

3.6 HEALTH AND EDUCATION (GROUP B6)

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23 participants

The intended purpose

The HFA policy is based on the principle of equity in health and the level of education is an important determinant of socioeconomic inequities in health. By putting health on the agenda in schools, policy-makers are ensuring a fairer chance for all children. This group looked at how the health and education sectors can work together more effectively to realize that goal.

Participation in decision-making, which is another of the HFA principles, also requires an understanding of democratic processes. The school is an important setting for teaching young people about these processes, for example the practice of reaching consensus and working together to achieve shared objectives. Children grow up to become tomorrow's citizens and their basic knowledge will determine the choices they make. Preparing them for that role is an important investment in the future.

In this session, the group learned of a twinning project involving two schools, one in Denmark and one in the Czech Republic. The case studies would highlight some of the essential principles for working with the education sector. The group were to discuss whether bilateral twinning arrangements were a good mechanism for learning and if so how other schools could be encouraged to participate.

Presentations were made by *Dr Bjarne Bruun Jensen, The Royal Danish School of Educational Studies, Copenhagen, Denmark* and *Dr Marie Brizova, National Centre for*

Health Promotion, the Czech Republic. The full texts of the papers are given at the end of this section of the report.

Main focus of the discussions

- i) During 1993-1994, a school in the Danish Network of Health Promoting Schools, Måløv, started a collaboration with two schools from the network in the Czech Republic, Dubec and Dobré. Participants heard how teachers had visited their twin school and pupils had exchanged letters and prepared health education exhibitions, which were then exhibited in their twin town. The overall philosophy of the project is to instill children with a sense of citizenship and it was felt that the project had succeeded very well in setting health in a broader context. Pupils not only learned about health, but also about many other facets of life in another country. It was, the group felt, an innovative and stimulating way of preparing students for participation in the democratic process.
- ii) Education and democracy are two concepts which are closely interrelated in many countries. The group were impressed that these schools did not aim to just “educate” children, by presenting them with a set of pre-conceived ideas, but sought to empower pupils to make informed choices. Behavioural changes would not be achieved by forcing children down a particular path, but rather by equipping them for the journey. Health education and action competence empowered pupils to make informed choices about health issues and in the long run it was felt that this would be more effective, than behaviour oriented education.
- iii) As well as broadening pupils’ sphere of reference, the twinning project introduced children to new ways of communicating and exchanging information. Letters and twinning visits were two of the more traditional methods, but an Internet link was also proving quite successful. Children from the schools gave a demonstration of the electronic mail link during the conference.
- iv) It was generally felt that collaboration between the European Commission, Council of Europe and World Health Organization Regional Office for Europe had been one of the key factors responsible for the success of the European Network of Health Promoting Schools. The group hoped to see more of this type of collaboration between IGOs in the future.
- v) Health Promoting Schools takes a broad view of health as a state of physical, mental and social well-being, which represents a move away from traditional more medical models. The aim is to educate children on all these aspects, so that they are in a stronger position to improve and protect their own and others’ health. The group felt that teachers, as key figures in the school environment are in a unique position to promote this broader view of health. It was stressed therefore, that health education should also be an important part of their overall education and training.

Conclusions

- instilling children with a sense of citizenship is an important basis for democracy and a necessary preparation for their participation in decision-making
- bilateral twinning arrangements open up the learning environment for teachers and pupils
- empowering pupils to make informed choices about health is a valuable investment for the future
- collaboration between intergovernmental organizations has strong synergistic effects
- teachers must be trained to promote a broader view of health.

Recommendations for WHO/EURO, IGOs and Member States

WHO/EURO should

- focus on and assist countries in teacher training for health promotion
- continue to promote the development of the broad concept of health in the schools setting, with the aim of moving from the specific medical approach towards a more democratic process

IGOs should

- continue the development of the collaborative approach demonstrated by the European Network of Health Promoting Schools

Member States should

- encourage further cooperation between departments of health and education

INTERNATIONAL COOPERATION FOR DEMOCRATIC HEALTH EDUCATION

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Education and Democracy

Education and democracy are two concepts which are closely interrelated in many countries. Instilling children with the ability to take action as a citizen in a democratic society is regarded as a particularly important objective of the education system. The following is a quotation from the overall aims for the Danish "Folkeskole" (for pupils aged 6-16):

"The "Folkeskole" shall endeavour to create such opportunities ... that they (the pupils) acquire confidence in their own possibilities and a background for forming independent judgements and for taking personal action ... The school shall prepare the pupils for active participation, joint responsibility, rights and duties in a society based on freedom and democracy. The teaching of the school and its daily life must therefore be built on intellectual freedom, equality and democracy" (The Danish Ministry of Education, 1993).

The first sentences of the quotation concern the task of educating pupils. In the last sentence, the importance of ensuring democracy in education is stressed, (teaching ... must be *built on* ... democracy). Another quotation from the Danish Ministry of Education emphasizes the importance of involving pupils in decisions regarding their education.

"The establishment of working methods and the selection of subject matter shall as far as possible take place in cooperation between teachers and pupils The class teacher shall cooperate with pupils to find solutions in relation to the class." (Danish Ministry of Education, 1993).

“Education for democracy” must be based on education which itself is built on democracy and which supports and facilitates dialogue and participation.

Health education and action competence

Democracy is a fundamental part of health education. The starting point is that today’s health problems are structurally anchored in our society and in our way of life. Health is not influenced by lifestyle alone; lifestyle and living conditions are closely interrelated and must be looked at in connection with each other, if one is to develop a true understanding of health problems and the strategies to surmount them.

Solving health problems requires fundamental changes at a societal as well as at an individual level. The aim of health education should be to equip present and future citizens with the necessary skills to take action for the greater good of society, as well as for their individual good. The overall purpose should be to educate pupils to be active, democratic citizens, who, collectively and individually, can take action for a healthier life and healthier environment. In other words, to make them the masters of their own life in the broadest meaning.

The Danish “Folkeskole” is obliged to teach pupils on matters pertaining to “health, sexual education and family knowledge”.

“The education should in every sense contribute to the fact that pupils develop qualifications which empower them to be able to critically decide and act in ways that promote others’ and their own health, in cooperation with others and individually.”
(Danish Ministry of Education 1994)

This teaching differs fundamentally from behaviour-oriented education, which aims to change pupils’ individual behaviour in a predetermined direction. It has been argued that modifying behaviour using this method is in opposition to WHO’s definition of health (1). Other criticisms are that:

1. it has a questionable ethical basis; the actual behavioural changes are the primary goal (to be achieved by all means), while the pupils’ acquisition of knowledge and their own decisions are pushed into the background;
2. it passes on a naive and simplistic image of reality which can directly block development of the pupils’ understanding of how society operates, evolves and influences potential for action; and
3. it has - within its own frame of understanding - proved to have little effect, because it rarely leads to the desired behavioural changes.

Behaviour oriented teaching is too narrow and restricted to solve health problems in the long run. Instead, education that enhances pupils’ abilities to influence their own life and the society in which they will live, is required. In other words, pupils must increase their action competence.

Action competence in the field of health and environment depends on two factors. Firstly, pupils must acquire knowledge about health, that is, knowledge about what

the problems are, how they arose and what possibilities there are to solve them. Secondly, they must be instilled with a sense of happiness, commitment and drive. Both of these are fundamental if change is to be realized. Knowledge about the problems will not be transformed into action, if courage and commitment are lacking, similarly commitment alone will not be a sufficient driving force for action. Pupils must have a specific insight into the problems and how they might be addressed.

Expressed briefly:

- knowledge without commitment is empty!
- commitment without knowledge is blind!

The change perspective

On the basis of experience from a number of study groups - both within the Health Promoting Schools project and from others, the following eight questions can act as a framework to guide the movement for change.

1. Which subject should be worked on?
2. Which problem, within the subject in question, should we work with?
3. What are the causes of this problem?
4. Why did it become a problem?
5. What alternatives can one imagine?
6. What action plans exist to obtain these alternatives?
7. What are the obstacles?
8. What actions should be initiated?

The assumption is and indeed experience has already shown, that when pupils are directly involved in decisions (either in connection with their own life, or the school or the society in which they live), they build up their level of action competence.

The first and second points are designed to help reach a decision on what area needs to be changed, in other words, the problem to be addressed. However, it is not enough just to decide to work on a particular subject, one must go further and specify, for example, whether the problem concerns increased water consumption or increased pollution of drinking water. It is also important to specify why the problem is important enough to be dealt with in class.

These questions are important whether one is working within the classroom, school, or outside environment. Scientific observations can play an important role in defining the size of the problem.

The third point, *what are the causes of this problem?* will help pupils and teachers to arrive at a common understanding of the underlying causes of the problem. This will require some serious analysis. For example, if the subject chosen is increased water consumption, the relative water consumption of households, agriculture and industry must be estimated and compared. Then the factors influencing the level of water consumption must be identified. Regardless of whether environmental or lifestyle conditions are the cause, there must be a systematic effort to clearly define the underlying causes.

To establish the causes of a particular problem, the class or school may be forced to explore many different avenues. Although, the problem may manifest itself in the classroom or school, the underlying causes will often be found outside. Observation methods, which show health and environmental problems in the broader context of economic, cultural and social structures are useful tools.

The fourth point, *why did it become a problem?* places the particular problem in a historical context. To reach an understanding of how present day conditions have come about, it is necessary to be aware of how they have been influenced by historical developments.

The fifth point, *what alternatives can one imagine?* requires developing a vision on how one would like conditions to change. Pupils are encouraged to think about their future and to have ideas and perceptions about the society of which they will be part.

Imagination must also be allowed to flower in relation to point 6, *what action plans exist to obtain these alternatives?* Ideas of possible actions to turn visions into a reality must be given room to blossom. All propositions should be discussed, possible obstacles identified and finally one or more actions should be decided upon.

Even though the points mentioned here are explained in a logical sequence, it must be stressed that project work very rarely starts with point 1 and ends with point 8. Sometimes, the process is faster. Some points may be skipped only to discover later, that the actions that were initiated did not achieve very much. This may be due to not having been clear on the problem in the first place, which may imply returning to points 2 and 3 and starting out again. Or perhaps difficulties send you back to point 6, to developing and evaluating a new set of possible actions.

Instead of looking at the 8 steps, as goals to be achieved in a specific sequence, the process can best be described as a circle or spiral where one keeps returning to certain questions in order to delve deeper into them.

From these 8 questions, it is possible to move closer to deciding on the insights the teaching material should impart to pupils. Ideally, pupils should achieve a perspective which incorporates elements of science, social science and history. They are most likely to obtain this insight if they themselves have been involved in decisions, most likely in working groups established to answer the eight questions. To a large extent, the teacher's role is to function as a guide and consultant for the pupils, rather than as a communicator of facts. This does not mean, however, that demands on teachers are lessened or that the teacher's professional knowledge is not important. In reality, the opposite should even be true, with the teacher fulfilling both a role as a consultant and drawing on his/her experience and talent.

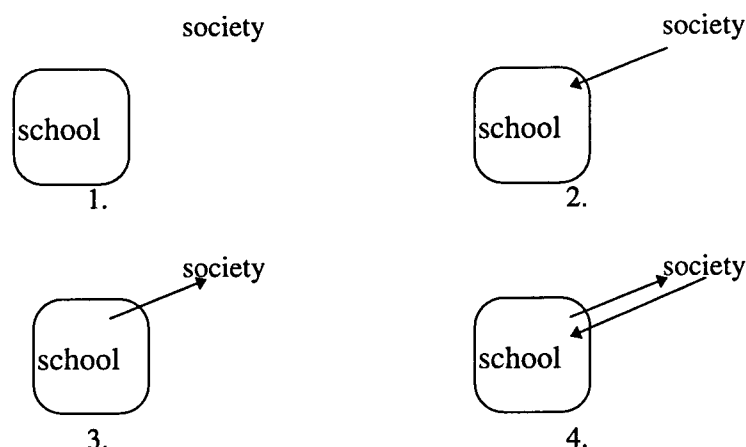
The principle of authenticity

It has been hinted at, several places in the above, that health education may deal both with individual and societal conditions. There are many exciting and innovative ways of making education more relevant to the real world and of encouraging pupils to work with real conditions and problems.

For example, the school can work to break down barriers with the outside world. As a starting point, it is useful to look at four different models which describe the relationship between school and society. These four models differ from each other according to the level of “reality” in the teaching material.

The first model is described as “the school as an isolated island”. This model envisages the school as being cut off from the surrounding community. Real conditions in the community may be explored but this exploration involves consulting newspaper cuttings, TV programmes etc. The action phase is limited to trying to imagine what one possibly could do if this were “real”. Role play is often used in an attempt to get closer to reality.

In the second model, key persons from the local community are invited to the school and classroom. Depending on their area of work, politician, doctor, technician or parent, they contribute in their own unique way to make the lesson more realistic and exciting. With this model, the division between the school and community is broken down a little more than the first model and the level of contact with the real world is increased. Influence, however, is only exerted in one direction, that is from the local community to the school.



With the third model, pupils direct their activities towards the local society and try to influence conditions. This model too has greater “authenticity”, in that the level of contact with the real world is increased. However, influence also only moves in one direction, this time from the school to the local community.

Finally, the fourth model which is described as a “dialogue model”. In this model, the boundaries between the school and community are distinctly vague. People from the local community participate in making the lesson more realistic and appealing, at the same time pupils use the local community as an extension of their classroom. This may involve field research such as conducting interviews with local people, or more action oriented work, perhaps publishing and distributing a newspaper, establishing a network with already existing unions or groups, or holding debates where local citizens are invited to participate.

With the fourth model, there is a considerable potential for introducing a high degree of real life experience and authenticity into the lessons and for pupils to gain direct experience with democratic decision-making processes. There may even be greater potential for achieving positive improvements in health and in the environment.

Research indicates that the fourth model offers more possibilities than the other models. Cooperation with the local community is extremely important. As well as making the lesson more appealing for the pupils, dialogue encourages relevant persons in the local community and pupils to be more involved in decisions concerning health. This is not a possibility in model 3, which has been known to create some problems. For instance it can be difficult for the school to turn to the local community on health and environmental issues, without having an already established dialogue.

In conclusion, exciting and unexplored possibilities to develop links between the classroom and its surrounding environment clearly exist. However, the importance of protecting the school and the class as a place where pupils and teachers can let their imaginations run free, before embarking on practical action must also be stressed. Increased cooperation between the school and the local community should not impinge on the school's capacity to function as a nursery for democracy.

The Czech/Danish Collaboration

During the academic year 1993/1994, one of the schools in the Danish Network of Health Promoting Schools began a collaboration with two schools from the network in the Czech Republic. The coordinator of Målov School (Denmark) has been to visit the Czech schools twice, funded by the municipality. Two teachers from the schools in the Czech Republic, together with a representative from the Czech support centre have also been on a four day visit to Målov.

The fourth, sixth and seventh grade class are exchanging letters and drawings with classes of similar grades in the Czech schools. Pupils of the 7th grade (13 years old) are planning a summer camp to the Czech Republic during the school year 1994/1995.

An exhibition on health and health education prepared by teachers and pupils at Målov School has been exhibited at the town hall in Prague. Pupils from Prague prepared a similar exhibition for Målov.

Money from the Danish Foreign Ministry enabled a project group from the Målov School to consolidate and continue cooperation with their Czech colleagues. The money enabled two teachers from each of the Czech schools and a representative from the Czech support centre to spend 6 days at Målov School in June 1994. In September four teachers from Målov School and a representative from the Danish support centre visited the Czech Republic for 7 days.

During their stay in Denmark, the Czech teachers worked with the Danish teachers and pupils from the 3rd to 6th class at Målov School on a project entitled "Health, Consumption and Democracy". Two classes from each year, (in all 8 classes) and 50% of the school's total number of pupils participated in the theme days. The pupils

chose a project group in which to work . All the groups transversed classes and grades.

“Consumption” was selected as a focal theme, as it has important significance for health and the environment. Think, for example, of the environmentally friendly “green consumer”. Furthermore, the Western world’s consumption patterns are the root of many local and global environmental problems. Teachers decided on the overall theme, however, pupils did have a say on which parts of the subject they would like to work with and what the objectives and outcomes of the project should be. All classes and project groups were required to specify concrete actions, which would lead to positive improvements in health, relevant to the school, the local community, or both.

The overall philosophy is that pupils should be educated to function as active citizens in a democracy, by first testing this democracy throughout their school lives. Hopefully, the school can also be a useful protagonist for influencing health developments in the surrounding society in a favourable direction.

A three step model, inspired by the 8 questions raised above, formed the basis of the project work; the steps were as follows:

1. Identify a problem or conditions that have to be changed, either in the school or in the community
2. Develop visions or alternatives for dealing with the problem
3. Select and implement concrete actions in order to turn the vision into a reality.

In other words, pupils themselves should be responsible for creating a vision for a healthier life, a healthier school and a healthier society. They should then develop appropriate actions to achieve their goals. Visions and ideas on how the future could and should be is an important characteristic of an action oriented person.

Furthermore, all groups should discuss subjects with the perspective of how they might also be of relevance to the Czech Republic. Teachers from the schools in the Czech republic were given a key role for the duration of the project, which meant that the Danish pupils had the opportunity to compare their situation with another country. This experience was very valuable and the cooperation and discussions between the schools in the two countries was an important starting point for future collaboration.

In September 1994, four Danish teachers and three researchers from the Danish Support Centre visited the Czech Republic for one week, to work with teachers. Following on from the Danish project, they were to improve upon the three step model and develop a similar project at the two Czech schools.

Themes for discussion

The results from the project work at Målov School in Denmark and the Dubec School in the Czech Republic are to be discussed, at a forthcoming workshop. The aim is to identify conditions that facilitate and inhibit democratic health education in different countries. Benefits of the recent work in this area will be discussed and evaluated, from the school’s perspective as well as from that of the local community.

Another issue up for discussion will be international collaboration at the school level. Ways of initiating, maintaining and developing such collaboration will be discussed. In particular, the potential for modern "information technology" to contribute to such a process will be dealt with.

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HEALTH PROMOTING SCHOOL PROJECT IMPLEMENTATION IN THE CZECH REPUBLIC

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Let me acquaint you with the implementation of the “Healthy School” project in the Czech Republic.

The health promoting schools project sees health as a state of physical, mental and social well-being, as defined by the World Health Organization, Regional Office for Europe.

Enormous help and support has been provided by all three international organizations involved in the project, that is, the World Health Organization, the Council of Europe and the European Union, under whose auspices the project is implemented.

In 1991, we became acquainted with the health promoting schools project and the National Centre for Health Promotion became the national coordinator.

In relation to the philosophical background of the project, we decided to put the most significant stress, on the principle of participation - that is, we intended to give schools ample scope for their own initiatives. We proceeded from the assumption that only if schools identify completely with the project, can success be achieved. Having taught civics for forty years in our country, we had learned that any system, no matter how carefully it has been developed will not succeed, if imposed upon pupils and teachers as our system was.

Since the present project has been implemented at a time when the entire school system has been undergoing a process of transformation, the Health Promoting School contributes, in a certain way, to the overall transformation process. The goals of these parallel processes are to a certain extent similar; both aim to cultivate and realize human potential and to increase pupils competence and capacity to take action which is in their interest. We cannot omit the importance of the pedagogical process and modern pedagogical methodology. After all, these processes contribute to a large extent, to improving the school atmosphere and thus enhancing pupils' health.

The National Centre for Health Promotion plays a facilitating and supportive role. Health education in everyday life is carried out by teachers in cooperation with school communities. Participation by the school community is a basic criterion for choosing which schools will be included in the project.

In 1991, the National Centre for Health Promotion (NCHP) sent a letter to all schools in the Czech Republic enclosing materials provided by the World Health Organization Regional Office for Europe. In the letter, schools were invited to participate in the project. The schools which showed their interest, worked out their own projects established their own conditions of implementation and entered an open competition. Following visits to schools and discussions with school representatives, the commission selected 22 schools in the first round of the open competition. In September 1992, 11 of these were accepted in the European Network of Healthy Schools.

In 1993, the second round of the open competition was held. The conditions of the second round were similar to those laid down in the first.

In the Czech Republic, a total of 94 schools are involved in the project. 11 are core schools (schools selected to be part of the European Network of Health Promoting Schools). 24 are connected to the project through a National Network of Health Promoting schools. 59, ten of which have been identified as model schools, are connected through participation in regional networks of Health Promoting Schools.

Our aim is to achieve cooperation not only within one of these groups of schools, but also among the different networks. In particular, schools should "radiate" their ideals and experiences to the other schools in the region, who are not participating in the project. For example, in northern Moravia, one school from the National Network, located in a small village Bartozovice, has been very active and has established an office for the Healthy Schools project in the School Office of a district town.

What does the Healthy School Project involve? The aim of the project is to educate children so that they will be able to improve and protect their own health in an active way, find their bearings in life and ultimately choose an optimal way of life. After evaluating the projects devised by our schools, three main areas can be detected:

- orientation of the entire school community towards a healthy way of life
- cultivation of internal school relations
- informal relations to parents and community.

We help children to understand themselves. We develop their ability to make a decision on the basis of knowledge of a problem and certain values. We present health as an important priority.

Healthy Schools supports the individuality of each child. A pupil is seen as an individual who actively participates in studying, accepts healthy living habits and acquires them through direct experience, especially through play at school. In recent years, the entire school ethos has changed.

And how can we, as coordinators, be effective? We keep in touch with schools, help them to solve everyday problems and share in their success. Regularly, we organize

health promotion seminars, either with Czech or foreign lecturers, or perhaps involving one of the schools from the project. Introductory papers, meetings and workshops are followed up with practical activities. Schools often “introduce” themselves during the seminars, which are attended by representatives from all the networks of the Healthy School Project.

The magazine *Ratolest* (Offspring), published quarterly, acts as a channel of information for the project schools. The magazine includes contributions from teachers, pupils, psychologists, physicians and actually everybody who wants to comment upon the project.

For teachers, we also facilitate trips and experiences abroad. Some teachers have already visited schools in Denmark, Norway or attended seminars of the Council of Europe in Strasbourg and Edinburgh. We also organize seminars for teachers of health education who work with schools.

Schools are supplied with materials which make their work easier. For example, we distributed a Pupil’s Diary this year to all the sixth grades (12-year old children) in the Czech Republic. We are also developing curricula for the training of trainers, in accordance with guidelines drawn up by the World Health Organization. In the past 24 days, the first training course for two groups of teachers was held using these curricula.

We cooperate with pedagogical faculties in the education of new teachers and the development of new teaching methods. Health promoting schools is very much in keeping with the fundamental changes occurring within the whole school system and can make an important contribution.

Information on different school systems provides teachers with new insights and experiences.

The best example of this type of initiative is the twinning programme with our Danish partners. Schools in Dubec and Dobré have been cooperating with a Danish school in Måløv. The aim of the Danish school’s project is for pupils to develop an active approach to health and to be more involved with their local community. This September, similar projects were run at schools in Dubec and Dobré. The projects were carefully adjusted to the particular needs of the given school and region. The schools were visited by Danish colleagues: teachers from Måløv School and employees of the Royal Danish School of Educational Studies. Pupils were shown how decisions should be based on good knowledge of a particular problem. They also learned how to solve health problems, in an active way, by engaging with the local community.

Let me introduce to you to these two schools:

Primary school at Dubec, Starodubecska 413

300 pupils (6–15 years)

Headmaster and Project Manager: Mr Jiri Hermar

This small suburban school of rather village type is located in a Prague suburb. Reconstruction of the school is now being planned. The school is part of the “Healthy Dubec” project which in cooperation with the State Institute for Health is focusing on the prevention of cardiovascular diseases. Healthy nutrition, aimed at lowering cholesterol levels has been a key focus at the school. Lessons on sexual education and parental care have also been introduced to the curriculum. The way of organizing meetings with parents has changed. Meetings are now less formal and take more the form of informal coffee sessions. Thus the relationship of the parents towards the school has been significantly improved.

Primary school in Dobré

125 pupils (6–15 years)

Headmaster and Project manager: Ms Bozena Remesova

This school has very good relations with the local village, which has donated one and half million crowns for the reconstruction of the school. Every year, the school organizes a ball and a carnival on the occasion of Shrovetide. Significant improvements in relations among the children themselves have been achieved. Conflicts occur rarely. A “confidence box” has been established for children who may be afraid to speak up about their problems. The natural good relations between the parents and the school have been captured by the village mayor who once said, “Investments in the school and thus in the children are always the best, because they are the investments in the future of this country”.

We are happy to see that the project is developing to such an extent and we thank our Danish partners. We especially appreciate the initiative and help of Dr B.B. Jensen and are looking forward to the further development of fruitful and meaningful cooperation. Proof of how successful this cooperation has already been can be found in the computer link which exists between the two schools in the project.

The schools from the Czech Republic and Denmark are also preparing for a pupil exchange.

The efficiency of the project is verified by the results of the research, which shows that project schools fare better on a number of counts than non-project schools. This research is continuously being carried out as part of the project’s evaluation.

In conclusion, the authoritative atmosphere that we remember from the past, still prevails in some schools. Such schools are not involved in the project and their curriculum does not include health education. Some schools are involved in other movements aiming to change the school climate. The school system is now undergoing a process of transformation, with one new development being that uniform curricula are now obligatory. Many other schools outside the Health Promoting Schools (HPS) network are also making attempts to improve the school atmosphere and introduce new teaching methods. But only the schools in HPS project are making comprehensive changes in relation to the concept of health. This initiative is based on collaboration with pedagogical institutions, people from the Ministry of Education and research institutes in this field.

We highly appreciate the proposal for collaboration which we received from Dr Bjarne Bruun Jensen. We have already learned a lot from the Danish schools and consider that Bjarne's concept of health education and democracy is very valuable. By adopting this concept, we are trying to encourage people to improve their health using their own abilities and skills and to make them aware that they have great power to influence their own health. It fits well with the Danish concept. We are determined to benefit greatly from the twinning programme. And we hope that the Danish will too.

Annex 1

FULL LIST OF CONFERENCE PAPERS

ICP/HSC 419/1 Rev.1	Provisional list of conference papers
ICP/HSC 419/2	Scope and purpose
ICP/HSC 419/3.Rev.2	Provisional programme
ICP/HSC 419/4.Rev.1	Annotated programme ("The Menu")
ICP/HSC 419/5	Provisional list of participants
Plenary papers	Health in Europe (The 1993/1994 health for all monitoring report) WHO Regional Publications, European Series, No. 56
ICP/HSC 419/Pl.A	Health care in the era of value creating systems, by Professor Richard Normann, France
ICP/HSC 419/Pl.B	The need for intersectoral action for health, by Mr Göran Dahlgren, Sweden
ICP/HSC 419/Pl.B	Public health policy, by Mr Robin Guthrie, Council of Europe
ICP/HSC 419/Pl.C	Health of the nation, by Dr K.C. Calman, United Kingdom
ICP/HSC 419/Pl.C	Implementing policies for health - The regional level, presented by Dr Birgit Weihrauch, Germany
	The Copenhagen City Health Plan in a Nutshell
ICP/HSC 419/Pl.D	Health care reforms for health gain, by Dr Hans Maarse, Netherlands
ICP/HSC 419/Pl.F	Health care reforms in the CCEE/NIS: Issues of spending, health insurance and efficiency, by Dr Ellie Tragakes, Consultant in Health Services Management, WHO Regional Office for Europe, Denmark

(cont'd.)

Plenary papers (cont'd.)

- ICP/HSC 419/Pl.F East-West health divide and potential explanations, by Dr Martin Bobak and Dr Michael Marmot, United Kingdom
- ICP/HSC 419/Pl.F Health for all in CCEE/NIS - the policy environment, by Dr Peter Makara, Hungary
- ICP/HSC 419/Pl.G ILO and occupational safety and health, by Dr Georges H. Coppée, ILO, Switzerland
- ICP/HSC 419/Pl.G Future collaboration for health in Europe - a conference discussion paper, by WHO Regional Office for Europe, Denmark

Discussion group papers

- ICP/HSC 419/B1.1* The "welfare mix" of social care for the elderly: A Nordic perspective, by Professor Kari Waerness, Norway
- ICP/HSC 419/B1.2* The social care of older people in the European Union - Deconstructing dependency in old age, by Dr Alan Walker, Professor of Social Policy, United Kingdom
- ICP/HSC 419/B1.3* Health and the social sector, by Dr Simo Kokko, Finland
- ICP/HSC 419/B1.4* Social security and medico-social care of the elderly in CCEE/CIS countries, by Professor V.V. Bezrukov, Russian Federation
- ICP/HSC 419/B2.1* Environmental health policy in Italy in the framework of European cooperation, by Professor Vittorio Silano, Italy
- ICP/HSC 419/B2.2* The environment and health in Bulgaria - Case study, by Dr Maria Haralanova, Bulgaria
- ICP/HSC 419/B3.1* The impact of subsidies on tobacco growing in Europe and the U.S.A., by Mr Luk Joossens, Belgium
- ICP/HSC 419/B3.2* Health, the economy and trade, by Professor B. Majnoni d'Intignano, France
- ICP/HSC 419/B4.1* From the fourth to the third world. A common vision of health, by Ms Cathy McCormack, United Kingdom
- ICP/HSC 419/B4.2* Health, housing and human settlements, by Ms Margaret Whitehead, United Kingdom

(cont'd.)

* Indicates that an abstract is available for the paper, under the corresponding document number with the addition of (A)

Discussion group papers (cont'd.)

- ICP/HSC 419/B6.1* International cooperation on a democratic health education, by Dr B. Bruun Jensen, Denmark
- ICP/HSC 419/B6.2 Health promoting school - Project implementation in the Czech Republic, by Ms Maria Brizova, Czech Republic
- ICP/HSC 419/C1.1* Health for all policy in a pluralistic context. The case of the Netherlands, by Dr Evert Dekker, Netherlands
- ICP/HSC 419/C1.2* Health for all policy in a pilot country. The case of Finland, by Dr Kimmo Leppo, Finland
- ICP/HSC 419/C2.1* Health policy development in Turkey: Facing the challenges, by Dr Zafer Oztek, Turkey
- ICP/HSC 419/C2.2 Healthy people 2000 - USA experience of setting objectives for the nation, by Dr J. Michael McGinnis, USA
- ICP/HSC 419/C3.1* Working together for health gain. The experience of Catalonia, by Dr Lluís Salleras, Dr E. Rius, Dr R. Tresserras and Dr R. Vicente, Catalonia, Spain
- ICP/HSC 419/C3.2* Formulating, implementing and monitoring a regional HFA policy: The Ostergötland experience, by Ms Lena Rydin Hansson, Sweden
- ICP/HSC 419/C5 The extended concept of health - A project at the Katrinedals School, by Mr Lars Theilgaard and Ms Inge Lundgaard, Denmark
- ICP/HSC 419/C6.1* The role of the CINDI programme in development of policy for prevention of noncommunicable diseases in Russia, by Professor R.G. Oganov, Russian Federation
- ICP/HSC 419/C6.2* Processes of policy development and implementation: The CINDI approach, by Dr Sylvie Stachenko, Canada, and Dr Igor Glasunov, WHO Regional Office for Europe, Denmark
- ICP/HSC 419/C6.3* Disease prevention activities in primary health care - The approach of the Catalan CINDI programme, by Dr H. Pardell, Dr R. Tresserras, Dr E. Salto, Dr A. Ramos, Dr J.L. Taberner and Dr L. Salleras, Catalonia, Spain
- ICP/HSC 419/C6.4* Developing policy on noncommunicable disease prevention in Northern Ireland, by Dr Jane Wilde, United Kingdom

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Discussion group papers (cont'd.)

- ICP/HSC 419/C7.1* Parliamentarians for health, by the Country Health Policies unit, WHO Regional Office for Europe, Denmark
- ICP/HSC 419/D1.1* Reorienting health care for health gain through innovative financial approaches, by Professor David Hunter, United Kingdom, and Dr Bernhard Guentert, Switzerland
- ICP/HSC 419/D2.1* Reorienting health care for health gain through innovative managerial approaches, by Dr Pauline Meurs, Netherlands, and Mr Philip Berman, Ireland
- ICP/HSC 419/D3.1 Reorienting health care for health gain through human resource development, by Dr Albert Oriol-Bosch, Spain
- ICP/HSC 419/D3.2* Policy issues on human resource development, by Professor Jane Robinson, United Kingdom
- ICP/HSC 419/D4.1* Quality of care development in clinical settings, by Professor Francis H. Roger France, Belgium, and Dr Jorgen Steen Andersen and Dr Kirsten Staehr Johansen, WHO Regional Office for Europe, Denmark
- ICP/HSC 419/F1.1* Information capacity-building for health policy: Russian experience, by Professor Yuri Komarov, Russia
- ICP/HSC 419/F1.2 Building the information system - The case of Slovenia, by Ms Mateja Kozuh Novak, Slovenia
- ICP/HSC 419/F2.1 Development of state programme for healthy nation (1994-2000) in the Kyrgyz Republic, presented by Ms B. Kalieva, First Deputy Minister of Health, Kyrgyzstan
- ICP/HSC 419/F2.2 Four variations on one topic: Changes in Hungarian health policy (1980-1994) - Case study, by Dr Peter Makara, Hungary
- ICP/HSC 419/F2.3* Health policy development in Lithuania: Experience and lessons, by Professor V. Grabauskas, Lithuania

(cont'd.)

* Indicates that an abstract is available for the paper, under the corresponding document number with the addition of (A)

Discussion group papers (cont'd.)

- ICP/HSC 419/F3.1* Towards a safe and healthy working environment: Common goals, multidisciplinary approach and intersectoral cooperation, by Dr Georges H. Coppée, Switzerland
- ICP/HSC 419/F4.1* The Swedish experience in caring for immigrants, including those from CCEE/NIS. Psychosocial aspects of refugee adjustment and adaptation, by Dr Solvig Ekblad, Associate Professor of Transcultural Psychology, Sweden
- ICP/HSC 419/F4.2 Migratory movements in central and eastern Europe: New tendencies and their social effects, by Professor Marek Okolski, Poland
- ICP/HSC 419/F4.3* Immigration and health problems and medical care, by Professor M. Shani, Israel
- ICP/HSC 419/F5.1* Health economics and finance - Poland - A profile on health service reforms, by Mr J.L. Roberts, Consultant Adviser for Health Economics, WHO Regional Office for Europe, Denmark
- ICP/HSC 419/F5.2 Health service reforms in Bulgaria: Constraints and opportunities, by Dr A.E. Philalithis, Associate Professor of Social Medicine, Greece, and Public Health Adviser, WHO Regional Office for Europe, Denmark
- ICP/HSC 419/F6.1* Public health alcohol policy in the CIS countries: Opportunities for a small non-governmental organization, by Mr Constantin S. Krasovsky, Ukraine
- ICP/HSC 419/F6.2* Romanian information clearing house (RICH), by Dr Monica Paslaru, Romania

Abstracts (presentation only)

- ICP/HSC 419/B1(A) Health and the social sector, by Professor Leo A. Kaprio, Finland
- ICP/HSC 419/B2 (A) The Second European Conference on Environmental Health, by WHO Regional Office for Europe - presented by Professor Jussi Huttunen, Finland

(cont'd.)

* Indicates that an abstract is available for the paper, under the corresponding document number with the addition of (A)

Abstracts (presentation only) (cont'd.)

- ICP/HSC 419/B5(A) Health, agriculture and the food industry, by Ms Karin Bemelmans, Netherlands
- ICP/HSC 419/B5(A) Nutrition policy in Norway, by Professor Kaare R. Norum, Norway
- ICP/HSC 419/B5(A) Nutrition in the health policy context of Catalonia, by Mr Lluís Serra Majem, Catalonia, Spain
- ICP/HSC 419/B5(A) Nutrition policy - England, by Dr M.J. Wiseman, United Kingdom
- ICP/HSC 419/C6 (A) The CINDI programme in Lithuania - Its contribution to national health policy development, by Professor V. Grabauskas, Lithuania
- ICP/HSC 419/F5 (A) Health care reforms in the CCEE/NIS - Executive summary of background documents prepared for the Health Services Management unit, WHO Regional Office for Europe, by Dr Mikko Vienonen, Regional Adviser for Health Services Management, WHO Regional Office for Europe, Dr Ellie Tragakes, Consultant in Health Services Management, WHO Regional Office for Europe and Dr Katarzyna Kissimova-Skarbek, Poland
- ICP/HSC 419/F6.3(A) Public health policy and other health care priorities in Russia, by Dr Sushma Palmer, Germany

Glossary

- ICP/HSC 419 Terminology for the European Health Policy Conference. A glossary with equivalents in French, German and Russian

Annex 2

ADDITIONAL READING

B1 - Health and the social sector

World Health Organization,
Copenhagen

Fortieth session of the Regional Committee for Europe, Technical Discussions on Healthy Aging (EUR/RC40/Tech.disc.) (E/F/G/R)

UN Department of Public
Information, New York

Information Package on World Summit for social development, Copenhagen, 6-12 March 1995 (E)

B2 - Health and the environment

World Health Organization,
Copenhagen

Declaration action for environment and health. Second European Conference on environment and health, Helsinki, June 1994 (E/F/G/R)

UNEP

The new face of UNEP: A Regional focus. Coordinated UNEP Programme in Europe, 1994-95, second draft (E)

B3 - Health, the economy and trade

World Health Organization,
Copenhagen

Alcohol policy during extensive socioeconomic change. Report based on a workshop on "Alcohol and market economy", by Juhani Lehto and Jacek Moskalewicz, Cracow, 4-5 June 1993 (E)

World Health Organization,
Copenhagen

European Alcohol Action Plan (EUR/ICP/ADA 035)(E)

(cont'd.)

NB: This is a list of the documents which were available in each discussion room, as additional reading for participants to collect, as appropriate. It was later displayed in the plenary room for other interested parties to take copies, as desired. Should you wish to obtain copies of any documents now, please note that:

- country material should be requested from the Ministry of Health/Welfare, etc. in the country concerned; and
- WHO documentation should be requested from Ms Dora Abplanalp, Assistant Address/Register/Distribution, WHO, Scherfigsvej 8, DK-2100 Copenhagen Ø.

B3 - Health, the economy and trade (cont'd.)

World Health Organization, Copenhagen	Tobacco-Free Europe Action Plan, 1993 (EUR/ICP/TOH 199), original English
World Health Organization, Copenhagen	The economics of a tobacco free society, Report on a WHO seminar, Vienna, March 1993 (EUR/ICP/TOH 018(C))
European Bureau for Action on Smoking Prevention	Tobacco and health in the European Union - An overview, September 1994
European Bureau for Action on Smoking Prevention	Taxes on tobacco products - a health issue, December 1992 (E/F/G)

B4 - Health, housing and the living environment

World Health Organization, Copenhagen	The concepts and principles of equity and health by Margaret Whitehead (EUR/ICP/RPD 414) (E/F/G/R)
World Health Organization, Copenhagen	Policies and strategies to promote equity in health, Göran Dahlgren and Margaret Whitehead (EUR/ICP/RPD 414(2)) (E/F/G/R)
World Health Organization, Copenhagen	List of addresses to obtain national language versions of above two documents (E)

B5 - Health, agriculture and the food industry

World Health Organization, Copenhagen	International Conference on Nutrition : Follow-up Action WHA46.7, 10 May 1993
World Health Organization, Copenhagen	Nutrition is on the European policy agenda: Progress report following the 1992 ICN. Rev. 1, October 1994
World Health Organization, Copenhagen	Food and nutrition policy: overview of the elements, October 1994
Mr Martin Wiseman, UK	Eat Well: An action plan from the Nutrition Task Force to achieve the Health of the Nation targets on diet and nutrition
Arne Oshaug, Nordic School of Nutrition, University of Oslo	Nutrition Security in Norway? A Situation Analysis, 1994

(cont'd.)

B5 - Health, agriculture and the food industry (cont'd.)

Karin Bemelmans

Nutrition Policy: 2nd Progress Report. The Netherlands. August 1993Department of Health and Social
Security of the Autonomous
Government of CataloniaFramework document for the formulation of
the Health Plan for Catalonia, February 1991**NB: The full list of participants is given in Volume I, Annex 4.**

