

School Health Services

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School health service is defined as 'a service concerned with the early detection of health and social problems in school children and their subsequent treatment and surveillance'¹ or 'coordinated system that ensures a continuum of care from school to home to community health care provider and back'.² Historically, the concept of school health services evolved in colonial American era by Benjamin Franklin who advocated a 'healthful situation' and promoted the primary subject of physical education in schools. Later, this concept gained major attention as a mean to promote public health and prevent disease after the report of the 'Sanitary commission of Massachusetts', headed by Lemuel Shattuck in 1850.³ Soon after Shattuck report, the medical and public health sectors began to recognize the role that schools could play in controlling communicable diseases with their captive audience of children and young people. On realization of school's role in the prevention of public health problems, in 1995 WHO launched 'Global School Health initiative'. The aim of this program was to mobilize and strengthen health promotion and education activities at the local, national, regional and global levels⁴. This initiative was designed to improve the health of students, school personnel, families and other members of the community through 'health promoting schools'.⁵ Under this program, WHO developed 'Mega country health promotion network' in 11 most populous countries in the world which constitute over 60% of world population. These countries were Bangladesh, Brazil, China, India, Indonesia, Japan, Mexico, Nigeria, Pakistan, Russian federation and the United States of America. All of the participating countries agreed upon the importance of addressing school health as specialized area and its

implementation on large scale. A systematic review of nine studies on the effectiveness of health promoting schools⁶ suggests that school can successfully initiate efforts to transform themselves into health promoting schools but need the support of appropriate policies. Although, this review concluded that published studies on the subject did not provide strong evidence for the efficacy of health promoting schools on the health of students, staff, and community, and on the school ethos and environment. This conclusion could be because of the absence of clear consensus on methods for evaluating health promoting schools⁷ and hence suggested the need to develop clearly defined, valid, and feasible indicators to evaluate the process, output, and outcome. However, another systematic review on implementation and effectiveness of school-based nutrition promotion programmes using health-promoting schools approach⁸ suggested the efficacy of this intervention, satisfaction of students and community engagement. It was evident in this review that this approach can not only increase participant's consumption of high-fibre foods, healthier snacks, water, milk, fruit and vegetables but also reduce participant's habit of breakfast skipping, eating disorders and intake of unhealthy diets. Another research⁹ showed an association of safe and positive school environments with improved health behaviors and achievement. Engaging families and community members in schools also had a positive effect on students' health and achievement.

Being signatory of Alma-Ata declaration, Pakistan school health services remained part of Health service delivery, however in 1980 this service was extended by appointing dedicated physicians and healthcare professionals, but program lacked comprehensive approach. Punjab Health Sector Reforms Program (PHSRP) developed School

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Health Program in 2008, to promote health through screening of students, capacity building of teachers and training school children as 'change agent' for disseminating health and hygiene message to their community.¹⁰ In addition to this, National Commission for Human Development has launched School Health Program¹¹ in 17 districts of Pakistan with funding from Bill and Melinda Gates foundation with the prime which focus only on health screening of students. In 2010, another initiative on School Health Program was initiated by Pakistan Federal Ministry of Education in collaboration with United Nations Educational, Scientific and Cultural Organization (UNESCO).¹² Components of the program were: school health environment; school health education; school health services and school nutrition programme. Mostly being donor-funded initiatives; long-term sustainability of these projects were questionable. Hence, school health promotion program in Pakistan is still in its infancy state¹². A critical review on School health promotion¹³ highlights that little attention has been paid to explore school's role in the context of child health promotion activities, even fewer efforts are done in systematic documenting the current status of school health promotion in Pakistan.

In Pakistan, 41.16¹⁴ million children between 3-18 years (pre-nursery to intermediate level) are attending schools; and not forgetting 21% of the un-enrolled number of children represent nearly one-fourth of the population. There is a dire need to formulate and enforce evidence-based program involving stakeholders from the public, private sectors as well as civil society to ensure sustainable ownership of the program. The tripartite partnership of education sector (owner of the program) with lead technical role being assigned to health sector (PMDC and medical institutions both at undergraduate & post graduate levels) is required to fulfill the social responsibility. Strong oversight and sustainable support by CSOs and international bodies such as WHO, UNICEF and UNESCO may offer a way forward to achieve the long awaited unaccomplished mission.

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