Health Promotion International, 2017;32:177–184
doi: 10.1093/heapro/dax001
Editorial

Editorial

Health Promoting Schools—a complex approach and a major means to health improvement

Development of health promoting schools in the European region

The health promoting school (HPS) approach was developed and introduced during the 1980s. Its development was inspired by the Ottawa Charter presented at the first international conference on health promotion in 1986, which helped changing the context for health promotion significantly. The Ottawa Charter (WHO, 1986) states that health promotion is a process about enabling people, meaning that people can actively acquire competencies to create more control over their own health and over their environment. Until then, the more traditional approach to health education in schools was, and often still is, focused on gaining knowledge about diseases and healthy behaviour based on a narrow concept of health. The new paradigm which provided a basis for the health promoting school approach, includes health education and is viewed as any activity undertaken to improve and/or protect the health and well-being of all school users, including students, teaching and non-teaching staff. It includes provisions and activities relating to health promoting school policies, the school's physical and social environment, the curriculum, family and community links and health services at the school (SHE, 2014). It therefore focuses on promoting health and well-being through increased health literacy, on lifestyles and living conditions, and on the absence of diseases. This approach also takes into account the health and well-being of those working in the school, teachers and non-teaching staff.

The underlying concept of health is more than the traditional WHO definition: 'a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity'. It uses a more open concept of health, in which children and young people should be involved in defining their own health. Huber *et al.* (2011) proposes a new definition of health changing the emphasis towards the ability to adapt and self manage in the face of social, physical, and emotional challenges.

The Schools for Health in Europe network (SHE network, www.schools-for-health.eu) was initiated by the World Health Organization for the European region (WHO EURO) in 1992, together with the Council of Europe and the European Commission. In each member country the Ministry of Health and the Ministry of Education appointed a SHE national coordinator who is responsible for the national health promoting school programme (if one such existed). Currently there are 45 member countries in the European region, as well as six autonomous regions (from Italy, Spain and the Netherlands). Researchers are organized in the SHE research group with over 85 researchers from 25 countries, each with an interest and commitment in research in school health promotion. The SHE network has developed into an important platform for school health promotion in the European region. This was confirmed in December 2016 at the WHO high level conference 'Working together for better health and well-being' in Paris, where school health promotion as well as the SHE network were explicitly mentioned in the draft declaration on promoting the health and well-being of every child and young person in the European region (WHO, 2016).

In the SHE network a health promoting school is defined as 'a school that implements a structured and systematic plan for the health, well-being and the development of social capital of all pupils and of teaching and non-teaching staff' (SHE, 2014). This is characterized as a whole school approach (or 'whole of school approach') to health and well-being; in different European countries similar terms are used such as 'healthy

schools', 'good and healthy schools', but they all have a similar intention.

Schools, being part of their surrounding community, are designated as one of the settings to help reduce inequalities in health. Collaboration with other relevant policy areas, for example youth, social and environmental policies and sustainable development is essential. Partnerships and networking are key tools that have been developed and used in the health promoting school approach.

The members of the Schools for Health in Europe (SHE) network use a positive concept of health and well-being and acknowledge the UN Convention on the Rights of the Child. They recognise the whole school approach to health well-being with an active participation of all members of the school community. Health promoting schools support schools in achieving their educational and social goals. Healthy students learn better, healthy teachers work better.

The SHE network has demonstrated progress on a European and an international level, emphasising the role of schools in improving the health of children and young people. Members of the network have indicated that their membership contributes to the national development and implementation of school health promotion. They have expressed their commitment to the further development, expansion and/or improvement of their national health promoting school programmes (SHE, 2013; Buijis et al., 2014).

During the school year 2012–2013, 34 000 schools were identified as health promoting schools in the European region (SHE, 2013). These include preschools, primary, secondary and other types of schools, including vocational schools. The age groups of students range from 3 to 20 years old. The level of implementation of health promoting schools varies widely between member countries and even within countries. Some countries have a formal national health promoting school policy while others don't. These national health promoting school policies can be integrated into other national education policies. Some countries have a long history in implementing health promoting schools while other countries just recently initiated a national health promoting school programme and joined the SHE network.

THE CONCEPTUAL FRAMEWORK OF HPS IN THE EUROPEAN REGION

Policy context

Depending on individual countries, health is not taken into account in educational policies in the same way. The political organisation, priorities, degree of decentralisation, organisation and goals of education systems differ from one country to another. In 2013, a survey was conducted among the national coordinators of the SHE network in Europe to gain an overview of current health promoting school policies. Nearly two in three countries (62%) have a formal health promoting school policy, in most cases as part of their education policies, followed by inclusion in their public health policies, or a combination of education and health policies (SHE, 2013).

The perspective is intersectoral since the core business of schools is focused on educational outcomes, rather than the reduction of health problems. From an educational point of view, the school's contribution to health includes a reference to citizenship and healthy living with a dual purpose: a) to create conditions for pupils' achievement (such as school environment, school climate, nutrition services, policy and planning, staff competencies, access to social and health services, partnerships) and b) acquiring health competencies for empowerment for healthy decision making (Jourdan, 2011).

Nowadays, the political context is favourable since there is an increasing awareness of the close relationship between health, physical and cognitive development, school participation and educational achievement which led to a whole of government and intersectoral policies. An intersectoral approach is now widely recognized as a condition for all schools to make a difference for health and well-being of all pupils and of teaching and non-teaching staff by strengthening school's capacity as a healthy place in which to live, learn and work.

Health promoting school principles and values

The health promoting school approach has been adapted in many European countries, Australia and New Zealand. Also in the United States and Canada the 'Comprehensive School Health Program' and more recently the 'Whole School, Whole Community, Whole Child' model are used more frequently. While countries may differ in nomenclature and structure to varying degrees, similar underpinning principles apply to all and the definition of a Health Promoting School (HPS) provided by the World Health Organisation (WHO 2015) encapsulates these well: 'a school that is constantly strengthening its capacity as a healthy setting for living, learning and working'. The whole school approach to health has six essential components; (i) healthy school policies, (ii) physical environment of school, (iii) social environment of school, (iv) individual health skills and

action competencies, (v) community links and (vi) health services (Moynihan *et al.*, 2016).

The whole school approach used in the SHE network rests on five core values (equity, sustainability, inclusion, empowerment and action competence, democracy) and five pillars (whole school approach to health, participation, school quality, evidence base, involvement of schools and communities).

The evidence base

The evidence base related to the contribution of the school setting to the improvement of children's health and well-being is strong. For example, WHO's work, led by Suhrcke and Paz Nieves (2011), showed the negative influence of ill-health (obesity, sleep problems, anxiety and depression) and potentially harmful health behaviours (alcohol consumption, cannabis and tobacco) on academic performance of children and adolescents. OECD's work (2010) highlights the contribution of education, both in improving health, well-being and quality of life and strengthening civic and social engagement. It also stresses that families and the community should be involved (see Sormunen *et al.*, 2013).

There are still many epistemological and methodological issues in relationship to evaluation of health promotion effectiveness. Nevertheless, the authors of the Cochrane review on 'Assessment of the HPS framework on students' health and well-being and their performance at school' found that interventions using the HPS approach were able to reduce students' body mass index (BMI), increase physical activity and fitness levels, improve fruit and vegetable consumption, decrease cigarette use, and reduce reports of being bullied. However, they found no evidence of effectiveness on fat intake, alcohol and drug use, mental health, violence, and bullying others (Langford *et al.*, 2014). The authors of a Cochrane review called 'Interventions for preventing obesity in children' (Waters *et al.*, 2011) considered the following promising leads for effective interventions in schools: interventions targeting school curricula, physical activity sessions throughout the school week and healthy food supply in schools. In addition, environments and cultural practices should support and encourage children and young people to eat healthier foods and also support them in being active throughout each and every day. Capacity-building activities for teachers and other staff, and parental involvement were also important. A systematic review of studies on the effectiveness of school health promotion efforts, further concluded that programmes that account for contextual factors and emphasize multidimensional approaches are more likely to be effective in terms of health outcomes (Stewart-Brown, 2006). Three main factors for the success and the quality of these initiatives were identified: (1) involvement of the school community as a whole and addressing all the aspects of school life; (2) addressing the school social environment (relationships between pupils and staff, among pupils, among staff and between parents and schools); (3) development of children's life skills.

A collaborative work coordinated by the International Union for Health Promotion and Education (St Leger *et al.*, 2008) summarises what has been shown to work well and are prominent features of effective schools. These are:

- developing and maintaining a democratic and participatory school community;
- developing partnerships between the policy makers of the education and health sectors;
- ensuring students and parents feel they have some sense of ownership in the life of the school;
- implementing a diversity of learning and teaching strategies;
- providing adequate time for class-based activities, organisation and coordination, and out of class activities;
- exploring health issues within the context of the students' lives and community;
- utilising strategies that adopt a whole school approach rather than primarily a classroom learning approach;
- providing ongoing capacity-building opportunities for teachers and associated staff;
- creating an excellent social environment which fosters open and honest relationships within the school community;
- ensuring a consistency of approach across the school and between the school, home and wider community;
- developing both a sense of direction in the goals of the school and clear and unambiguous leadership and administrative support;
- providing resources that complement the fundamental role of the teacher and which are of a sound theoretical and accurate factual base;
- creating a climate where there are high expectations of students in their social interactions and educational attainments.

DIVERSE PERSPECTIVES TOWARDS HEALTH PROMOTING SCHOOLS

The papers published in this special edition of Health Promotion International focus on health promoting schools from many different points of view. The papers include original studies and conceptual analyses from

different parts of the world representing the topical issues related to health promoting school globally. The themes discourse basic pillars related to health promoting schools from theoretical, practical, policy and methodological perspectives focusing on participation in HPS and implementation of HPS. In addition, several methodological papers are presented including new instrument development, an innovative data collection method as well as analyses of complex system science in relation to HPS.

Pike and Iannou describe the processes, and specifically the experiences of participation in a project ('Shape Up') that aimed to create health-promoting environments in seven primary schools in Cyprus. The findings suggest that the schools have a lot of potential to act towards healthier communities, if the individuals are engaged to the processes in a sustainable way. Especially the children's responsibility, innovativeness, and sense of achievements were respected, and together with adults, they formed a collaborative team. As the authors conclude, schools are more than physical settings where healthy activities are carried out; they can be the agents of change.

Participation continues as a theme in the Griebler and colleagues' article. In their systematic review, the focus was to explore the students' participation in designing, planning, implementing and/or evaluating school-based health promotion measures, defined as a project, programme, intervention, or other kinds of initiative. The results bring out a variety of positive effects, of which the most conclusive evidence included personal effects on students (e.g. increased ownership and health-related effects), effects on school as an organization (e.g. social climate), and improved interactions and social relationships in school among peers and between students and adults. These results truly encourage the inclusion of students, regardless of their age, in all kinds of health promoting activities.

The factors preventing and facilitating implementation of health promoting school practices were explored by Mcisaac and colleagues. In a Canadian-based study, school principals, teachers and parents were interviewed and based on the results, identified the barriers as structural and systemic, such as large class sizes or financial challenges. Facilitating factors were related to school leadership and generally, supportive school culture. This study emphasizes the importance of continuing, persistent reinforcing of a health promoting way of thinking and daily actions while educational demands of hectic school life are increasing. It also poses a question how the surrounding community could support schools more in their health promoting practices.

A study by Adamovitsch and colleagues continues exploring the implementation practices in school health promotion in Austria. Their focus was to find out how health promotion is practiced in three schools that have agreed to implement the health promoting school (HPS) concept, appointed by regional service providers (e.g. health agencies). Moreover, the health promotion activities implemented at schools were also examined. Based on interviews, group discussions, observations, and documents from multiple participants and sources, majority of identified health promotion activities were related to physical and/or psychosocial health of students. A whole school approach to health promotion was not implemented systematically into schools' policies. The authors bring out the non-official status of health promotion in Austrian schools, and acknowledge the individual efforts that often occur behind the implementation.

School managers, persons who have the main administrative responsibility for the schools in their district, are a relatively rarely studied group related to school health promotion; though they have a great influence on priority areas performed at schools. Persson and Haraldsson focused on the Swedish school managers' views of what health promotion in schools include, and found several factors that enabled the opportunities for learning and a good life. Policy and leadership, partnerships, and competence were regarded as essential organizational and collaboration-related factors, whereas student participation, working climate and social network were factors that emphasized the school's possibilities as being an arena for health promotion. Support, care, and trust, among others, were categorized as individual factors. Importantly, the school managers expressed that having a school-health policy was vital to the success of their health promotion work and brought out the need of collaboration with school staff in all developmental intentions.

Correa-Burrows and colleagues studied the association between the engagement in regular physical activity and the academic performance of school-age children. With several measurements, this Chilean study revealed that a majority of the children participated in scheduled exercise under two hours per week. The students devoting over four hours for scheduled exercise per week, increased their language and mathematics outcomes. Results like this highlight the importance of both school-based and out-of-school physical activity, and as

the authors bring out, should have implications all the way up to the government policy level. Children and adolescents need to be encouraged for physical activity, either supervised, or non-supervised, since nowadays many factors are competing for their time.

Bell and colleagues applied a school-based smoking prevention programme into obesity prevention intervention among 12–13 year olds. Central in this programme was the component of training and using student peers to make an everyday impact on other students. The intervention contained multiple stages and included many activities, and proved to be feasible. However, the authors conclude that the implementation was resource and labour intensive and relatively expensive. Furthermore, no evidence of promise was found that the intervention would increase physical activity or healthy eating in adolescents. Hence, the focus on two behaviours at the same time appeared too complex for informal diffusion through peer networks. The article brings out an important message that health promotion interventions are necessary to find out effective ways to influence to target group, as well as keep updated on the methods available. Following a detailed description of an intervention, as in this article, the reader, whether being professional in the school, or researcher in the field, gets a possibility to follow the steps and possibly avoid the pitfalls in planning phase.

Struthers and colleagues report the development process and the assessment of psychometric properties of the Health Promoting Schools Monitoring Questionnaire in South African high schools. The questionnaire is targeted to students and measures six main domains in addition to sociodemographic information: general health promotion programmes, health related skills and knowledge, policies, environment, community-school links, and support services. The validity of the questionnaire was assessed by experts working in the field of health promoting schools, and the reliability by test-retest method by student sample. According to the authors, the instrument needs additional developing, but already is a good start for measuring multisided phenomenon of school health promotion.

García-Vázquez examined the effect of the HPS programme in schools that are part of the regional SHE network on health behaviours of first-year and fourth-year secondary school students (mean age 12.5 years and 15.8 years, respectively) in Northern Spain, Asturia. Of eight schools, four were allocated to intervention schools and four to control schools. Intervention schools were members of the regional SHE network, having a health promoting culture, structure, and related activities, whereas control schools had no status of SHE school. The results suggest that studying in a school that is a member of the regional SHE network may have some positive effect on students' health behaviours, whereas the school's engagement with health activities was clearly demonstrated favouring the SHE network schools.

The eco-holistic whole –school-approach (WSA) was the theoretical background in Busch and colleagues' study in which the associations of several health behaviours (alcohol use, cannabis use and smoking habits; screen time use; bullying/being bullied; healthy nutrition and physical activity, psychosocial problems) with school performance was examined in a sample of Dutch secondary school students. This study showed the strong links between health behaviors and academic achievements among adolescents and emphasizes that schools and health promoters should be educated more on these relations, so that they are aware of this common interest to get more support for health promoting interventions.

Coelho and colleagues investigated in controlled pre-post design the efficacy of a social-emotional learning (SEL) program on social-emotional competencies of Portuguese middle school students' characteristics in two distinct cohorts. They found that there were significant intervention gains in three (of five) social–emotional competencies: increases in social awareness and self-control and decreases in the levels of social anxiety in the first cohort. The positive effects were stably effective in the second cohort, except for social anxiety. The girls revealed greater gains in social awareness and greater reductions of the levels of social isolation and social anxiety when compared with boys. The results indicated that the intervention improved the social and emotional competencies of middle school students, supporting the cross-cultural generalization of social–emotional learning programs' efficacy.

McNamara et colleagues present a Canadian perspective for school recess, social connectedness and health by bringing the context of school recess into the conversation of Health Promoting Schools. They suggest that schools need to include recess in planning to contribute the development of healthy children and of a healthy society, because health promotion involves creating supportive environments such as schools to optimize physical, mental and social well-being. They highlight the current research from social neuroscience, belonging and social connectedness in order to present the pathways between daily school recess and health trajectories. McNamara et colleagues emphasize that 'if we are serious about providing opportunities to support

children's physical and mental health at school, then we cannot leave this responsibility to change'.

Rosas analyses system thinking and complexity in relation to health promoting school concept. He reflects on the application of systems concepts to frame how health promoting school processes and outcomes can be operationalised. Rosas concludes that the complex modern school environments and re-conceptualization of health promoting school concept would benefit from system thinking and complexity characteristics and system science approach.

The system thinking theme continues in a study from Tooher and colleagues in Australia from the point of view of integration and collaboration in various school-based health programmes and the barriers and enablers to successful intersectoral collaboration between education. They found that successful intersectoral collaboration between complex systems was created on strong interpersonal professional relationships and effective communication. Furthermore, it emerged that depending on the aims of the school-based health programme, a different level of collaboration was needed varying from schools as a site to delivery of clinical service to programmes which sought to change the behavior of students and/or schools as organisations.

A novel data collection method was used in the Kontak and colleagues' study while examining school-based health environments through photographs in Canada. Based on this visual method, they compared the schools that were formally implementing a health promoting school approach with schools that we not. Some differences were observed; in schools implementing an HPS strategy, there were increased visual cues to support healthy eating, physical activity and mental well-being and indications of a holistic approach to health. They emphasize the need to use innovative methods in studying complex and dynamic settings to understand components of the school environment to ensure the implementation of the HPS approach.

Using health, food and education policy documents in the textual analyses Torres studied opportunities in the policy framing for a school-based critical health education in Ecuador, from a conceptual perspective combining the HPS approach with critical nutrition and political ecology. The results showed that the focus is on individual behaviour and schools as intervention settings rather than a site for creating change implementing health promotion from the critical health education viewpoint. However, it seems that there were features related to critical health education containing a holistic understanding of health, the need for critical and plural participation and the importance of community.

The theme related to school health policies continues in Atilola's article, in which Bronfenbrenner's ecological model is a framework to capture child mental health policy development in sub-Saharan Africa. Currently child health policies in this region focus on prevention of childhood killer diseases whereas there is a lack of child mental health services. Atilola highlights the need for child and adolescent mental health policy, training also of teachers, school counselors, primary health physicians and social workers in basic restorative child and adolescent mental health services. In addition, a global partnership for the purpose of competence transfer is needed.

Challenges for research

This special issue of HPI demonstrates the diversity in health promoting school initiatives and research. A diversity that often makes comparisons difficult. There is a growing body of evidence on the link between health and education on the one hand and effectiveness of school health promotion on the other hand. Nevertheless, the data are still missing on the determinants of successful implementation, transferability and scaling up. Evidence exists to document the beneficial effects of a health promotion policy in schools, but it is also clear that effectiveness is not always attained. Also, it is difficult to distinguish which of the intervention components contributed most to the beneficial effects observed (Waters *et al.*, 2011). Results from programme implementation remain unclear and challenging to evaluate. The level of complexity of the factors having an impact on the prevention programme effectiveness lead many authors to consider the evaluation results with caution. In addition to these weaknesses in the assessment of the effectiveness of health promotion programmes in schools, the issues of scaling up and transferability remain rarely examined.

In the existing literature, tools and frameworks developed for programme evaluation are often grounded in a linear programme fidelity perspective. It is assumed that when it comes to the evaluation of implementation, two options exist: (i) either the programme is delivered as planned, or not and (ii) either it delivers expected outcomes, or not. Conversely, however, implementation is argued as being a complex process, which defies such linear one-dimensional thinking. Expected achievements in health promotion and prevention programmes are multi-level and complex, often manifesting on a long-

term basis, and encompassing quite complex interactions between people and their life ecosystems.

For research, the first challenge pertains to transferability, because with the existence of such variables and with limited options to control for them, streamlined outcomes are in reality difficult to predict. The second challenge is specific to a wider replication of interventions which cannot be taken for granted because the determinants involved are numerous, variable and contextually influenced.

Therefore, there is a need to shift from the over focus on 'one size fits all' evidence-based fidelity, to a more flexible perspective of anchoring and tailoring interventions to the different contexts. Thus, the intervention programme and its content remain the same, however, more context-specific thinking is applied to the implementation process, and the types of achievements that might be expected from it (Darlington, 2016).

Finally, it is critical to make links with the other fields of research on school and education. Research on health promotion in schools led to results close to those coming from other domains. There is substantial congruence between three fields:

- the research and evaluation literature on school health;
- what constitutes successful learning and teaching in schools;
- what makes schools effective in achieving educational, health and social outcomes.

The close relationship between these fields is a product of the interaction of school management and educational practices. Research on school health promotion would gain to be more closely anchored in school management and educational practices research at the global level.

H. Turunen[1,], M. Sormunen[2], D. Jourdan[3], J. von Seelen[4], and G. Buijs[5]*

[1]*Department of Nursing Science, University of Eastern Finland, Kuopio Campus, Finland,*
[2]*Department of Nursing Science, University of Eastern Finland, Kuopio Campus, Finland,*
[3]*Laboratoire ACTE, ESPE Clermont Auvergne, Universite Plaise Pascal, France,*
[4]*University College South Denmark, Dyrehavevej, Kolding, Denmark and*
[5]*SHE Consultancy*

*Corresponding author. E-mail: hannele.turunenu@uef.fi

REFERENCES

1. Buijis, G., Dadaczynski, K., Schulz, A. and Vilaca T. (eds) (2014). *Equity, education and health: learning from practice: case studies of practice presented during the 4th European confernence on health promoting schools Odense, Denmark 7-9 October 2013*. CBO, Utrecht.
2. Darlington, E. (2016) Understanding implementation of health promotion programmes: Conceptualization of the process, analysis of the role of determining factors involved in programme impact. PhD December 2016. Universite Jean Monnet.
3. Huber, M., Knottnerus, J.A., Green, L., van der Horst, H., Jadad, A.R., Kromhout, D., *et al*. (2011) How should we define health?. *British Medical Journal*, **343**, d4163.
4. Jourdan, D. (2011) Health education in schools: The challenge of teacher training. Saint Denis Editions INPES 144 p.
5. Langford, R., Bonell, C.P., Jones, H.E., Pouliou, T., Murphy, S.M., Waters, E. *et al*. (2014) The WHO health promoting school framework for improving the health and well-being of students and their academic achievement. *Cochrane Library*, 4, DOI: 10.1002/14651858.CD008958.pub2.
6. Moynihan, S., Jourdan, D. and Mannix Mcnamara, P. (2016) An examination of Health Promoting Schools in Ireland. *Health Education* **116**, 16–31.
7. OECD. *Improving Health and Social Cohesion through Education*. OECD Publishing; 2010:**220**.
8. Schools for Health in Europe network SHE factsheet 2: School health promotion: evidence for effective action. 2013 CBO, Utrecht.http://www.schools-for-health.eu/uploads/files/SHE-Factsheet_2_School%20health%20promotion_Evidence.pdf (last accessed 24 January 2017).
9. Schools for Health in Europe network SHE factsheet 1:State of the art: health promoting schools in Europe. http://www.schools-for-health.eu/uploads/files/SHE-Factsheet_1_State_of_art_Health%20Promoting%20Schools.pdf (last accessed 24 January 2017).
10. Sormunen, M., Tossavainen, K. and Turunen, H. (2013) Finnish parental involvement ethos, health support, health education knowledge and participation: results from a 2-year school health intervention. *Health Education Research* **28**, 179–191.
11. Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? WHO Regional Office for Europe, Copenhagen.
12. St Leger, L., Young, I., Blanchard, C. and Perry, M. (2008). Promoting health in schools: from evidence to action. IUHPE, Paris. http://www.iuhpe.org/images/PUBLICATIONS/THEMATIC/HPS/Evidence-Action_ENG.pdf (last accessed 24 January 2017).
13. Suhrcke, M. and de Paz Nieves, C. *The impact of health and health behaviours on educational outcomes in high-income countries: a review of the evidence*. Copenhagen: WHO Regional Office for Europe; 2011:35.

14. Waters, E., de Silva-Sanigorski, A., Hall, B.J., Brown, T., Campbell, K.J., Gao, Y. *et al*. (2011) Interventions for preventing obesity in children. *Cochrane Database Syst Rev* **12**, CD001871.
15. World Health Organization (WHO) (1986). *Ottawa Charter for Health Promotion*. Geneva: WHO.
16. World Health Organization (WHO) (2016). Draft declaration 'Partnerships for the health and well-being of our young and future generations', 7-8 December 2016, Paris. http://www.euro.who.int/__data/assets/pdf_file/0019/325180/Draft-Declaration-en.pdf?ua=1 (last accessed 24 January 2017).