

Policy Expert Meeting on Health Promoting Schools

– 3 December 2025, Brussels



Policy Expert Meeting on Health Promoting Schools

Introductory remarks

Introductory remarks by Caroline Costongs, Director - EuroHealthNet

Caroline Costongs opened the policy expert meeting by inviting participants to look towards the future of Health Promoting Schools (HPS) in Europe. Building on the [Schools4Health conference's](#) discussions, she highlighted the strong commitment shown by major institutions such as WHO, EC, UNESCO, and UNICEF to advancing wellbeing in schools, as well as the inspiring work already taking place at national, regional and local levels. The aim of the day was to explore how stronger collaboration, closer connections with communities, and shared advocacy could help scale up this work more effectively.

Participants were encouraged to use the day for open and honest conversations about challenges, lessons learned and opportunities for progress. The agenda was structured around three pillars: learning from country experiences to embed HPS in national policy, identifying how to use current momentum to advocate collectively, and clarifying next steps towards a renewed WHO-associated European Network of Health Promoting Schools (ENHPS).

State of the art of Health Promoting Schools (HPS) – the research perspective

Presentation by Kathelijne Bessems, co-chair of the Health Promoting School Research Group - Maastricht University



Kathelijne Bessems recalled that the foundations of HPS were laid in 1986 through the Ottawa Charter's settings-based approach, identifying schools as a key setting due to their reach across all social groups, the amount of time children spend there, and the strong link between health and education.

She highlighted that the strength of HPS lies in its integrated approach, addressing physical, social and policy environments while engaging the wider community. Effective implementation requires more than isolated interventions, focusing instead on processes such as building ownership, capacity and embedding health promotion into everyday school practice. While the evidence base on health promoting schools remains low and varies by theme, it reflects that multi-component interventions tend to be more effective. Schools were described as complex systems, making sustained and well-supported implementation essential.

Kathelijne outlined other evidence-based conditions for success, including adequate resources, teacher capacity, supportive leadership and structured implementation support, citing the Dutch model of regional public health support. She stressed that HPS should become part of a school's identity, with parental involvement particularly important in primary schools and teacher competencies key in secondary education. Strong collaboration across research, policy, practice and communities was emphasised throughout.

She also provided an overview of the Schools for Health in Europe (SHE) Network, established in 1991 with WHO support, and the SHE Research Group, which has strengthened the evidence base since 2009. Plans are now in place to launch a HPS Research Group, with activities planned around webinars, renewed work on the HPS Academy, closer collaboration with partners, and increased visibility.

Discussion



Reflections from participants underscored the importance of the Research Group in demonstrating the effectiveness of Health Promoting Schools, supporting implementation research and shaping policy-relevant narratives. Participants emphasised the distinction between implementation and dissemination, highlighting the need to reach all parts of countries and to strengthen peer learning and exchange. **Oana Felecan** (DG

EAC) highlighted the [European School Education Platform](#) as a useful dissemination portal to engage education professionals. Reference by **Goof Buijs** (UNESCO Chair) was made to [a global mapping of literature on health promotion in schools](#) (1986–2021), which showed a clear increase in publications linked to the work of the Research Group, helping to build a strong evidence base for HPS. Additional reflections were raised by **Oana Felecan**, who noted that making links to the policy agendas on preparedness and system readiness could be promising entry points to introduce the HPS approach.

Knowledge exchange panel session 1 – Reintroducing the HPS approach

Moderated by Gabriella Sutton, Schools4Health Project Coordinator - EuroHealthNet

Gabriella Sutton introduced the first panel, noting that it focuses on national experiences in which HPS initiatives emerged in the early 1990s, declined, and are now being revived. The panel reflected a mix of education and health sector perspectives.

Speakers:

Petru Sandu – National Institute of Public Health, Romania



Petru Sandu described how the Schools4Health initiative contributed to reintroducing HPS in Romania, where earlier initiatives from the 1990s had faded, and institutional responsibilities had become unclear. Through Schools4Health, activities included training in two pilot schools, regional training in the Cluj County, translation and dissemination of the SHE manual, and bilateral meetings with the Ministries of Health and

Education. In November, the two participating schools and regional stakeholders from the Cluj County participated in a roundtable discussion on how to sustain the HPS efforts implemented through the Schools4Health project. This was followed by a workshop with nine additional schools in Bucharest, who were introduced to the HPS guide and showed strong interest. Additionally, a final conference was organised in Bucharest, engaging national policy experts and NGOs who contribute to child wellbeing in schools. Future plans include expanding training across counties, with an ambition to involve at least two schools per county nationwide.

Maija Kalpiša – Centre for Disease Prevention and Control, Latvia



In her experience as SHE National Coordinator, Maija Kalpiša outlined the Latvian experience, where the HPS network was revived in 2014 after initially operating between 1993 and 2007. The renewed network, coordinated by the Centre for Disease Prevention and Control, is embedded in the national public health strategy and supported by a yearly budget. Currently, 113 schools (around 15%) participate. While the network functions well, especially in rural areas, growth has been slower than expected due to educational reforms. Challenges include demands for evidence of impact and the voluntary nature of participation, with coordinators often unpaid for the additional

responsibilities and tasks that they take on to implement the HPS approach. She added that the revival of the HPS network had allowed Latvia to build on lessons from the earlier network, which had expanded to 150 schools before closing, and to position HPS as a core implementation mechanism within public health policy.

Zélia Anastácio – Institute of Education, University of Minho, Portugal



Zélia Anastácio described the Portuguese context, characterised by strong legal frameworks but inconsistent implementation. Although all schools were officially designated as health promoting schools in 2006 and updated guidelines were adopted in 2019, limited teacher training and weak monitoring have hindered effective implementation. Health promotion activities often remain sporadic, highlighting the need for continuity, evaluation and sustained collaboration. She noted that earlier legislation, including experimental projects on sexual health and later health education laws, mandated collaboration with the Ministry of Health but gradually lost momentum in practice. As a result, many

teachers remain unfamiliar with HPS principles, underlining the need to shift from isolated activities towards continuous, monitored and evaluated approaches.

Karina Leksy - Institute of Pedagogy, University of Silesia, Katowice, Poland



Karina Leksy presented findings from a national survey involving 100 health coordinators in schools. While structural frameworks for health education have existed since 1992, outcomes vary widely depending on individual teachers and regions. Research demonstrated that improving social and physical environments was easier to address than creating or sustaining whole-school partnerships and implementing participatory evaluation. A new health education subject was introduced but remains optional, limiting reach. Stronger intersectoral collaboration, resources, teacher training and mandatory health education were identified as priorities. She noted that evaluation remains irregular and largely self-reported, highlighting the need for better

tools and support to enable schools to systematically assess and use their own data. Coordinators also emphasised that sustained funding and engagement from both school staff and local authorities are critical to the long-term success of Health Promoting Schools.

Discussion

Participants reflected on sustainability risks, including the possibility that renewed momentum in countries/regions or schools that participated in Schools4Health could fade again. Questions were raised about common indicators for evaluation and the availability of



associated budgets. Experiences highlighted the importance of building durable structures that are not dependent on individuals, involving school communities from the outset, and balancing growth with quality. Certification pathways were also discussed, exploring the Polish certification as an example, which involves diagnostic assessments, three-year action programmes, regional feedback and eventual national certification. While certification can be

motivating, it was noted that it requires substantial preparation and support.

Knowledge exchange panel session 2 – Strengthening the HPS approach

Moderated by Gabriella Sutton, Schools4Health Project Coordinator - EuroHealthNet



Gabriella Sutton opened the session with a screening of a [video](#) produced by the Ministry of Spain and EuroHealthNet focusing on climate action and wellbeing in schools. The video illustrated a practical example of how healthier school environments can be created, not only through infrastructural improvements but also by fostering stronger social connections across the school community to achieve a common goal. This aligned closely

with the objective of the panel, which aimed to share positive practices from well-established national Health Promoting Schools programmes and to explore how these can be scaled up.

Miryam Triana Junco –Children and Women's Department, Ministry of Health, Spain



Miryam Triana Junco shared that a [newly adapted guide](#) based on the [SHE Network framework for Health Promoting Schools](#) was published in 2024 to respond to the needs of schools in Spain, with implementation led by regional authorities. It builds on over 20 years of collaboration between the education and health sectors and is embedded in the national strategy to reduce childhood obesity, supported by interministerial working groups. Capacity-building efforts have included a Massive Open Online Course (MOOC) on Health Promoting Schools, which has already reached 2,800 teachers, with a new round planned for March 2026. Plans are also underway to introduce a Health Promoting

Schools certification and clear criteria for good practice. The approach leverages the long-standing experience of regions that have implemented Health Promoting Schools for decades, ensuring that lessons learned are incorporated into current practice.

Gemma James – Public Health Wales



Sharing her experience as SHE National Coordinator, Gemma James explained that the Welsh Healthy School Programme is supported by 49 regional coordinators who specialise in the whole-school approach to health and well-being. It benefits from strong governance and sustained funding of around £1 million. Health and well-being became a core purpose of the Welsh curriculum in 2022, and teacher training gaps are being addressed through education reforms. The programme has helped schools embed health promotion across all aspects of school life. A School Health Research Network surveys around 1,500 schools to inform evaluation, overseen by a Health Promoting Schools Board chaired by Public Health Wales, which also acts as a single point of contact.

An improvement programme is currently underway to reduce the time taken for schools to achieve Health Promoting School status (typically taking up to 10 years), by streamlining the number of indicators from 77 to 22.

Peter Paulus – Leuphan Universität Lüneburg, Germany



Peter Paulus, German SHE National Coordinator, noted that there are two programmes - the Healthy School Programme and Minds Matter – which aim to serve as levers to improve the quality of education. At a federal level, Germany has been part of the Health Promoting Schools movement since its inception in 1992, with additional national initiatives emerging in 2000. Initially, interest was limited, with only around 500 schools out of 35,000 participating, but support from health insurers helped expand engagement. Early feedback from teachers highlighted that they were trained in education, not health promotion, prompting a shift in the approach: health should support education rather than add extra burdens, helping schools excel in their core mission. An

emphasis was therefore placed on ensuring that health initiatives meet schools' needs so that motivation is sustained beyond project funding. Today, there is growing interest from institutions to integrate health into education in a more fundamental and lasting way.

Ingibjörg Guðmundsdóttir - Directorate of Health, Iceland



Ingibjörg Guðmundsdóttir noted that the HPS initiative began in 1999 as a three-year project focusing on nutrition, physical activity and mental health in a small number of schools and municipalities. In 2006, materials developed for school nurses formed the basis for a national Health Promoting Schools framework, building on SHE Network resources, which was later rolled out to compulsory schools and pre-schools. Health and wellbeing were further strengthened in 2011 when it became one of six fundamental pillars of the national curriculum, supported by strong political leadership and a data-driven culture in schools. Today, the framework reaches around 70% of compulsory schools and 40% of pre-schools. A dedicated website and checklist support

schools in using the framework as an action plan, coordinated by the public health division with input across health themes.

Discussion

Intervention from Gisela Leiras, Directorate of Health in Portugal



Gisele Leiras explained that, while a Health Promoting Schools programme was introduced in 2015, its implementation was hindered by the absence of a dedicated coordination team. A new national programme is planned to be launched next year. Aligning with this, the Directorate of Health expressed interest in hosting future activities to connect HPS experts.

The discussion highlighted the need to sustain engagement across different stages of implementation of the Health Promoting Schools approach. Questions were raised about how tools such as checklists can remain relevant for more advanced schools, while participants emphasised the importance of embedding health promotion into both initial and continuous teacher training. The shift from short-term projects to long-term programmes was also noted, underscoring the need to strengthen the wider ecosystem by clarifying the roles and competencies required of teachers and school leaders in health promotion.

Reflections on the future of the HPS movement

Participants discussed conditions, expectations and opportunities to advance the Health Promoting Schools movement in Europe through working groups and plenary feedback discussions. The findings and recommendations are summarised below.

Key structural elements needed to establish a strong and sustainable network

Core ideas included:

- Securing programme funding through the Ministry of Health
- Appointing national coordinators supported by regional coordinators
- Ensuring close involvement of the Ministry of Education, including covering teachers' salaries when attending professional events
- A centralised portal with evidence-based programmes or methodologies and ready-to-use material

Participants highlighted the importance of:

- Regular professional events
- Systematic data collection to understand schools' needs
- Stronger links between policy and practice, while acknowledging the inherent complexity of coordinating multiple actors in the absence of a formal accreditation system.

Looking ahead, several proposals were made for **shaping a renewed HPS network for Europe, associated with the WHO:**

- Establishing a governance structure with representatives from both the Ministries of Health and Education, establishing a rotating 'presidency' for different countries to host the network, developing thematic sub-groups within the network to engage people on different topics, as well as connecting to student representatives and voluntary working groups.
- Prioritising key activities such as investing in evaluation on the impact and cost-effectiveness of the HPS approach, strengthening communication strategies and organising high-quality events.
- Supporting collaboration via a shared exchange platform, "train-the-trainer" approaches, engaging in the HPS Research Group's HPS academy, thematic conferences, and country exchange visits, with the flexibility to adapt the network's framing and activities to national contexts.

Intervention from Sophie Jullien, Technical Officer at WHO/Europe



Sophie Jullien emphasised the importance of ensuring continuity of the HPS network as a functional and sustainable network, underpinned by strong multisectoral collaboration. She highlighted that the [WHO regional strategy on Child and Adolescent Health](#) places health promoting schools as a key priority, reinforcing the need for the network to reconnect and work collectively. An online meeting is tentatively planned for **26 February 2026** to re-engage all 53 WHO Member States, building on the role of SHE National Coordinators as focal points for HPS and encouraging wider involvement on the topic from both Ministries of Health and Education. While WHO does not have the capacity to act as a formal secretariat or host a dedicated

platform, it can support the revitalised HPS network by collecting and sharing good practices, facilitating connections, and providing WHO materials that complement existing [SHE resources](#), with a focus on what is most useful for policymakers and schools.

Caroline Costongs outlined EuroHealthNet's commitment to supporting such WHO associated European Network of Health Promoting Schools (ENHPS) during this transitional period. With a mandate from its Executive Board, EuroHealthNet is prepared to provide interim support, also drawing on its membership of national public health institutes and ministries. Proposed actions include establishing a light secretariat within EuroHealthNet, to create a contact database of experts, centralise all relevant material online, and disseminate newsletters to update the network on key opportunities. The secretariat would also closely align with the HPS research group, explore funding and networking opportunities, and, in cooperation with WHO, identify a member state willing to host the first political meeting of a renewed European HPS Network. Strong collaboration with WHO generally as with all HPS-related organisations, as well as health literacy professionals, was also emphasised.

As a follow-up, **Goof Buijs (UNESCO Health and Education Chair)** also reaffirmed support for continuation, noting the clear need for a strong European HPS network.

Caroline Costongs closed the Policy Expert Meeting by expressing her appreciation for the inspiration, dedication, and commitment shown by participants to advancing the HPS movement into the future. She thanked all participants, as well as the EuroHealthNet team, for the successful organisation of this meeting.



Policy expert meeting on Health Promoting Schools – 3 December 2025



**Funded by
the European Union**

Schools4Health is funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Health and Digital Executive Agency (HaDEA). Neither the European Union nor HaDEA can be held responsible for them.