SCHOOL HEALTH IN LATIN AMERICA:
INTERSECTORAL NCD PREVENTION AND MANAGEMENT

NCD CHILD REGIONAL WORKSHOP REPORT
A special thank you to our partners, the Healthy Latin America Coalition and the American Health Association.

We would like to acknowledge the AstraZeneca Young Health Programme for the continued support.
# TABLE OF CONTENTS

**INTRODUCTION** .......................................................................................................................... 4

**KEY HIGHLIGHTS** .................................................................................................................. 4

- Prioritizing a Whole-School Approach .................................................................................. 4
- Creating Healthy School Environments ............................................................................... 5
- Students Living with NCDs ....................................................................................................... 6
- Barriers and Recommendations to Addressing NCDs .......................................................... 6
- Need for Cohesive Implementation Strategies ................................................................. 7
- Activating Youth Champions .................................................................................................. 7

**CONCLUSION** .......................................................................................................................... 7

**APPENDIX: BREAKOUT SESSIONS** ..................................................................................... 8
INTRODUCTION

On December 14 and 15, 2020, NCD Child hosted a virtual regional workshop entitled “School Health in Latin America: Intersectoral NCD Prevention and Management”, in partnership with the Healthy Latin America Coalition (CLAS) and the American Heart Association. With a mix of plenary presentations and breakout discussions, the workshop provided a forum for focused, regional- and country-level knowledge sharing and collaboration on school health strategies for non-communicable diseases (NCDs) in the context of the COVID-19 pandemic.

This report provides a summary of findings from the workshop. An appendix is included with key findings from the breakout sessions.

Day 1: Prevention of NCDs

THEME: ADVOCACY FOR NCD PREVENTION THROUGH A COMPREHENSIVE SCHOOL-WIDE APPROACH

Objectives:
• Critically evaluate strategies to prevent NCDs in schools with special emphasis on the whole-school approach
• Discuss prevention of common NCD risk factors, including obesity, tobacco, school food environment, and physical activity
• Encourage coalition building for effective change

Day 2: Management of NCDs

THEME: STRATEGIES FOR EDUCATIONAL CONTINUITY AND THE MANAGEMENT OF NCDs IN THE CONTEXT OF THE COVID-19 PANDEMIC

Objectives:
• Discuss strategies for educational continuity and management of NCDs in the context of the COVID-19 pandemic

KEY HIGHLIGHTS

Prioritizing a Whole-School Approach

The COVID-19 pandemic, and related increases in mental health challenges, substance abuse, domestic violence and child maltreatment,\(^1\,\,^2\) has pushed health and wellness to front and centre for educators, students and their families. Lockdowns and school closures have led many to understand for the first time that schools provide the best environment for promoting the health and well-being for young people. Embracing health and well-being is both good pedagogy itself as well as a necessary condition for academic development.

While members of the family and community are directly involved in initiating and maintaining health behaviours during the early stages of life, for many children and adolescents, schools are the first and most accessible point of contact with health education.

---


As a vital platform that educates and reaches most children and adolescents, schools are positioned prominently along the continuum of care for student health and well-being.

The prevention of NCDs should be prioritized as an integral component in the curriculum and school environment, but schools must go beyond simply addressing lifestyle and behavioural risk factors, and look at the social, emotional and mental aspects of children and adolescents' well-being. The whole-school approach accomplishes this by viewing learning and health as inextricably linked, with all aspects of the school community and environment impacting students' health and well-being. Both prevention and management of NCDs must be taken into account, with special consideration given to achieving equity for all students.

Creating Healthy School Environments

All children and adolescents, including those living with NCDs, have a need for, and right to education. So how do we move forward and re-open schools safely and equitably, keeping the needs of people living with NCDs at the forefront?

The creation of healthy school environments faces special challenges during the current COVID-19 era. Addressing NCDs within the context of COVID-19 should follow the principles of a rights-based approach. This requires re-thinking physical spaces, practices, and policies through the lens of inclusion, equity and citizenship. As a first step, investing in improved data is important to better understand the issues and safety concerns at a local level, and the gaps that need to be addressed within an individual school environment. Prevention and health promotion interventions will be more effective if they are integrated with the knowledge of local social, inter-urban, gender, and class differences.

Eight global standards have been outlined by the WHO for health-promoting school systems (Table 1). These standards should be taken into consideration during implementation along with key fundamental principles: programs must be inclusive and equitable, there must be leadership from the education sector, focus must be on the whole-school approach, all key stakeholders must participate and programs must respond to local needs and be continuous.

School health initiatives should be multi-dimensional and appeal to all children’s senses to ensure optimal engagement. For example, cultivating school gardens can become an effective way to integrate healthy nutrition into the learning environment. Overall planning and implementation of this approach must be centralized at a local level to develop solutions to local challenges.

### Table 1. WHO Global Standards for Health-promoting School Systems

<table>
<thead>
<tr>
<th>GLOBAL STANDARDS AND STANDARD STATEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
</tbody>
</table>
Students Living with NCDs
As school re-openings are being planned or are underway, children living with NCDs are faced with the challenges of not only a pandemic but a syndemic, which occurs when multiple risk factors for illness are intertwined, cumulative and interactive. In this case, the syndemic is characterized by an interaction between COVID-19, NCDs and social determinants of health.

Despite the risks and challenges posed by the pandemic and school re-opening, most children living with NCDs do not need to be shielded from harm by remaining at home. Youth living with NCDs can be broadly categorized into three groups:

1. Youth with well-controlled symptoms, who can return to in-person learning with adequate monitoring
2. Youth at serious risk, who would most benefit from a blended virtual and in-person learning experience
3. Youth with poorly controlled symptoms, who need a tailored approach with adequate teamwork and planning before returning to in-person learning.

Youth living with NCDs are not a single homogeneous group, and there is no one-size-fits-all solution. Communication between parents and educators should be encouraged, to provide information about specific health needs of students living with NCDs. This information, paired with recommendations from healthcare providers, should form the basis of an individualized plan to manage the health condition(s) and address the risk of stigma and discrimination in the school setting.

Barriers and Recommendations to Addressing NCDs
The inclusion of children with NCDs has rarely been a top priority for the stretched public education system, as other pressing priorities take centre stage, such as access to clean water, ventilation, and the availability of clean and nutritious food. In Latin America, there is a stark inequality between the public and private education systems, and this has been brought to the forefront during the COVID-19 pandemic. Schools in the public system, especially in rural and low-income communities, face greater challenges to re-opening safely and protecting the health of students and educators. As schools closed to limit the spread of COVID-19, students had to quickly adapt to remote learning, and unequal access to the internet has presented a significant challenge in the region.

The pandemic has also exposed the balance and interplay between health and the economy, and the need for a multi-stakeholder approach. Health education programs traditionally provided by the ministries of education are often overshadowed by targeted advertising from large corporations with significant budgets to promote unhealthy processed foods. The growing reach of multi-national companies, and the resulting shift in food production and distribution, means that cheapest available foods are often highly processed, and high in salt, sugar and saturated fats. These industry tactics pose a universal challenge for public health programs. A first step toward addressing these challenges is to employ humanizing and non-discriminatory messaging to convey health messages, and to highlight personal experiences. Social media is an essential tool in this regard and can play an important role in educating the community and creating change. There is also a fundamental need to implement the WHO Best Buys, a list of cost-effective interventions that aim to prevent NCDs. Interventions include reducing sugar consumption through effective taxation on sugar-sweetened beverages and reducing salt intake through the implementation of front-of-pack labelling.

Another major barrier includes poor or no regulation of harmful products and the underlying conflicts of interest. For example, conflict of interest is pervasive and has become a challenge in academia where research financing sometimes influences study outcomes and prevents adequate health measures from being recommended or implemented. Institutional corruption can occur

---

with financial ties between large multi-national companies and political platforms, presenting a significant barrier to developing appropriate political policies. In this case, greater transparency and accountability mechanisms should be reinforced in the states.

There is also a lack of cohesion between state actors, youth and civil society organizations (CSOs). A multi-sectoral approach that includes coalition building should be a primary focus. More spaces for joint action need to be created and capacity building workshops offered for CSOs, youth, and decision makers to understand the legal structures within their communities or countries.

Need for Cohesive Implementation Strategies
On a global level, the WHO and UNESCO have developed recommendations to strengthen the implementation of health promoting schools at the global level and in the region. Yet the implementation of these strategies has been fragmented and poorly defined. In the Latin American region, an assessment was carried out in 2018-2019 to analyze school health programs from 16 countries. A review of literature and policies showed that implementation in the region is fragmented and there are few large-scale projects.

Strengthening the relationship between local health facilities and schools can remove health barriers to learning and school re-entry as lockdowns are eased. Educators and healthcare workers along this continuum must be properly equipped to take a team approach to managing NCDs as students transition between home, school and healthcare settings. A supportive continuum of care should consider each life stage, from early childhood through adolescence. This continuum is important as young people prepare to exit the education system and risk losing their connection to the health system altogether.

Healthcare professionals are essential partners in catalyzing change, and young leaders in universities and professional associations can play an important role in bridging schools and communities. Medical societies have well-developed training and continuing education programs, and their expertise can be leveraged to inform school strategies and practices through targeted virtual workshops for families and educators. Formal agreements and projects with schools are needed to build this collaboration over time, not simply on an ad hoc basis.

Health leaders must also understand the value that educators bring to the table. Educators have historically been viewed only for their role in academic development, and they may not feel empowered to provide their expertise on the daily realities of children living with NCDs. This view must be challenged, with educators positioned as key partners in whole child development. Increased respect for their professional role and expertise will go much further than guidelines and institutional factors alone.

Activating Youth Champions
School systems should encourage and recognize children’s individual role as agents of change and advocates for their own health needs. Strengthening linkages between schools and students and their families is important, as they are the best specialists of their own conditions.

Schools should have student representation at local, regional and national levels and be actively involved in all steps of health policy development. Existing student associations at local, regional and national levels can be equipped and trained to take on this important step, and they should be supported to do this vital work.

Beyond formalized structures, students have many ways to draw attention to the challenges that they face. Youth can create spaces for dialogue to encourage discussion between young people with NCDs and local authorities from both health and education sectors. Coordinated use of social media can create awareness of local issues and open the door to further discussion and knowledge sharing. Youth champions can spark awareness and motivate action, but they must also be given a platform to engage directly with administrators and policy makers across sectors to support scale up of their ideas.

CONCLUSION
As advocates, we have a significant responsibility moving forward. We acknowledge and emphasize that it is critical to adopt the 2030 Sustainable Development Goals (SDG) agenda and champion health in schools. In parallel, it is also essential to listen to the voices of young people as they are the key agents of change. The COVID-19 pandemic has brought to light the interconnectedness, both globally and locally, that impacts health and well-being. The pandemic itself can be considered a lever of change, and we must not waste this opportunity to ensure that the next "normal" is not the same or worse than the previous normal for the student population. We must promote a whole-school approach, adopt a rights- and equity-based lens, and properly invest in collaborative mechanisms to ensure a safe, supportive and healthy school environment for children at risk of, and living with NCDs.
APPENDIX: BREAKOUT SESSIONS

OVERALL OBJECTIVES

- Critically appraise strategies for preventing and managing NCDs in schools
- Identify priorities and challenges in each thematic area
- Outline feasible next steps and strategies to pursue
- Recommend how young people can be engaged and involved in advancing NCD prevention in school environment

DAY 1 THEME: MAJOR NCD RISK FACTORS IN THE SCHOOL ENVIRONMENT

- Sugar-sweetened Beverages (SSBs) vs Water
- Responding to Tobacco’s Newest Products
- School Food Environment
- Physical Activity

Sugar Sweetened Beverages (SSBs) vs Water

Challenges identified
- Infrastructure: It is essential to focus on enabling drinking fountains, and not only on restricting the sale of sugary drinks. In many communities, the infrastructure for providing clean, well-located water access is a problem. The hygiene of drinking fountains is a very real problem in Latin America, as those that have been installed are not usually maintained. The entire cycle of use must be considered.

- Communication: In many of the schools there are means to get water, however, there is no clear communication strategy for students, nor didactic materials for teachers to emphasize the importance of healthy hydration.

Proposed solution
This discussion must be viewed through a human rights lens to mitigate beverage industries positioning hydration needs as a market target, with water as a profitable product instead of a human right. A dual approach should be used to address these challenges:

- Sensitize communicators about the problems with stigma related to weight
- Give a human face to the problem of lack of access to water and SSBs consumption

- Legal/Policy action:
  - There is a lack of intersectionality between state actors, young people and civil society organizations. Proposal: create spaces for joint action
  - It is necessary to reinforce transparency and accountability mechanisms in the states
  - It is necessary to develop a legal understanding of the situation in each country and community. Proposal: Capacity Building Workshops for CSOs, youth and decision makers

Responding to Tobacco’s Newest Products

Challenges identified
- Poor or no regulation
- Inadequate monitoring to ensure regulatory compliance
- Product diversity and high consumption prevalence of new tobacco products in countries with fewer regulations

Proposed Solutions
- Combat misinformation about new products
• Involve key stakeholders including:
  - **Schools and Parents**: Parents and school officials are key actors in helping to enforce compliance with regulations, reduce the access of minors to these products, and help convey the message of the harmful effects of new tobacco products
  - **Legislators**: Advocacy must be carried out directly with legislators
  - **NGOs**: NGOs must report if there is no compliance

• Raise awareness through campaigns
  - Mobilize young influencers to inform other young people about the risks of these products and convince consumers that they are harmful
  - New technology/media that includes images showing damage to health
  - Humanization: Experiences of people who have suffered negative health consequences as a result of these products
  - Use humor to raise awareness and start conversations around this topic
  - Create a community that encourages the topic to be discussed and regulated

**School Food Environment**

**Challenges identified**

• Food security: Inadequate distribution of food in different countries within the region and high rates of malnutrition

• Hygiene: Multiple diseases caused by the absence or inadequate hygiene

• Racism: Results in vulnerability particularly in food security in different racial groups

• Lack of health education statement for/addressing food

**Proposed solutions**

• Health systems must focus on giving priority to promoting health i.e. keeping people healthy versus only fighting the disease, reducing obesogenic environments and promoting adequate physical activity and the consumption of healthy food products that are accessible and affordable, present industry interference and sharing information on increased dangers of non-communicable vs other infectious diseases such as COVID-19

• Ensure that there is a political decision to promote health from childhood. In Argentina, the Commission is working with CSOs which were hampered during the pandemic. Adapting to the new measures provided will allow CSOs to continue moving forward with promoting changes in healthy eating policies mainly in schools. Argentina currently has a bill on legislative treatment that seeks to guarantee the right to health and adequate food through the promotion of a healthy diet, providing simple and understandable nutritional information for packaged foods and beverages

• Strengthen the monitoring and control of healthy environments and healthy eating regulations

**Focus on COVID-19**

• Alternate classroom with virtual classes to prevent the spread of disease

• Constant cleaning and disinfection of spaces for face-to-face training

• Regular monitoring of teachers and students to ensure they stay healthy at school

• Ensure access to sinks

• Isolation if required

**Physical Activity**

**Challenges identified**

• In the context of COVID-19, many children living in urban areas are not going out to exercise

• Many children are facing challenges and safety issues related to exercising at a distance

**Proposed solutions**

Emphasis was placed on the importance of encouraging physical activity at an early age, and for young people to learn the overall importance of self-care

• Identify tactics to increase physical activity levels that would be effective in both urban and rural areas including the promotion of small active breaks during the day, and the use of social networks and targeted promotion to encourage physical activity

• Conduct further research on how to reach young people in an effective way, including region-specific studies

• Engage collaborative and inclusive networks

• Improve education in physical activity
Brazil/Mexico

Challenges identified
- Lack of school nurses and appropriate professionals to support students living with NCDs, with the exception of some private schools in major urban centres
- Lack of adequate health education materials with Latin American background, including material on food (in)security, vaccinations, psychosocial and mental health aspects following pandemics
- Lack of specialized health centres within the schools for childhood chronic diseases

Proposed solutions
- In the context of COVID-19, protection protocols and new safety rules should be implemented for return to school with better hygiene and sanitation conditions
- Health education materials should be informed by public health and pediatric expertise, and appropriate for all age groups (0-6 y, 7-10 y, 11-18 y and University Students)
- Bridging schools and communities with young leaders in universities and professional associations in order to amplify impact. Examples of potential collaborations include:
  - Extension programmes during graduation at the Universities
  - Support from Pediatric Societies and Organizations e.g. IPA, ALAPE
  - Support from Universities and Universities Students Networks e.g. IFMSA
  - Support of the Telemedicine University Network (e.g. Brazil has RUTE Brazilian University Telemedicine Network, that is now expanding to Latin America)
  - Red CLARA, including Mexico, Argentina, Chile

Andean Region (Venezuela, Colombia, Ecuador, Peru, Bolivia)

Challenges identified
- Safe re-opening of schools during the COVID-19 pandemic (caveat: no one-size-fits-all solution)

Proposed solution
- Follow international health standards and guidelines, and tailor them to national/local needs. This should include intersectoral collaboration between local authorities and communities to facilitate a step-wise approach for safe re-opening with an emphasis on vulnerable populations
- Rethink the concept of education/school systems, adopting the integration of school and health, e.g. Hybrid school programs in Latin America, with a mix of online and in-person classes
- Prioritize return to in-person learning for marginalized groups (without internet/technology access), and children and adolescents with NCDs
- Coordinate with local health authorities to strengthen the relationship between local health facilities/institutions/providers and schools. For example, if school is closed, children and adolescents with NCDs could be directed to specific local health facilities to continue their care/treatments. Health facilities as a continuum of schools
- Strengthen the participation/involvement of teachers and school authorities in health discussions. This should include culturally sensitive education/training of teachers/school authorities about health and particular attention to NCDs
- Redesign nutritional education. This could include developing online physical activity programs, cooking activities with families, etc. Collaboration and integration of schools (teachers), local health providers (doctors, nurses), families (parents/children) to develop policies/ educational materials on nutrition/ healthy eating
- Open the debate/discussion on “Digital Health” in schools
Youth focused solutions
• Coordinate use of social media - local/international news media (radio, tv, internet)

• Schools should have student representation at a regional and national level and be actively involved in ALL steps of health policy development

• Youth can create spaces or fora for dialogue, discussion between young people with NCDs and local authorities from both health and education sectors

• Provide support to existing student associations at regional and national levels

**Southern Cone (Argentina, Chile, Paraguay, Uruguay)**

**Challenges identified**
The group emphasized the global impact of NCDs and the importance of prevention in childhood through health promotion. Educational institutions are an essential pillar to carry out health promotion actions and it is essential - in light of COVID19 - to re-emphasize their prominent role.

• Compliance of schools to create safe environments - an imperative within the perspective of rights in childhood, gender and diversity of cultures

• Existence of disparities in access to health and education in the context of the region necessitates learning and dissemination of good practices

**Proposed solution**
• Virtual education, together with the development of digital health, constitute tools and strategies for health promotion. The development of innovative mixed actions that articulate face-to-face and virtual initiatives in education and health settings is a necessity and a priority

• Identify problems, set viable and sustainable goals over time, systematize actions and evaluate them

• Carry out a planning approach to NCDs in the school context - within and outside the pandemic – with a focus on inclusive development

• Identify existing legal regulations in local contexts and develop advocacy in favor of pro-equity public policies

• Avoid black-and-white options and explore “gray zones” in order to mitigate the vulnerabilities of children and adolescents with non-communicable diseases

• Consider particular situations, so as to find the right balance and avoid preventable risks in children with NCDs in relation to attending schools in the context of the pandemic

**Youth focused solutions**
• Promote genuine participation and youth empowerment to strengthen the role of adolescents and young people as agents of change

• Role of young people as role models and articulation with families and other prominent actors

• Identify indicators that allow measurement of the degree of youth participation, as well as its quality