

Discussion and recommendations

- It would be useful to see the results of rapid assessment and compare different schools.
- The online manual may be implemented with some difficulties in rural areas.
- It would be relevant to share interesting success stories.
- An additional part should be developed and included: recommendations for implementation.
- To develop a mobile application of the manual.

3. Children rights in school health services.

Dr Martin Weber of the Regional Office stressed points on main principles of Adolescents Friendly Health Services—confidentiality, privacy, children rights, and evidence-based approach. SHS should be guided in accordance with the Child Right Convention (CRC). Who should receive information about results of medical screening in schools: teachers, nurses, school principal or parents? Participants from different countries shared their experience. In most countries teachers are not aware about results of the medical screening officially. Doctors/nurses provide information to the parents. In some countries at the age of 15 adolescents have the right to be informed about the results of medical investigations.

Discussions and recommendations

- Each country should developed individual approach based on CRC.
- Some law regulations should be elaborated.
- Revision of the screenings is for the benefit of the children.

4. Management of chronic diseases/NCDs by school health.

Dr Elena Tsoy, National professional officer, WHO Country Office, Uzbekistan, asked participants about what kind of services should be provided in schools for children with chronic conditions, what problems and obstacles may face adolescent with chronic condition. Should teachers, nurses be aware about chronic conditions of the child? Confidentiality of information is among sensitive issue.

If a child has chronic condition (CC), for example diabetes mellitus, parents should provide information to the school nurse. Schools should have appropriate school nutrition facilities. At the same time parents are obligated to supply the child with some meals. School nurse and teachers should master the practise of first aid, of insulin injection; should have appropriate facilities in school for insulin injection. Health posts in schools should be complied in accordance with the existing standards. Confidentiality of information is a concern. Chronic condition for children can be a stigma and discrimination in some cases. Children with chronic conditions/special needs often become victims of violence/bullying. In Russia diagnosis mentioned in pupil's medical card have ICD classification.

Discussion and recommendations

- Children and adolescents, nurses and teachers should be trained to have enough skills and information for coping with chronic conditions.
- However, primary health care facilities should provide information on child medical condition to school with parental consent only.
- Provision of psychological training, motivational interviewing for the adolescents is crucial.
- Support should be provided to the children with CC to avoid stigmatization.
- Nurse should participate in monitoring of children with CC.
- Health posts should be properly equipped.
- An issue of providing children with CC with school nutrition should be discussed.
- Children with CC should have individual physical activities trainings.
- First aid lessons are required for all children.
- Society should be informed about a problem of CC and disability in children.

5. Suggestion for AA-HA Global action

Valentina Baltag, Scientist, Adolescent Health, at WHO Headquarters, reminded participants about the main goal of the The Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance. The AA-HA! Guidance will provide evidence based advice to countries and programmes on how to plan, implement and monitor a survive, thrive and transform response to the health needs of adolescents in line with the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) and its Operational Framework. Participants were invited to provide their inputs into the key messages of the AA-HA! guidance.

Discussion and recommendations

Principles/advocacy

- Take a human rights-based approach.
- Adolescence is not a problem, but a period of development and opportunities.
- Adolescent health is a national interest, and should stay as priority no matter what the conjuncture of the day is.
- AA-HA! should have a status of international convention to be implemented.
- The importance of following the AA-HA! with country plans.

Evidence base and accountability

- AA-HA! should suggest an accountability mechanism.
- AA-HA! should contain the evidence base for screenings and mass examinations, and for health promoting schools.

Programming and interventions

- The responsibility of local health authorities in protecting and promoting the health of adolescents in their communities.
- The importance of intersectoral action at local level, not only at national level.
- The need for programming in humanitarian and fragile settings.
- Adolescent health and development should be part of pre-and in-service training programmes.
- The importance of media in delivering evidence-based information.
- The importance of a system of psychological support to adolescents.
- Include advice on how to organize parenting programmes and interventions.
- Emphasise the need for adolescents' empowerment to enable them to take care and responsibility for their own health.
- The importance of collaboration between government and NGOs.
- The importance of healthy nutrition.

School setting

- Each teacher should be thought about adolescent development, this aspect should be part of all trainings available to teachers.
- Train teachers in emergency care.
- Each school should conduct own health analysis, jointly with healthcare personnel and teachers/schools' administration, and plan actions.
- Sexuality education should be age-appropriate, and conditions created so that's elected topics are thought separately to boys and girls.
- School should share the responsibility for extracurricular activities, and organize events.
- There should be quality control over the teaching of life-skills education.
- For schools that do not have facilities for safe playground, and physical activity lessons, governments should consider subsidies for children to use private gyms/facilities.

Work group in countries, countries presentation

Goof Buijs, Coordinator of the SHE network, introduced the country working group session, described how the working groups would use a template to record progress.

The objectives of the sessions were to:

- describe the key actions, targets and objectives towards integration of SHS standards in the country;
- review existing resources, policies, coordination mechanisms between ministries;
- define further steps and actions needed to develop and implement integration of SHS standards in the country which make every school in your country a health promoting place;
- outline needs for support from WHO and partners.

Country reports are shown in the Annex1, Tables1-12.

Panel discussion: National CAH and NCDs strategies and action plans – opportunities for strengthening intersectoral work/focus on health of school children.

Dr Valentina Baltag, Scientist, Adolescent Health at WHO Headquarters, opened the discussion and talked about the advantages to invest in adolescent health and wellbeing. Investments in adolescent health and wellbeing bring a triple dividend of benefits: now, in future adult life and to the next generation of children. Seventy per cent of preventable adult deaths from NCDs are linked to risk factors that start in adolescence. A life course understanding highlights the potential for early intervention to reduce the risk. Adverse childhood experiences lead to increased risk of depression and anxiety, drug abuse, diabetes, heart disease and obesity. Maternal psychosocial stress during pregnancy might be responsible for the origins of some child mental health disorders, metabolic syndrome, altered immune function. Prevention of NCDs is a crucial point for all countries, irrespective of their specific epidemiological context. Strategies, guidelines and tools elaborated by WHO may support countries in making reform and changes.

Dr Gulnara Tashenova, chief paediatrician, Ministry of Health and Social Development, Kazakhstan, provided an overview of the national strategies and actions for NCDs prevention in Kazakhstan. Development of government-private partnership in the area of sport activities will increase children involvement in extracurricular sport activities. One of the main directions in NCDs prevention in Kazakhstan is the establishment of school health services. Some indicators on implementation and monitoring are developed; budget will be allocated for PHC and school medicine.

Dr Marina Melkumova, Adolescent Health Program Coordinator, “Arabkir” Medical Centre-Institute of Child and Adolescent Health, Armenia, presented the current strategies and action plans of Armenia. School-age and adolescence is one of the main directions in CAH National Strategy for 2016-2020. National Strategy Program on HLS promotion, as well as NCDs Strategy are in line with the CAH strategy directions. At the same time there is a lack of

effective intersectoral coordination and collaboration. Integrated medico-psychosocial services should become a part of the healthy school; effectiveness of mass screening should be proved, otherwise screenings have to be reduced and health promotion activities should be increased. Intersectoral collaboration between MoH, MoE, involvement of the families and communities are key points of success in provision of health services in schools.

Dr Leila Namazova- Baranova, Head of Scientific Institute of Children Health, Ministry of Health, briefly presented the situation on child and adolescent health in Russia; stressed the role of epigenetic, underlined the point of disease primary prevention. Professional associations should be actively involved in elaboration of tools, guidelines and strategies. Much attention is paid to the health of children and adolescents in governmental programs. Different projects on school health will be implemented in Russia in the coming years. The forthcoming meeting devoted to the Health Promoting Schools will be held in November, 2016, in Moscow.

Dr Jill Farrington of the Regional Office made some reflections. The national strategies and action plans should be in line with the NCDs strategy; intersectoral approaches should be improved at national and local levels. Coordination and integration is the key to success. Broader approaches are required to involve families and communities in the implementation of the programs. In case of limited resource it is not efficient to conduct mass screening at schools. A need to make every school strong in regard to health promotion is important for future generations.

Closing summary

Dr Aigul Kuttumuratova, Medical Officer, Child and Adolescent Health at the Regional Office provided a closing summary.

Interesting experience from the panel experts and countries has been presented. Key problems, particularly fragmented work of different programs and overlapping responsibilities, a need of increasing the role of nurses in prevention of NCDs were highlighted. European Health 2020 provides a basis for health in all policies as well as the European CAH strategy calls for multisectoral actions for improving health, including child education institutions; countries have to build a unified approach and comprehensive strategy on School Health Services and health promoting schools. Intersectoral approaches should be taken at national and local levels in areas such as health, education and social affairs. Coordination and assessment of the school health programs are crucially needed. WHO tools, including those to assess and improve child rights in health services in line with UN Convention of the Rights of the Child can be bring together views of different groups (school administration, health workers, parents and children) and used to enhance joint actions around health, safety and well-being of school-aged children.

Dr Martin Weber of the Regional Office concluded that the synergy from NCDs to school health should be seen; in this regard research programmes are needed. Overall, school health services and health of adolescents are on agenda.

Annex 1

Table 1. Armenia

Target/goal Objectives	Measure of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
Strengthen the role of nurse in school and in health promotion issues through revisions of normative acts, improving pre-and post-graduate education and supportive supervisions and increasing of motivation	Number of trained nurses, trainers Revised curriculums Number of supervision visits Data of surveys	Existing modules, trained trainers, experienced staff in some sites	2017-2018	MoH, MoE, “Arabkir” Medical Centre- Institute of Child and Adolescent Health, Medical University and colleges	WHO, UNICEF, UNFPA, UNESCO, Children of Armenia Foundation (COAF), World Vision, Professional associations
Strengthen collaboration of educational, health and social sectors through improving policies, technical guides and expansion of pilot integrated model	Revised documents, guides Number of sites employing integrated model	Developed concept, training materials, trained trainers	2017-2020		
Improving HLS education in schools Parents involvement	Revised curriculum Number of students and parents with proper knowledge	On-going revision of curriculums	2017-2018		

Table 2. Azerbaijan

Target/goal Objectives	Measure of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
Mobilization of partners (round tables) Review of curriculums and modules, education for nurses and doctors in the field of HLS and First Aid skills	Revised module for nurses; revised module for doctors; ToT for master trainers; Number of trained and certified specialists; involvement of trainings in under and postgraduate education	Medical University, Basic Medical College(thematic course for nurses), Postgraduate Medical Institute – certification every 5 year	2017-2018	MoE, MoH, MoF	WHO, UNICEF, UNFPA, Dr Leila Namazova-Baranova
Provision of all teachers involved in Life Skills Knowledge with the unique educational standards and skills	Revised curriculum for teachers Involvement of trainings in under and postgraduate education	Postgraduate pedagogical Institute- inclusion Life skills knowledge into the curriculum			
Equipping of all school in accordance with the same standards	Number of equipped schools				

Table 3. Belarus

Target/goal Objectives	Measure of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
<p>Needs assessment; situation analysis, Motivation of schools</p> <p>Development of principles and technologies for health protective environment creation in each school</p> <p>Revision of teaching programs for teachers and children, training of specialists</p> <p>Assessment of all components of school, including food facilities; educational process, medical facilities, human resources, health status of children; morbidity of children; analysis of the result of monitoring</p> <p>Awareness raising campaign</p>	<p>Existence of normative acts,</p> <p>Analysis of children's health condition;</p> <p>School conditions</p>	<p>Existing normative acts</p>	<p>2017-2018</p>	<p>MoE, MoH NGOs</p>	<p>International organizations, parents committees</p>

Table 4. Georgia

Target/goal Objectives	Measure of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
Implementation of national curriculum of healthy lifestyle in schools, multisectoral approaches in SHS	60% of public schools are covered by implementing SHS strategy Stakeholder meeting (MoLHSA, MoES, WHO, UNICEF, UNFPA and local NGOs)	Human resources, Master trainers, NCDC programs (Immunization, NCD prevention etc.), Financial resources, State Budget, Donation	2017-2018	MoES, MoLHSA, NCDC	WHO, UNFPA, UNICEF, local NGOs, CSOs
Increase awareness of health staff on NCDs	Adapted Curriculum for Medical Schools Training modules for school doctors Number of trained school doctors increased				
Increase awareness of children/ adolescents and parents about NCD, increase motivation for active involving in SH promotion activities	Number of meeting with school-related community (guardians, teachers, students, local community, CSOs, NGOs)				

Table 5. Kazakhstan

Target/goal Objectives	Measure of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
<p>Establishment of unified database on schoolchildren health status, in accordance with the health group; distribution to the nosology</p> <p>Step-by-step refusal of mass screenings and introduction of screening of risk group children (based on data of interviewing)</p> <p>Year-round recovery</p> <p>Inclusion of children with CC into rehabilitation programs</p> <p>Promotion of sports among healthy children (1st and 2nd health groups)</p> <p>Introduction in school curriculums HLS related disciplines and health-saving exercises</p> <p>Introduction of unified database of health status of school children</p>	<p>Database is developed</p> <p>25% of children will be involved and receive rehabilitation treatment in resort houses.</p> <p>100% children are involved in sports</p>	<p>Parents, teachers , parents council, school health providers, psychologists, school administration PHC health worker</p>	<p>2017-2019</p>		

Table 6. Kyrgyzstan

Target/goal/ Objectives	Measure of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
Round table on healthy school policy, Action Plan elaboration	Round table conducted, Resolution adopted	Experience of other countries, experts, methodology	2016	Vice Prime Minister on social affairs	WHO, UNICEF, UNFPA, UNESCO, OSI, Swiss Red Cross, other agencies
Health Behavior in School aged Children's Survey conduction, measure of height and weight of children	Survey conducted, measures collected	Intersectoral team Ministry of Health, Ministry of Education, Ministry of Social Affairs, Youth, Sports and Physical Culture Agency, Migration Agency	2017	MoH, MoE	Donors
Analysis of current projects, methodologies of programs dedicate to school-aged children and adolescents, analysis of information materials	Report and recommendation	Working group	2016	Vice-premier on social affairs, working group	
Child and Adolescent Health Strategy	Strategy developed	Establishment of working group.	2018	Department of social affairs	
Joint agreement between MoH and MoE	Joint agreement developed	Team of pilot schools	2017	Vice-premier on social affairs MoH, MoE	

Table 7. Moldova

Target/goal Objectives	Measure of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
Increase safety of healthy school and family environment of adolescents, increase accessibility to effective YFHS, promote healthy lifestyle, to review and introduce HLS programs in schools Elaboration and review of existing normative acts	CAHD Strategy 2017-2026 developed and adopted by Government	NCD Strategy 2012-2020, National programs on diabetes, cardiovascular diseases, nutrition, tobacco and alcohol control, Existing human resources, Existing HLS modules, Education Codex	September-November 2016	MoH, MoE,	Health Insurance National Company, Medical University, WHO, UNFPA, religious representative
Review of programs dedicated to health promotion and disease prevention, including NCD in schools	Program reviewed and adapted for introduction Trainings for teachers and school medical staff on HLS Programs introduced		September 2016 –March 2017 (review and adoption) April-August 2017 (trainings) September 2017 (implementation)	MoE, MoH, Health Insurance National Company, Government of Republic of Moldova	WHO, UNFPA, YFHS, parents associations, religious leaders,

<p>Elaboration of effective monitoring and assessment of HLS programs in schools</p>	<p>Quality indicators, assessment and monitoring tools elaborated and adopted</p> <p>Training of staff for assessment and monitoring</p> <p>Analysis of pilot introduction of HLS programs in schools</p>		<p>September- November 2016</p> <p>March-August 2017</p> <p>September 2017-May 2018 (every 3 month)</p>	<p>MoH, MoE, Health Insurance National Company,</p>	<p>YFHS, parents association, religious leaders WHO, UNFPA</p>
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Table 8. Russian Federation

Target/goal Objectives	Measure of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
<p>Goal: establishment of modern effective model of medical care for the trainees of educational institutions</p> <p>Staffing of educational institutions by health workers according to acting regulations</p> <p>Equipping health units of the educational institutions according to standards</p> <p>Development of pre-graduate and post-graduate curriculums for health workers and teachers with special attention to following topics: emergencies, behavioral reactions of the children and adolescents, establishment of HLS and assurance of information content</p>	<p>Staffing indicator 30-40 % in first year and 98 % in the second year</p>	<p>Federal, regional, municipal</p>	<p>According to Road Map</p>	<p>MoH, MoE</p>	<p>Professional associations</p>

Table 9. Tajikistan

Target/goal Objectives	Measure of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
<p>Establishment of intersectoral group, elaboration of normative acts with the integration of the best practices in the field of school health</p> <p>Adopting and piloting the model of Health Promoting Schools within the national context</p> <p>Conduct a study tour to learn experience of SHS of other countries with further adaptation and implementation in Tajikistan</p>			2017-2018		International organizations

Table 10. Turkmenistan

Target/goal Objectives	Measure of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
Establishment of the HPS system Establishment of working group Training for medical staff Monitoring, experience sharing and study tour Health promotion and NCD prevention	Decrease of NCD risks factors Improvement of health indicators Improvement of academic achievements	Governmental support Provision of hot meal and safe water in schools Nurse in schools Sport facilities Other extracurricular activities	2016-2020	MoE , MoH, School administration	Donors, International organizations, NGO, Ministry of Culture, Ministry of Sport

Table 11. Ukraine

Target/goal Objectives	Measure Of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
Provision of schoolchildren with healthy food through: Implementation of adopted nutrition norms Trainings on nutrition issues of staff Creating opportunities for adjustment of nutrition in accordance with the diseases Introduction of control system	 Nutrition norms are secured by 90%; 70% staff is trained; In 90 % of cases Control system is introduced in 50% of all sites	Existence of adopted norms of nutrition Existing of facilities, accommodations and equipment for food supply Existence of budget financing from local resources- 30% Existence of personnel	2017 -2018	MoE, MoH, School administration	NGO, Scientific Institutions, Donors, International organizations

Table 12. Uzbekistan

Target/goal Objectives	Measure of success/ Indicator	Resources available	Timescale	Who will lead this work?	Who else will help?
<p>Establishment of HP school model</p> <p>Need assessment for implementation of HP schools</p> <p>Revision / elaboration of basic normative acts in accordance with the HPS standards</p> <p>Provision of trainings, piloting of model, monitoring and assessment</p> <p>Elaboration and adoption of National Concept of HP and NCD prevention among children and adolescents</p> <p>Promotion of Healthy Lifestyle</p> <p>Decrease of NCD risk factors, especially for tobacco and alcohol use</p>	<p>Normative acts elaborated and adopted;</p> <p>1-2 schools are fit with the standards of HPS;</p>	<p>Normative acts</p> <p>WHO</p> <p>WB Health-3 Project- NCD Initiative</p> <p>Innovation Grants of State Committee on Science and Technology</p> <p>intersectoral collaboration</p>	<p>January-December 2017</p>	<p>MoH, MoE</p>	<p>Trade-Industrial Chamber,</p> <p>Association of Nurses, pediatricians, cooks;</p> <p>“Youth movement” Camolott”,</p> <p>Foundation “Machalla”</p> <p>Mass-media,</p> <p>WHO,</p> <p>WB Health-3 Project,</p> <p>UNICEF,</p> <p>UNAIDS,</p> <p>UNFPA</p>

Annex 2

Programme

Tuesday, 23 August 2016		
DAY 1		
Opening Session		
09:00 – 09:30	<ul style="list-style-type: none"> • Opening and welcome remarks by the MOH and WHO • Introduction of participants • Objectives, Expected Outcomes and review of agenda • Administrative announcements 	WR WHO Country office in Kyrgyzstan and MoH/Kyrgyzstan WHO EURO WHO EURO
Session 1. Setting the scene		
09:30 – 10:45	<ul style="list-style-type: none"> • NCDs and how it can be addressed through the early prevention at schools (30 min) • Health behaviours and health status of school children in EE and CAR: key problems (20 min) • Health promotion at school age: a key age for effective prevention of NCDs and other health problems (20 min) <p>Questions and answers</p>	Jill Farrington, WHO EURO Martin Weber, WHO EURO Goof Buijs, SHE network
10.45 – 11:15	Tea/Coffee	
Session 2. European and global approaches to school health and health promoting schools and prevention of NCDs		
11:15 - 12:30	<ul style="list-style-type: none"> • The Global Strategy for Women, Children and Adolescent Health and its programme guidance on implementing Accelerated Actions for the Health of Adolescents (AA-HA!) (20 min) • Global and regional overview of school health services with focus on EE and CARK. The changing role of school health services in the 21st century and evidence of effectiveness. (25 min) 	Valentina Baltag, WHO HQ Valentina Baltag, WHO HQ

	<ul style="list-style-type: none"> Overall discussion: which benefits do approaches to improve health behaviours and health services bring to health promotion and NCDs prevention? (30 min) 	Moderated by Aigul Kuttumuratova, WHO EURO
12:30 – 13:30 Lunch		
Session 3. Country experiences – Posters		
13:30 – 15:00	<p>Walk around Posters</p> <p>Posters on country experiences (all country delegations will have opportunity to highlight existing country experience on approaches to health promotion and NCDs prevention in schools and school health services strengthening</p> <p>Posters on country HBSC studies (Armenia, Kazakhstan, Moldova, Russia, Turkmenistan, Ukraine)</p>	All
15:00 – 15:30 Tea/Coffee		
15:30 – 17:00	Plenary discussion and reflections Questions	Moderated by Martin Weber, WHO
17.30 – 20:00 Welcome reception		
Wednesday, 24 August 2016 DAY 2		
Session 4. Country experiences – Presentations		
09:00 – 10:30	<ul style="list-style-type: none"> Country presentations <ul style="list-style-type: none"> Kyrgyzstan Moldova Ukraine 	20 min each, followed by 30 min discussion

Session 5. Group work on major challenges and enabling factors		
10:30 – 10:45	<ul style="list-style-type: none"> Introduction to group work (3 groups): <p>Guiding questions</p>	
10.45 – 11:15	Tea/Coffee	
11:15 – 12:30	Work in groups	Participants
12:30 – 13:30	Lunch	
13:30 - 15:00	<ul style="list-style-type: none"> Feedback from group work <p>Discussion</p>	Moderated by WHO
Session 6. Thematic talks followed by World Cafe		
15:00 – 17:30 incl. Tea/Coffee at 15.30 – 16:00	<p>2-minute spark talks followed by World Cafe (Participants circulate, 20 minutes at each station):</p> <ul style="list-style-type: none"> Health promotion at schools – Tools Children’s rights in school health services Management of chronic diseases/NCDs by school health services School nutrition Suggestion for AA-HA Global action 	<p>Facilitators Participants</p>
Thursday, 25 August 2016 DAY 3		
Session 7. Group work on key actions towards integration of SHS standards and establishing health-promoting schools, focusing on prevention of NCDs		
09:00 – 09:15	<ul style="list-style-type: none"> Introduction to group work (3 groups): <p>Guiding questions</p>	WHO
09:15 – 11:00	Work in groups	Participants

Meeting participants

Armenia

Dr Nune Pashyan
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Department of Mother and Child Health
Ministry of Health

Dr Parandzem Melkonyan
Head of Pediatric Department
Polyclinic "Nor Aresh"

Dr Marina Melkumova
Adolescent Health Program Coordinator
"Arabkir" Medical Centre- Institute of Child and Adolescent Health

Azerbaijan

Dr Tofiq Musayev
Head of Population Health Department
Public Health and Reforms Center
Ministry of Health

Dr Sabina Babazade
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Public Health and Reforms Center
Ministry of Health

Belarus

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Healthcare Department of Mangystau region

Dr Nursulu Mukhambetyarova
Director
Center of Healthy Lifestyle Promotion
Mangystau region

Dr Mira Myrzakhanova
Suicidologist, nonstaff inspector
Healthcare department Kyzylorda region

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Minister of Health

Dr Samat Toimatov.
Head, Department of Medical Aid and Drug Policy
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Dr Elnura Boronbayeva
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Dr Baktygul Ismailova
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Dr Maria Kushubakova
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Dr Raisa Asylbasheva
Chief specialist
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Chief specialist
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Schools for Health in Europe

Republic of Moldova

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Deputy Minister of Health
Ministry of Health

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Head
Division of NCD,
National Centre of Public Health

Russian Federation

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Head of Scientific Institute of Children Health of the Ministry of Health

Dr Marina Polenova
Chief scientist
Scientific Institute of Children Health of the Ministry of Health

Dr Galina Malkova
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Department of fundamental studies and analysis
Federal Research and Clinical Center of Pediatric Hematology, Oncology and Immunology n.a.
Dmitry Rogachev of MoH

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Kazan State Medical University

Tajikistan

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Department of Public Health
Ministry of Health and Social Protection

Dr Zulfiya Abdurahmonova
Healthy Life Style Center of Ministry of Health and Social Protection

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Dr Ogulmahri Geldiyeva
Head of Information Centre
Ministry of Health and Medical Industry

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Mother and Child Health Scientific-clinical Centre

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Department of Public Health
Ministry of Health

Dr Viktoriia Shevelova
Senior specialist
International Department and European Integration
Ministry of Health

Uzbekistan

Dr Inobat Akhmedova
Senior Research Medical Officer
National Pediatric Centre

Dr Feruza Mamanazarova
NCD initiatives coordinator
WB Health-3 project in Uzbekistan

Guest of Honor

Professor Atambaeva Raisa Minahmedovna
First Lady of the Kyrgyz Republic

Temporary Advisers

Mr Goof Buijs
Consultant

Schools for Health in Europe

Other UN Agencies

UNFPA

Mr Azamat Bayalinov

Mrs Acel Turgunova

UNICEF

Mr Edil Tilekov

World Food Programme

Nadya Frank-Head of School Feeding Programme

Lira Duishebaeva-Programme Policy Officer (School Feeding)

Saida Abdrazakova –Programme Associate (School Feeding)

Bermet Sydygalieva-Nutrition Programme Officer

World Health Organization

WHO HQ, Geneva

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Department of Maternal, Newborn, Child and Adolescent Health

WHO RO, Copenhagen

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Programme manager

Child and Adolescent health

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Mrs Begaiym Kalysbekova
Secretary
WHO Country Office in Kyrgyzstan

Rapporteur

Dr Marina Melkumova
(Armenian delegation)

Interpreters

Mrs Nurgul Seitkazieva

Mrs Elena Tsoi

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

Risk behaviours, which present the fastest growing health issues for children and adolescents, have long-term negative effects and increase the risks for non-communicable diseases (NCDs) in later life. NCDs prevention therefore should play an important role at school. For many adolescents and school age children school health services (SHS) are the first and the most accessible point of contact with health services. Schools offer many opportunities for children and young people to develop a positive outlook on life and a healthy lifestyle and can contribute to improving the health and well-being of children and young people. The European Network of Health Promoting Schools was launched in 1992 and today Health Promoting Schools exist in 40 Member States of the WHO European Region. This report summarizes outputs from the WHO Regional Office for Europe Intercountry workshop on school health in the prevention of NCDs meeting for national coordinators of child and adolescent health programmes of Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Russian Federation, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan in Bishkek, Kyrgyzstan, on 23-25 August 2016.

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