

Inaugural Address

By
Dr Samlee Plianbangchang
Regional Director, WHO South-East Asia

At the

Intercountry Meeting on School Health Promotion

Bangkok, Thailand
12-15 December 2006

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Dr Charuayporn Torranin, Permanent Secretary, Ministry of Education, the Royal Thai Government; Dr Narongsah Angkasuwapara, Director-General, Department of Health, Ministry of Public Health, Royal Thai Government; Dr Jayawickramaraja, WHO Representative to Thailand; Dr Davison Munodawafa, Regional Adviser, Health Promotion and Education; Distinguished participants; Honourable guests; Ladies and gentlemen;

With great pleasure, I welcome you all to the Intercountry Meeting on School Health Promotion. I personally accord high priority to this important area. First of all, I wish to extend my thanks to the Ministry of Public Health, the Royal Thai Government, for agreeing to host this meeting and for assigning an able team to participate in the meeting.

I should also inform the meeting that Dr Charuayporn, Permanent Secretary, Ministry of Education, is the Representative of Member States in WHO South-East Asia Region, to participate in planning for a Global Meeting on School Health, which will take place in June next year.

The schoolgoing age is a period of learning, acquisition of knowledge, and pursuit of information. It is also the time when attitudes, beliefs, values and practices of individuals are inculcated. These inculcations could be either positive or negative. At the same time, these are likely to influence the development and outcome of one's goals in life. There is a global consensus that "learning" and "health" go hand in hand and, that the health status of a child has a direct impact on his or her educational achievements. Furthermore, in order

to achieve both the health and education goals for young people, it has become critical to address also the health needs of teachers, parents and communities. These health needs include not only physical needs, but also mental and social needs. There is evidence that programme on health-promoting schools contributes significantly to the “quality of life”; not only of students, but also of others in communities. The concept of health-promoting schools provides an opportunity for each school to listen to, and to take into account in its the teaching and learning process, the views of learners, teachers and parents.

Children are not yet equipped with accurate and optimum health information, and life-skills. Therefore, they will not be able to address effectively the various challenges they are likely to face as young people. These young people who will become adults tomorrow are the future of their nations. Therefore, the promotion and support of their growth and development should be made an integral part of a country's workplan. Countries in the WHO South-East Asia Region of WHO regard the schoolage population as a vital component of national development process. WHO is committed to lend unwavering support to the development of health-promoting schools, in order to enable them to achieve both educational and health objectives.

The principles of “health promotion” can also be applied in the development and implementation of a school health promotion programme. Some selected approaches in this regard include: (i) acknowledging health as a fundamental human right; (ii) securing equity and social justice for health for all; (iii) earmarking a balanced social responsibility for the private and public sectors; (iv) integrating health content and life skills across curricula and disciplines, and (v) promoting the local cultural values and practices that are relevant to society. In this connection, I find the holding of this intercountry meeting quite timely. WHO and other international agencies, including NGOs, have a long history of working closely together in the area of school health. The concept of health-promoting schools is not new to countries in our Region. I hope that together we will be able to formulate a clear policy; and enumerate a practical strategy for the development of school health programme in countries of our Region. A comprehensive agenda for the meeting is now before us. The recommendations derived from our deliberations on various agenda items will certainly help improve the delivery of school health in the Region.

In the recent past, the WHO Regional Office for South-East Asia organized two major consultations on school health, in 1997 and 2000. Furthermore, guide for implementing health-promoting schools was prepared and distributed to Member Countries for their use in 2003. The Bangkok Charter for Health Promotion was endorsed at the Sixth Global Conference on Health Promotion in 2005. Furthermore, the Executive Board of WHO and the WHO Regional Committee for South-East Asia have resolved to support the commitments contained in the Bangkok Charter. A policy and strategic framework that we are contemplating now take us a long way forward towards the full realization of the concepts of school health promotion, which is an important component of health promotion in general. In the process of realizing such concepts, multidisciplinary and multisectoral involvement and actions are indeed necessary.

Young people in countries of the South-East Asia Region are facing several health and social challenges. Poverty; cultural values and beliefs; lifestyle changes; changes in food habits and changes in information consumption pattern are, among many other factors, affecting the young people's ability to grow and develop.

These factors can result in: school dropouts; delinquency and law-breaking behaviour; early and unwanted pregnancies; abuse of alcohol, tobacco and drugs, and several other consequences. These social and health problems, in the end, will become a burden on society; the burden that needs special services; the services that have to be financed by taxpayers' money. Such a scenario highlights the importance of school health interventions that seek to prevent the occurrence of these problems. It should also be underlined that the provision of these school health services cannot be the sole responsibility of the health sector. The way forward is to encourage all stakeholders, such as families; teachers; peers; communities and civil society groups, to get fully involved.

In this connection, let me particularly emphasize the leading role of the Ministry of Education in the development and management of school health-promotion programme. The Ministry of Health is one of the key players in providing technical support to such programme development and management, in collaboration with the Ministry of Education which knows best the needs of learners and teachers. And, learners and teachers are the cornerstone of education that leads to positive outcomes of societal change. In a way, the

Ministry of Education is primarily responsible for this social change through the educational process. I am sure, WHO and other international agencies, both within and outside the UN system, are ready to provide full technical back-up to efforts of countries in this regard. In the course of this meeting, I also wish to see how we can clearly define our respective roles at both national and international levels. This would enable our intentions and endeavours in pursuing school health promotion to be synchronized and made complementary to each other.

This would, in turn, ensure that our available resources, in terms of both expertise and finance, are utilized in the most efficient and effective manner, towards providing health and education to our young people.

Finally, I wish the meeting all success, and I wish you all an enjoyable stay in Bangkok.

Thank you.