

# From Awareness to Action: Making Every School a Health Promoting School

A Schools4Health conference

- 2 December 2025



## ***Conference abstract***

Children and young people spend a significant portion of their lives in school, making it a crucial environment for nurturing their academic achievement, physical health, mental wellbeing, and social growth. Investing in Health Promoting School (HPS) approaches strengthens the role of schools as essential spaces, by fostering supportive environments that lay the groundwork for lifelong health and equity.

Health Promoting Schools, as defined by the WHO are ones that “constantly strengthen their capacity as healthy settings for living, learning, and working” – going beyond health education to embed wellbeing into policies, practices, and school culture. The model also encourages collaboration across sectors, including health, education, and social sectors, to better support the wellbeing of children and adolescents.

This conference, taking place in Brussels, in the context of the Schools4Health initiative led by EuroHealthNet, aimed to:

- Introduce the Health Promoting School framework and its role in advancing EU and WHO priorities.
- Showcase real-life examples of health-promoting practices in schools from across Europe.
- Bring together health and education experts, policymakers, and practitioners to explore how to sustain and scale-up efforts to make every school a Health Promoting School.

## Key takeaways from the conference

- Schools are settings that shape children’s physical, mental and social development, and the **Health Promoting Schools approach recognises schools not only as places of learning but also as places of living**. Embedding health and wellbeing into school policies, environments, and culture – rather than treating health as an add-on – supports educational outcomes, equity, and lifelong wellbeing.
- **Health and education are deeply interconnected**, and promoting wellbeing in schools is an important part of a broader approach to support students’ learning, improve educational outcomes, and create conditions that allow both students and teachers to thrive. Wellbeing is also increasingly recognised at EU and international level as both a precondition for learning and an educational objective in its own right.
- Effective health promotion in schools requires a whole-school and whole-system approach, combining supportive leadership, participatory school cultures, safe and inclusive environments, student and family engagement, and cross-sectoral collaboration among policymakers, public authorities, practitioners, and the broader community. **Schools cannot carry this responsibility alone and require strong and supportive systems around them.**
- **Key enablers** include strong school leadership, motivated teachers, supportive policy frameworks, structured programmes and practical guidance, national and regional networks, cross-ministerial coordination, and long-term partnerships that align policy, funding, and practice.
- Key **barriers** to implementing health promoting school approaches include limited and insecure funding, lack of time within overloaded curricula, teacher workload and stress, staff shortages (including lack of school-based health professionals), fragmented responsibilities between sectors, and weak institutionalisation of health within education systems.
- Sustaining and scaling up health-promoting schools requires **moving beyond short-term projects toward systemic change**, including embedding health in teacher education and professional development, creating coordination roles and support structures, strengthening evidence and monitoring, showcase the return on investment, and using legislation, national strategies, and EU and international frameworks as levers for long-term commitment.
- There is **growing political and institutional momentum** at EU and international level to support this agenda, including WHO and UNICEF strategies on child and adolescent health, EU education and wellbeing initiatives, and instruments addressing child poverty and inclusion. This creates a window of opportunity to strengthen cross-sector collaboration, with the aim of revitalising national and European HPS networks.

## Opening session and introductory remarks

*Introductory remarks - Caroline Costongs* – Director, EuroHealthNet



Ms Costongs welcomed participants and highlighted EuroHealthNet’s coordination of the [Schools4Health](#) project over the past three years. She emphasised that health promoting schools (HPS) are central to EuroHealthNet’s mission, as they support children and young people in growing up in environments good for physical, mental and social health. The HPS approach was presented as intersectoral, bringing health and education together around shared goals, while recognising education as a key determinant of health.

She further highlighted the potential of health promoting schools to address health inequalities, noting the persistent disparities linked to socioeconomic background and differences in health literacy across schools and communities (see [EuroHealthNet-CHAIN report on social inequalities in health](#)). While evidence, tools and guidance are already available, Ms Costongs stressed the need to strengthen advocacy to ensure health promotion is prioritised both within education and health systems, particularly in the context of resource constraints and competing pressures and welcomed the conference as a space to exchange experiences and move from awareness to action.

*Opening remarks by Ingrid Stegeman* - Programme Manager, EuroHealthNet



Ms Stegeman [opened](#) by noting that, while the Conference marks the conclusion of the Schools4Health project, its main focus is on sustaining and strengthening the integration of health into education systems. She emphasised that the health promoting school approach is not about adding health as an extra subject, but about embedding wellbeing into all aspects of school life. Although the movement has existed for several decades, its momentum has slowed in recent years, particularly following the COVID-19 pandemic, and Schools4Health has sought to help revitalise it.

Highlighting the strong evidence base, Ms Stegeman underlined that promoting wellbeing in schools supports core educational outcomes and delivers wider social and economic benefits. She referred to the “[Healthy Primary Schools for the Future](#)” programme in the Netherlands, which demonstrated improvements in academic performance, wellbeing and equity, alongside reduced use of health care services, showing that such approaches generate impacts well beyond the classroom.

She also pointed to persistent barriers, including increasing pressure on schools to prioritise academic outcomes, limited recognition of wellbeing in evaluation frameworks, constrained budgets, and competing priorities at EU level. Lastly, Ms. Stegeman stressed that health and education are foundational to achieving the EU's objectives on resilience, skills and competitiveness.

## Child and adolescent health in education settings – exploring the policy landscape

*Chaired by Goof Buijs* - UNESCO Chair for Global Health and Education



Mr Buijs opened the first session by setting the context for the discussion on the policy landscape, building on reflections from the Schools4Health pre-conference held the previous day.

He highlighted Scotland as a strong example of how health and education can be structurally integrated within education systems, referring to the [Curriculum for Excellence](#) as part of a long-standing commitment to addressing social inequalities. By placing learners at the centre of education and positioning health and wellbeing alongside literacy and numeracy as a core pillar, the Scottish approach was presented as a source of inspiration for embedding health into education and as a relevant reference for the policy discussions to follow.

### The WHO/Europe regional perspective

*Sophie Jullien* – Technical Officer, Child and Adolescent Health - WHO/Europe



Ms Jullien [presented](#) the newly adopted WHO–UNICEF joint strategy “[A healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region 2026–2030](#)”, which sets the roadmap for child and adolescent health in the WHO European Region for the next five years. Recently [adopted](#) unanimously by all 53 Member States at the 75th session of the WHO Regional Committee for Europe, the strategy was presented as a key opportunity to reinvigorate and scale up health-promoting schools across the region.

She outlined the development process of the strategy, which drew on extensive engagement with Member States, child health professionals, adolescents and non-state actors. Supporting materials were highlighted, including [fact sheets](#) on 15 priority challenges for child and adolescent health, [thematic evidence reviews](#), [survey findings](#) capturing current and emerging challenges, and newly published [country profiles](#) covering health outcomes, policies and system performance, including indicators on school health services.

The strategy aims to ensure that all children and adolescents realise their right to physical, mental and social health and wellbeing, and is structured around five priority areas for action. These include investing in the early years, ensuring equitable access to high-quality care, protecting children from harm through supportive environments and regulation, strengthening multisectoral engagement beyond the health sector, and improving monitoring. Within this framework, health-promoting schools were highlighted as a key entry point for addressing a wide range of challenges, from mental health and physical activity to nutrition, immunisation and health literacy.

Concluding, Ms Jullien emphasised that the adoption of the strategy provides a strong mandate for action, but that successful implementation will require collaboration, knowledge exchange and engagement across sectors and levels of governance. To help enable this, WHO and UNICEF will support countries through guidance, platforms for exchange, research and monitoring.

**Martin Weber** – Expert on Child and Adolescent Health



Mr Weber [traced the origins and evolution of the health-promoting schools movement](#) in Europe. He described how this vision gained momentum through some pilot countries and the establishment of the European Network of Health Promoting Schools in 1992, co-led by WHO and the Council of Europe with support from UNESCO. This funded network enabled significant progress, but changes in institutional support from 2006 onwards led to the WHO withdrawing its leadership, after which

the network was relocated to the Netherlands as [Schools for Health in Europe](#). The European High-Level Conference on Health and Education in Paris in 2016 subsequently declared that every school should be a health-promoting school. WHO and UNESCO, in collaboration with partners, then developed [global standards](#), [implementation guidance](#) and [country case studies](#) for health-promoting schools.

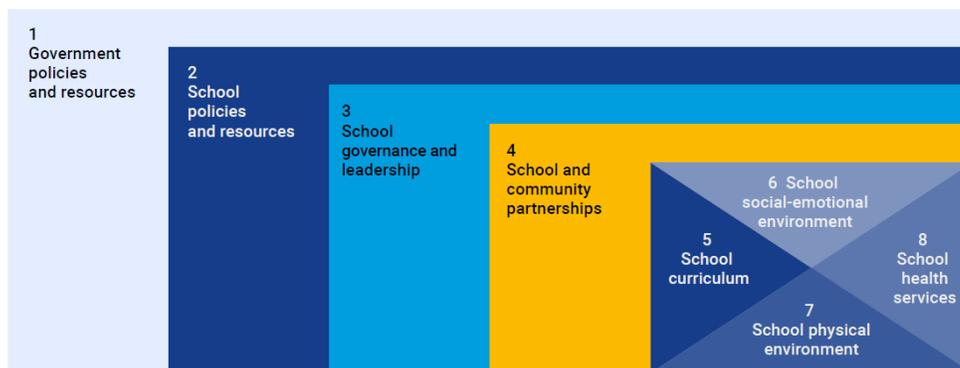


Figure 1 - The eight global standards for HPS, intended to function as a system.

Concluding, he reflected on the mixed outcomes from COVID-19, which underlined the importance of health and education working together, but did not lead to the sustained political momentum many had hoped for. He called for renewed efforts to adapt global guidance to the European

context, rebuild effective networks, and systematically assess what works in implementing health-promoting schools.

## The European perspective

**Glenn Micallef** – European Commissioner on Intergenerational Fairness, Youth, Culture and Sport  
(Video message)

In his [video message](#), Commissioner Micallef emphasised that schools play a central role in shaping children’s development, identities and lifelong habits, making them critical environments for health and well-being. He stressed that schools must be safe, supportive places where young people can learn and grow, free from violence such as bullying. He highlighted that children’s mental and physical well-being is a high priority at the EU level, reflected in the [EU Strategy on the Rights of the Child](#). Particular attention is being given to bullying, with an [upcoming EU action plan focused on cyberbullying](#). Mr Micallef underlined the importance of collective action to address these risks to children’s health.



Finally, he stressed the need to listen to children and ensure their voices inform policy. Through mechanisms such as the [EU Child Participation Platform](#), more than 6000 children are contributing directly to EU initiatives, including on cyberbullying, poverty and inclusion.

**Oana Felecan** – Policy Officer, Unit B.2 Schools and Multilingualism, Directorate-General for Education, Youth, Sport and Culture (DG EAC), European Commission



Ms Felecan focused her intervention on recent developments in EU education policy and the steps taken in recent years to strengthen well-being as an integral part of schooling. She explained that until recently, well-being in schools was addressed in a fragmented way and primarily focused on preventing early school leaving and addressing disruptive behaviour in schools. This shifted in 2022 with the adoption of the [Council Recommendation on Pathways to School Success](#), which reframed school success around engagement, achievement and well-being. Well-being is now recognised not only as a condition for learning but also as a learning objective in itself, embedded in the [European Education Area framework](#).

Building on this, the Commission put together a [group of experts](#) in 2023 to develop guidelines on promoting mental health and well-being in schools, with a comprehensive and preventive approach. The [recommendations](#) focus on positive and safe school climates, social and emotional

learning, learner empowerment, educator preparation and leadership, equity and inclusion, and access to appropriate support services.

Ms Felecan highlighted that implementation is now underway, supported by EU funding tools such as Erasmus+, a new [self-assessment tool](#) for schools on inclusion and wellbeing, and [child-friendly versions of the guidelines](#) to ensure children's voices are reflected. Looking ahead, she noted growing concerns around declining basic skills, driven by socio-economic inequalities, teacher shortages, declining parental involvement, and digital distractions. The [EU Action Plan on Basic Skills](#), adopted in 2024, aims to respond to these challenges by strengthening teaching and learning, supporting educators, and enabling supportive environments.

**Mathis Porchez** – Economic and Policy Analyst, Unit D1 Social Policies, Child Guarantee, Social Protection Committee, Directorate-General for Employment, Social Affairs and Inclusion (DG EMPL), European Commission



Mr Porchez outlined the EU policy framework addressing child poverty and its implications for children's well-being and educational outcomes, drawing attention to the strong links between poverty, health and school success. He recalled that tackling child poverty has long been an EU priority, notably through the [Commission Recommendation on Investing in Children](#), the [European Pillar of Social Rights](#), and the [EU commitment](#) to reduce the number of children at risk of poverty

by at least five million by 2030.

Despite these commitments, progress on child poverty has stalled since 2019, with the number of children in poverty slightly increasing. In response, the [European Child Guarantee](#) was introduced as the EU's main instrument to break the intergenerational cycle of disadvantage by ensuring that children in need have access to key services from an early age. Member States are recommended to provide children in need with free access to early childhood education and care, schooling, school-based activities, daily healthy meals, and healthcare, alongside affordable access to adequate nutrition and housing. Schools, therefore, play a key role in implementing this EU instrument.

Mr Porchez stressed that evidence shows such measures – and in particular school meals – improve educational attainment and health outcomes for disadvantaged children, but noted that major implementation gaps remain, including unequal access to early childhood education and persistent learning disparities. He concluded that Child Guarantee Coordinators lead on the implementation at the national level and encouraged stakeholders to engage with them to strengthen collaboration on tackling child poverty.

## Advancing policy implementation across Europe and beyond

*Xavier Hospital* – Senior Project Officer, Section for Health and Education, UNESCO Headquarters

Mr Hospital [presented](#) UNESCO's approach to strengthening health-promoting schools, focusing on how to make collaboration between the education and health sectors more sustainable. He stressed that effective collaboration requires both sectors to assume and coordinate their respective responsibilities.

He highlighted the role of global Health Promoting School standards, developed jointly with WHO, in clarifying expectations for the education sector and supporting implementation through curriculum development, learning environments and school systems.

Mr Hospital also addressed persistent implementation challenges, particularly around funding, coordination and institutionalisation. To address these, the [Inter-Agency Group on School Health and Nutrition](#) is working to embed health and well-being into national education sector plans, which guide long-term priorities, budgets and partnerships. A [briefing note](#) and [technical handbook](#) aim to support decision-makers and education planners in integrating health into education systems when designing the education sector plan. In addition, a [mapping of country planning cycles](#) helps identify which countries are reviewing or assessing their education sector plans next, offering opportunities to integrate health and well-being. He concluded by emphasising the need to fully institutionalise health and well-being in the education sector.

*Maida Pasic* - Regional Education Adviser, UNICEF Europe and Central Asia



Ms Pasic [presented](#) UNICEF's approach to promoting health and well-being through schools, emphasising that it is a cross-cutting priority across education, health, child protection and social policy. Health promoting (pre)schools were highlighted as a key setting within UNICEF's broader framework for child and adolescent well-being, alongside primary healthcare, conducive policies and environments, and the engagement of children and young people.

She outlined UNICEF's work to create safe, inclusive and supportive school environments, with a strong focus on mental health and psychosocial support. This includes action on bullying and violence, strengthening referral systems, reducing stigma, and supporting both students and teachers. UNICEF's approach to school-based mental health combines prevention and awareness raising for students, targeted support for those at risk, and access to specialised services where needed. They also have specific interventions supporting educators' wellbeing.

Ms Pasic concluded by highlighting the importance of whole-school and multi-sectoral approaches, stressing that well-being is the bedrock for learning. Drawing on examples from several European countries and collaboration with WHO, she emphasised the importance of cooperation between education, health, and social sectors, the regional exchange of knowledge,

and building local partnerships to ensure programmes and policies are culturally relevant and context appropriate.

## Child and adolescent health in education settings – learning from national strategies

*Chaired by Gabriella Sutton* – Project Coordinator, EuroHealthNet

Ms Sutton introduced the next session, which focused on national and regional examples of embedding healthier school environments, highlighting lessons from Belgium’s Flanders region and the Netherlands.

*Elke Ghyllebert* – Policy advisor for Health Promotion and Early Detection, Department of Care, Government of Flanders (region in Belgium)



Ms Ghyllebert [outlined](#) Flanders’ long-standing use of multiannual preventive health targets, noting that the most recent [framework](#) (2015–2025) included a specific ambition for 80% of schools to have a qualitative preventive health policy. Evaluation data, however, showed that this target was not met and that results had declined compared to earlier years. An in-depth [study](#) revealed that schools’ challenges stem less from a lack of willingness and more from systemic barriers, including unclear expectations on what the essential prevention activities are, fragmented support structures with multiple policy domains, and a persistent gap between the health and education sectors.

Based on these findings, Flanders is introducing a new, more focused health target for children and young people, with education as a priority setting. Rather than addressing all issues simultaneously, the new approach aims to be more feasible and sustainable by tailoring action to specific settings and age groups. Key recommendations include reducing fragmentation by aligning actors and initiatives, clarifying support roles for schools beyond information provision, streamlining existing tools into one coherent and easy-to-use package, and strengthening central coordination and governance to ensure long-term impact.

Ms Ghyllebert also presented concrete reforms planned for 2026–2027, including a shift to a single, trusted brand and communication platform for health in schools, structured around user journeys for school staff. Content will be slimmed down and integrated into horizontal packages (e.g. social-emotional skills, mental health, substance use), with clear distinctions between essential and optional actions. Finally, greater emphasis will be placed on hands-on, locally embedded coaching and support, ensuring that schools receive practical, context-aware guidance aligned with their everyday routines.

*Mirte Klomp, Kirsten Molenaar* – Project Leader and Scientific Staff Member of the Healthy School and Healthy Childcare Programmes, National Institute for Public Health and the Environment (RIVM)



Ms Klomp and Ms Molenaar presented the [Dutch Healthy School Programme](#), which aims to make healthy living, learning and development the norm for pupils and students in the Netherlands. The programme is a collaboration between five core organisations spanning education and public health, financed by four ministries, and supported by a network of national thematic knowledge centres. Regional public health services play a key role through Healthy School Advisors who work directly with schools, ensuring close links between policy, evidence and practice.

They explained that the Healthy School approach is a structured, whole-school model grounded in scientific frameworks and adapted to the Dutch context. Schools progress through three phases and work across four integrated pillars – education, school environment, signal and policy – while prioritising supportive environments, student participation and parental involvement. Schools are encouraged to adopt a holistic view of health themes and to continuously evaluate and improve their work through a learning cycle.

To support implementation, the programme offers a comprehensive package of tools and services, including the recently launched “Your Healthy School” [online platform](#), training resources, best practices, certification and tailored guidance. Currently, around 3,800 schools (44% of all schools in the Netherlands) are working with the Healthy School approach, with a target of exceeding 50% by 2028. While challenges remain around funding stability and impact measurement, the speakers highlighted strong cross-policy alignment and digital monitoring tools as key enablers for scaling up the approach.

## From policy to practice: Renewing momentum around the Health Promoting School approach through the Schools4Health initiative

*Gabriella Sutton* – Project Coordinator, EuroHealthNet



Ms Sutton [introduced](#) the [Schools4Health](#) initiative, a 3-year project funded under EU4Health and led by [EuroHealthNet](#), which aims to bring the health-promoting school approach back to the centre of policy and practice. Ms Sutton stressed that schools are not only places of learning but also places of living. Despite this, she noted that schools are often expected to deliver health education without having the necessary conditions, resources or supportive environments in place. Health promotion is also often still treated as optional within school systems. Using the [health promoting school framework](#) as a guiding model, the initiative focused on strengthening the conditions needed for healthy schools, including supportive school policies, physical and social environments, community links and access to essential health services. The project brought together 11 partner organisations and worked directly with 16 schools across several EU countries to translate this framework into practice.

Ms Sutton highlighted that schools used different entry points – such as nutrition, physical activity, and mental health – depending on national contexts and needs, but all worked towards the shared goal of healthier school environments. The project’s policy work underlined the need for strong enabling conditions, resources and cross-sectoral collaboration, as well as meaningful school engagement in policy design. She concluded by emphasising the collective mission to move from awareness to action and make every school a health-promoting school, as a foundation for more resilient, equitable and sustainable societies.

*Torsten Bollweg* – Research Assistant, Technical University of Munich



Mr Bollweg [presented](#) key insights from the evaluation of the Schools4Health project, highlighting its reach and impact over the past three years. The project worked with 16 schools across six European countries, reaching more than 1,700 students and over 100 teachers through training, workshops and school-based interventions.

Beyond school-level interventions, the project aimed to strengthen the health-promoting school approach more systematically through capacity building, engaging policymakers and stakeholders, and identifying barriers and enabling conditions for implementation. The [Schools4Health Hub](#) was created to provide schools and policymakers with guidance and a centralised source of information. A key ambition of the project was also to stimulate longer-term change by encouraging partners to scale up activities nationally and embed health-promoting schools within wider systems.

Mr. Bollweg stressed that change depends on sustained commitment from school leadership, adequate resources, cross-sectoral cooperation and political support. Where these conditions were present, schools reported increased teacher confidence, stronger integration of health into school life, and improved student awareness, particularly around mental health and emotional expression. However, persistent challenges such as limited time, funding and capacity continue to hinder progress. He concluded that while starting small is necessary, lasting impact requires providing schools with solutions to their problems and sustained investment, including funding and training.

## Panel discussion 1: Creating healthier school environments – perspectives from public health professionals

*Chaired by Torsten Bollweg* – Research Assistant, Technical University of Munich



From left to right: Polonca Truden, Fanni Mészáros, Matina Kouvari, Pablo Garcia Cubillana, Petru Sandu, Marta Emilija Sondore, Torsten Bollweg.

***Polonca Truden*** - Public health specialist, National Institute of Public Health, Slovenia

Ms Truden presented Slovenia's experience of implementing Schools4Health in three upper secondary schools that were already part of the [Slovenian Healthy Schools Network](#), highlighting the strong foundations built since the 1990s. The Slovenian pilot deliberately focused on older students, who are less represented in health promotion initiatives compared to primary schools. Through the adaptation of the Belgian [Snack & Chill](#) practice, the project complemented Slovenia's existing school meal system and also actively engaged vocational students. Students developed practical and transferable skills, contributed to school and community events, and strengthened links between health promotion and professional development. While the schools and teachers were highly supportive, Ms Truden emphasised that work to advance the health-promoting school approach is continuous, as new students and staff enter schools each year, underscoring the need for sustained national and European-level support structures.

***Fanni Mészáros*** - Health Promoter, National Center for Public Health and Pharmacy, Hungary

Ms Mészáros outlined Hungary's context, where school health promotion has been a mandatory component of the education system since 2016, supported by a strong regulatory framework covering nutrition, physical activity, mental health, and health literacy. Despite this, she highlighted that implementation remains uneven and depends heavily on schools' capacity and motivation. Through the Schools4Health [pilots](#) of Snack&Chill and Taste Lessons, Hungary focused on addressing practical challenges by prioritising flexibility and avoiding one-size-fits-all approaches. Trusting teachers and granting them autonomy is crucial, as they are best placed to adapt activities to their school contexts. Funding insecurity was identified as a major barrier to sustainability,

leading schools to explore innovative solutions such as partnerships with local actors and parental involvement, sometimes linking health promotion activities with broader educational goals such as financial literacy and student entrepreneurship.

***Matina Kouvari*** - Director of Nutrition Design and Research, Prolepsis Institute, Greece

Ms Kouvari described the Greek context, where the health promoting school approach was long known in theory but weakly embedded in practice, with health promotion activities largely dependent on individual teacher initiative or external organisations. She explained how recent curriculum reforms, including the introduction of “[Skills Labs](#)” in primary education, created a formal entry point for health-related topics, particularly emotional and social wellbeing. Within Schools4Health, Greece [implemented](#) the Dutch LifeSkills practice, training teachers but ultimately relying on external experts (such as psychologists, nutritionists, and health promotion specialists) to deliver activities due to chronic understaffing in schools. While this model enabled successful implementation, Ms Kouvari stressed its limited sustainability and highlighted schools’ calls for structural solutions, including the integration of school-based health professionals, to ensure long-term ownership of health promotion within the education system.

***Pablo Garcia Cubillana*** - Director of Strategy for the Promotion of Healthy Living in Andalusia, Regional Ministry of Health, Presidency and Emergencies, Andalusia, Spain

Mr Garcia Cubillana presented Andalusia’s long-standing and large-scale experience with health-promoting schools, rooted in strong intersectoral collaboration between the regional ministries of health, education, agriculture, and social services. He described a major shift in 2015, when education took the lead in embedding health promotion directly into the school curriculum, moving away from externally driven interventions. Andalusia has a network of health promoting schools of over 3000 schools. The integration of more than 400 school nurses has been a key enabler, providing continuous on-site support. While challenges remain - particularly in translating the theoretical HPS model into daily practice and addressing teacher wellbeing - Mr Garcia Cubillana emphasised that [practical interventions such as Snack & Chill](#) offer tangible ways to operationalise the approach. He also confirmed continued regional funding and plans to expand certification in the coming years.

***Petru Sandu*** - Senior Public Health Doctor, National Institute of Public Health Romania

Mr Sandu described how the Schools4Health initiative contributed to reintroducing the health promoting school concept in Romania, where earlier initiatives from the late 1990s and early 2000s had faded, and institutional responsibilities had become unclear. The project began with two pilot schools in Cluj County, [implementing evidence-informed practices](#) such as Better Movers and Thinkers and LifeSkills, supported by structured training and close collaboration with school staff. Trust-building with schools emerged as a key success factor, alongside the recognition that schools lack the capacity to innovate independently due to administrative burdens. Activities expanded to include regional training, engagement with additional schools in Bucharest, and dialogue with national stakeholders. Mr Sandu highlighted the need for public health authorities to provide ongoing technical and financial support to move beyond project-based implementation and ensure sustainability.

*Marta Emīlija Sondore* - Chief specialist, Public Health Promotion and Disease Prevention Department, City Council of Riga, Latvia

Ms Sondore shared the municipal perspective from Riga, situating it within Latvia's revived national network of health-promoting schools. She explained how the Riga City Council supports schools through dedicated annual budgets for health promotion lessons and activities, allowing schools to participate voluntarily and select activities aligned with their needs. Currently, there are 129 schools that are health-promoting schools. Ms Sondore highlighted clear benefits, including improved student relationships, reduced conflict, and increased teacher confidence in applying health-promoting practices in everyday school life. However, she also pointed to persistent challenges, notably staff shortages, teacher workload, and the perception of health promotion as an additional task. She concluded by stressing the importance of involving teachers more closely in policy design and decision-making to ensure long-term sustainability and ownership.

### Screening of the 'Health Promoting Schools' documentary series

Ms Weller introduced two mini-documentaries developed as part of the Schools4Health project to complement the project's extensive policy outputs. While previous resources have focused on the what, why and how of the health-promoting school approach, she explained that these films aim to highlight the who, namely the practitioners working in education and public health who implement HPS in daily school life. The documentaries focus on real-life experiences, showcasing the processes, challenges, and dedication involved in making health-promoting schools a reality on the ground. Featuring Cristina Iurian, a physical education teacher from Romania and Pablo García-Cubillana de la Cruz, a health promotion professional from Andalusia, Spain, the films aim to put a human face to the HPS approach and illustrate how the model is translated into practice.

Watch the documentary on the physical education teacher from Romania here: [Promoting healthy schools in Romania | Schools4Health documentary](#)

Watch the documentary on the health promotion professional from Andalusia here: [Promoting healthy schools in Spain | Schools4Health documentary](#)

## Panel discussion 2: Creating healthier school environments – perspectives from the school community

*Chaired by Stefanie Verduyn* – Project officer, Flanders Institute for Health Promotion (Gezond Leven)



From left to right: Carmen de la Chica, María Dolores Jiménez, Roberta Spolmin, Bojana Šaljić Podešva, Stefanie Verduyn.

**Carmen de la Chica** – Project Coordinator, Jacarandá High School, Brenes, Seville, Spain

Ms. de la Chica described how her secondary school adopted a holistic health approach after identifying unhealthy eating habits and fragmented extracurricular initiatives. Participation in the project and [implementing Momentos Disfruta](#) marked a turning point, shifting the school from isolated prevention activities toward an integrated model where health guides curricular, extracurricular, and structural decisions. A new optional subject on health and well-being was introduced, student participation increased significantly, and health objectives were embedded across dozens of educational projects. Key challenges included the heavy administrative burden and time constraints for staff, highlighting the need for institutional recognition of coordination roles, more time allocation, and stronger mental health support for both students and teachers. She stressed the importance of lower student–teacher ratios and proposed the creation of a “health mentor” role bridging the education and health sectors.

**María Dolores Jiménez** – Principal, El Valle High School, Hinojos, Huelva, Spain

Ms Jiménez presented the experience of a small rural secondary school serving a socially and economically vulnerable student population, including many immigrant students. For her school, joining the Schools4Health initiative strengthened inclusion and improved the school climate and emotional well-being. The [Momentos Disfruta](#) initiative improved relationships, reduced social barriers, and supported students with special educational needs in particular. She highlighted progress in integrating emotional education and linking health with sustainability and inclusion across subjects, while noting persistent gaps in psychological support and mental health expertise in rural contexts. Teachers face growing emotional and administrative demands, underlining the need for more external professional support and targeted resources for rural schools.

**Roberta Spolmin** – Teacher, Kossuth Lajos Secondary Grammar School, Cegléd, Hungary

Ms. Spolmin explained that health education is a core element of her school's pedagogical programme, supported by an open and innovative school environment. Through the project, the school expanded its health promotion activities beyond traditional sports days by implementing Snack&Chill events that actively involved students in planning and delivery. These events helped students develop long-term attitudes toward healthy lifestyles. While implementation was facilitated by supportive leadership and national public health partners, sustainability remains linked to resources. She emphasised prevention as a policy priority and called for investment in student health, noting the concerning national health trends among young people.

**Bojana Šaljić Podešva** - Deputy School Principal, Veno Pilon High School, Ajdovščina, Slovenia

Ms Šaljić Podešva highlighted Slovenia's long-standing culture of health, well-being, and community engagement, and explained that her school is supported by strong leadership and investment in infrastructure such as school kitchen facilities. Snack&Chill activities were primarily implemented in the student dormitory through both large and small-scale events, combining food preparation with education on physical and emotional health in cooperation with local health services. Health promotion was further reinforced by embedding social and well-being activities into regular class teacher hours, which she linked to improved student engagement and reduced absenteeism. She underlined the growing emotional burden on teachers and the need for additional staff and structural support, while stressing that schools must both advocate for systemic change and proactively use existing spaces within curricula to strengthen everyday well-being practices.

## Working better together to renew the Health Promoting School movement

Chaired by Ingrid Stegeman – Programme Manager, EuroHealthNet

**Emmi Weller** – Policy Officer, EuroHealthNet



Ms Weller emphasised that health promotion should be embedded through a whole-school approach, integrated into school policies, development plans, and the core functioning of schools rather than delivered as standalone activities. She outlined recommendations, including the establishment of cross-disciplinary coordination structures bringing together education and health professionals at school and sub-national levels, alongside the appointment of a dedicated Health Promoting Schools coordinator to support implementation and reduce pressure on teachers. Creating supportive and participatory school environments was highlighted as important for sustainability, ensuring that staff and students are involved from the outset, feel ownership of initiatives, and see activities as relevant to their daily realities.

She further underlined that health-promoting schools contribute beyond health and education outcomes, supporting broader policy agendas. The approach can advance equity by directing support to more vulnerable schools, linking health with environmental sustainability actions, fostering safe and healthy digital behaviours, and strengthening social connection and belonging

within school communities and with families. To sustain and scale the model, Ms Weller stressed the need to continue building the evidence base and demonstrating return on investment, strengthen capacity and awareness among school communities, and develop communities of practice where schools exchange experiences and build partnerships with local actors. Embedding health promotion into teacher training and professional development, alongside securing long-term support through legislation, EU programmes, and multi-sectoral partnerships, is key to moving from project-based initiatives to long-term, systemic change.

Read more about the recommendations in our five policy briefs: [Schools4Health - Schools for Health](#)

**Carole Ponchon** - Project Manager, International Sport and Culture Association

**Stefanie Verduyn** – Project officer, Flanders Institute for Health Promotion (Gezond Leven)



Ms Ponchon and Ms Verduyn [presented](#) two online training tools designed to support both school practitioners and policymakers in implementing the Health Promoting Schools approach. They highlighted how school-level initiatives can grow into broader structural change when supported by the right frameworks. The [practitioner guide](#) offers a step-by-step pathway – from building a shared language and assessing the starting point to action planning, implementation, and monitoring – helping schools move from one-off activities to a structured, sustainable whole-school approach.

The complementary [policy toolkit](#) targets decision-makers, outlining how authorities can create enabling conditions through vision-setting, supportive frameworks, and adequate resources. It includes policy pathways, expert recommendations, and links to international guidance, addressing recurring barriers such as limited time, funding insecurity, and lack of coordination.

Ms Ponchon and Ms Verduyn emphasised that lasting impact requires alignment between policy and practice, and encouraged participants to use the tools, share experiences, and contribute to a growing community of practice around HPS.

## Concluding remarks

**Caroline Costongs** – Director, EuroHealthNet



In her concluding remarks, Ms Costongs reflected on the strong sense of momentum and shared commitment that emerged throughout the conference. Contributions from schools, alongside engagement from institutions such as the European Commission, UNICEF, UNESCO and WHO, show that health and well-being in schools are increasingly

recognised as policy priorities. She stressed that this political and institutional commitment creates an important window of opportunity for collective action to scale up and sustain the health-promoting school approach.

She underlined the inclusive nature of HPS, which benefits students, teachers, families and communities, and emphasised the importance of teacher well-being and stronger engagement with education planners to embed health more firmly into school systems. Ms Costongs also echoed repeated calls for greater resources – both financial and human – and suggested that future work should further explore investment approaches, cross-sectoral budgeting, and carefully considered partnerships, including with the private sector, guided by clear ethical criteria.

Ms Costongs further emphasised the value of strong policy frameworks and national networks, encouraging efforts to revitalise national health-promoting school networks across Europe and referring to existing European and international strategies as important levers. While marking the end of the Schools4Health project, she made clear that this is not the end of the work, highlighting EuroHealthNet's continued engagement through a thematic working group (TWIG) within the EuroHealthNet partnership, continued collaboration with UNESCO, UNICEF and WHO and support to revitalise a new WHO-associated Network of Health Promoting Schools (ENHPS).



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