



FIT FOR SCHOOL INC.

Essential Health Care Program for Filipino Children

> Report

Meeting on School Health Programmes in Asia:
Exploring Opportunities and Challenges



In partnership with

Fit for School Inc.

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Cagayan de Oro, Philippines



Report 12/2009

Meeting on School Health Programmes in Asia: Exploring Opportunities and Challenges

The Legend Villas Hotel

Mandaluyong City, Manila, Philippines

November 25-28, 2009

Executive Summary



On 26 and 27 November 2009, delegates from Brunei, Cambodia, Indonesia, and Vietnam convened in Pasig City, Philippines, for the Meeting on School Health Programmes in Asia, which was hosted by Philippine NGO 'Fit for School Inc.' with the financial support of German NGO InWEnt – Capacity Building International.

The meeting provided the delegates, comprised of representatives of their countries' Ministries of Health and Ministries of Education, with an opportunity to exchange experiences and discuss common issues and concerns. The award-winning Fit for School programme in the Philippines was showcased as a model for programme design and implementation, and effective inter-sectoral collaboration. Delegates visited a public elementary school where they witnessed first hand how the programme was implemented. The Fit for School programme has been recently selected as one of three winners in the Global

Health Forum of the Global South-South Development Expo 2009.



During the two-day meeting, several technical experts delivered presentations on today's global health challenges and on the viability of school health programmes in addressing them. Delegates were encouraged to field questions over the course of the meeting to make the discussions more pertinent to the situations in their countries. Towards the end of the meeting, delegates formed working groups to design a school health program for their respective countries using the principles discussed.



The delegates expressed their appreciation for this opportunity to learn and share information

on school health, and to explore possibilities for applying the Fit for School principles in their own countries. They also expressed interest in for closer collaboration and development of regional structures of school health.

Background & purpose of the meeting

The Fit for School programme was initiated and is owned by the Department of Education, the Philippines's League of Provinces, the NGO Fit for School Inc., and supported by German Development Agencies (CIM/GTZ/InWEnt).

The programme implements an innovative Essential Health Care Programme (EHCP) in order to address the most urgent health problems of the pupil population. Using the combination of daily supervised handwashing with soap, daily supervised toothbrushing with fluoride toothpaste, and bi-annual deworming the programme integrates simple, evidence-based and highly cost-effective interventions on a mass scale. Although the programme has been running for less than two years, it has already shown tremendous intermediate and health outcomes. The Department of Education has therefore decided to make the FFS programme a national flagship programme. The Fit for School (FFS) programme currently reaches 1 million primary school children in the Philippines. The World Bank, the World Health Organization (WHO) and the United Nations Development Programme (UNDP) recently awarded FFS for its innovative approach.

Neighboring countries facing similar health problems within the school age population have followed an invitation of InWEnt and Fit for School to learn more about the concepts the Philippine model is based on.

With financial support from InWEnt – Capacity Building International, an NGO commissioned by the German government to facilitate capacity

building and dialogue, a meeting of interested stakeholders in school health from four different South-East Asian countries was organised in Manila on 26-27 November 2009.

The objective of the meeting was:

1. To share the concept of the Philippines FFS programme;
2. To review existing school health initiatives in the neighbouring countries; and
3. To explore how the FFS principles could be used to revitalise school health programmes in these countries.

Delegates from Brunei, Cambodia, Indonesia, and Vietnam attended the two-day workshop that included presentations from invited technical experts and country representatives; as well as a site visit to observe the implementation of FFS in a Manila elementary school.

Programme

Opening Remarks



The meeting moderator, Dr. Habib Benzian, opened the meeting by welcoming the delegates, technical experts, and guests. He emphasized that the focus of the meeting would be on tangible action for the improvement of child health in the region. He hoped that everyone to return would return home with ideas for making things happen.

Ralf Panse, Senior Project Manager of the Health Division of InWEnt Germany, the primary sponsor of the meeting, introduced InWEnt's priority activity areas in health (health sector reform and social health insurance, HIV and reproductive health, as well as health management in the broadest sense). He cited the FFS Programme as an example of a small, local project initiative that has become a role model for the entire country and beyond. InWEnt and other German development agencies would continue to be keen partners in this process.

Dr. Bella Monse, Chief Executive Officer of Fit for School Inc., welcomed all delegates on behalf of her organisation and her staff. She announced that the FFS Programme had been selected as one of three winning health solutions to be awarded during the Global South-South Expo 2009, organised by UNDP, WHO, the World Bank, and other international organisations.

Presentations

“Social Determinants of Health and the Potential of the School System”



Speaker: Prof. Martin Hobdell, Department of Public Health, University College, London, UK

Prof. Hobdell outlined the key determinants of health with a story about a young patient he met while he was working as a surgeon in Mozambique in the 1970s. The main factors influencing health and oral health are outside of the body or the mouth – they are of political, biological, social, and economic nature. Thus,

broad thinking and advocacy in many sectors of society would be necessary to achieve sustained improvements in health. He commended the recently published report of the WHO Commission on Social Determinants and Health as an important document in this context.

He went on to discuss the opportunities for health programmes in school settings, stating that schools, with the involvement of parents and teachers, can support behaviour change and teach positive habits. Schools also provide a controlled environment for standardised health promotion interventions, care, and research into health services. Schools can also serve as a focal point for public-private partnerships.

“Essential Health Care Program – a DepED Flagship Program”



Speaker: Merlie Asprer, Consultant Coordinator, Essential Health Care Program, Department of Education (DepED), Manila, Philippines

Ms. Asprer gave an overview of the Essential Health Care Program (EHCP) that the DepED implements in partnership with Fit for School Inc., the League of Provinces, supported by technical assistance of the German Development Agencies CIM/GTZ and other partners.

The EHCP was designed in response to the alarming disease burden among the student population in all regions of the Philippines. In 2008, a test scheme was successfully piloted before it was agreed to implement the FFS programme as the national flagship programme

for school health. It currently reaches one million children in the country and it is planned to scale up to six million—50% of the pupil population in primary schools—by 2012. CIM/GTZ and the private sector contributed by financing the capacity development activities while the costs of running the programme are covered by the local government units (LGUs), thus encouraging sustainability and local ownership.

The ECHP consists of simple, evidence-based interventions that address the most prevalent diseases of children in the Philippines: respiratory tract infections, diarrhoea, soil transmitted helminth (STH) infections and tooth decay. The FFS programme intervenes to institutionalise:

- Daily supervised handwashing with soap;
- Daily supervised toothbrushing with fluoride toothpaste; and
- Bi-annual deworming of all children by supervised digestion of an albendazole tablet.

Implemented in schools by teachers, FFS introduces preventive health and behaviour measures aimed at sustainable healthy behaviour and long-term health improvements.

“Fit for School – a school health program in the Philippines”



Speaker: Dr. Bella Monse, CEO, Fit for School Inc., Cagayan de Oro, Philippines

Dr. Monse gave an overview of the diseases that affect children in the Philippines and discussed the three high-impact interventions to address them. She stressed that schools are an ideal place for health programmes, but that collaboration between the health and education sectors is necessary for success. She briefly discussed the roles and responsibilities of the different Fit for School Programme stakeholders and stressed the primacy of creating a memorandum of agreement (MOA) to bind stakeholders to these responsibilities.

The Fit for School programme established an intersectoral collaboration by breaking down the traditional barriers that existed between the Philippine health and education sectors, particularly between education and health professionals. FFS empowers non-health care professionals (teachers, children, parents and politicians) to promote health and prevent disease, utilising existing facilities (primary schools), as well as engaging health care professionals for capacity building, referrals, monitoring and evaluation. Although the Fit for School programme is implemented by the education sector, the responsibility for financing and procuring the required consumables (soap, toothpaste, toothbrush and deworming tablets) lies with the health sector of the provincial governments.

Dr. Monse also emphasized the need to design a programme in such a way that it is easy to implement, both for teachers and children. Clear guidelines for this process are essential. The FFS programme also provides an entry point for broader infrastructure improvements of the school and community. Washing programmes need access to water, which is not available in nearly half of the public elementary schools.

Through the FFS programme, awareness of the lack of sanitation facilities has been brought to the attention of community councils, teacher organisations, and even the media, resulting in tangible improvements.

The presentation concluded by discussing necessary elements for any successful SHP. These elements include having a universal message, involving parents, avoiding additional burden to teachers, agreeing to objectives, and obtaining sustained government funding.

“Neglected Tropical Diseases in Southeast Asia – How to address them with simple evidence-based interventions”



Speaker: Dr. Vicente Belizario, Deputy Head, National Institute of Health, Manila, Philippines

Dr. Belizario’s presentation focused on helminth infections, which are among the neglected tropical diseases now being targeted for control and elimination by WHO. Helminth infections are diseases related to poverty, poor sanitation, and hygiene. For this reason, drug treatment alone will not completely eliminate the infection; the parallel improvement of sanitation and hygiene is crucial. He highlighted the impact of helminth infections on child development, body-mass index, growth, education performance and quality of life. Among the various helminth infections the increase of schistosomiasis is alarming, since it is a worm infection that may be fatal even after 10 to 20 years after infection.

According to the WHO recommendations, the goal is the preventive anti-helminth treatment of 75% of all at-risk school children by 2010, but this international target will not be met. Worm infections are still rampant and the integrated school-based approach, including preventive chemotherapy to target these diseases, is a much-needed vehicle to reach infected children on a mass scale. Dr. Belizario emphasised that mass-medication without prior screening is a justified and realistic public health measure since screening tests are unreliable and side effects of preventive chemotherapy are negligible. However, the teachers dispensing the drugs would need simple training to recognise potential side effects, so that affected children could be referred for medical observation. Parental consent may be required depending on national legislation, but he recommended mass-scale application without prior consent in order to simplify the implementation of programmes.

“Political Leadership – The Key to a Successful School Health Program”



Speaker: Oscar S. Moreno, Governor, Misamis Oriental Province, Philippines

Gov. Moreno gave a brief history of his province’s adoption of the Fit for School Programme. Misamis Oriental was the first province to comprehensively implement the EHCP, based on the principles of self-reliance and decentralisation. Teamwork and good partnership between the LGU and the national government (DepED in the case of EHCP) were

essential in this process. Gov. Moreno said that, apart from the positive health outcomes, EHCP also had a positive impact in terms of increased cooperation and participation from parents. He encouraged the delegates to take the lead in implementing innovative programmes, despite organisational and political barriers.

“Oral Health – A Neglected Childhood Disease in the Region”



Speaker: Dr. Habib Benzian, Director, The Health Bureau, UK/Germany

Dr. Benzian presented data on oral health from *The Oral Health Atlas*, a publication by the FDI World Dental Federation that he recently co-authored (see <http://www.oralhealthatlas.org>). Dental caries is the most common chronic disease worldwide and the most frequent childhood disease. In Southeast Asia, more than 80% of children suffer from caries. Challenges to oral health include the high disease burden, access to good, safe, and affordable oral care; and the lack of appropriately trained oral health personnel, particularly in rural areas. The 2006 National Oral Health Survey of the Philippines showed that virtually all dental decay remains untreated, leading to avoidable pain, infection and suffering; as well as serious impact on health, growth, performance and well-being of children. Oral pain is the main cause of absenteeism for Filipino students.

Oral diseases are almost entirely preventable with simple, evidence-based and cost-effective

measures, such as the use of fluoride toothpaste. Oral health has strong links to all eight Millennium Development Goals, thus improving oral health status significantly contributes to the achievement of these goals.

“Working Together: Opportunities and Challenges in Inter-Sectoral Collaboration”



Speaker: Prof. Wim van Palenstein Helderma, Department of Global Oral Health, Radboud University, Nijmegen, Netherlands

Prof. van Palenstein Helderma discussed the contribution of international organisations in the context of SHPs: they can propose health models based on international norms, provide platforms for communication and sharing of information, provide funding as well as technical expertise in implementation. However, they should not be involved in the final decision-making process; this is the responsibility of national and local decision makers. Members of the health and education sectors have an important role in domestic advocacy for the implementation of an SHP. Private partners may join the programme to help with capacity building and funding once a pilot programme has been successfully evaluated. The first implementation of an SHP is crucial, so it is recommended to start a province or region where political support is good and where supporting structures, such as a project steering team (composed of medical officers, education officers, and representatives from the parent-teacher association [PTA], the women’s movement and/or other relevant organisations)

is operational. It is also vital to ensure public funding for operations and consumables. Prior to any scale-up of the pilot programme a feasibility assessment should be conducted. Scale-up includes a regulatory agreement or MOA between stakeholders, clearly outlining roles, responsibilities, funding sources and processes.

Due to the traditional distribution of roles between the education and health sector the collaboration between the Ministries of Health and Education are of great importance. Barriers can be overcome by focussing on a joint vision, a common goal, and mutual respect for and understanding of the respective mandates. Nevertheless, one of the departments should take the lead in the implementation process, preferably the Ministry of Education as is the case in the Philippines.

Country presentations

Brunei



Despite government health expenditure of US \$220 million in 2008 (per capita expenditure of US\$ 558), there is still a very high incidence of health and oral health problems in Brunei. More than 80% of dental decay remains untreated. The framework for handwashing programmes in schools is established and should be in place in all schools; as well as some pilot projects for fluoride toothbrushing.

Conclusion: There is a need for a more comprehensive, systematic and rigorous

implementation of sustained SHPs promoting better health for school children, based on the experiences of the FFS programme.

Cambodia



SHPs are conducted in collaboration with different government agencies and private partners; however, most are confined to selected randomly chosen schools in the capital area with the exception of a bi-annual deworming programme in almost all schools. Handwashing and toothbrushing are not implemented as a supervised daily activity.

Conclusion: There is a need and clear readiness for a more comprehensive, systematic and rigorous implementation of sustained SHPs promoting better health for school children, based on the experiences of the FFS programme.

Indonesia



SHPs here are part of the national legal and policy framework, which mandates School Health Coordinating Boards as well as School Health Teams in every school. The overall goal of SHPs in Indonesia is to improve quality of education

and student learning. There are strategies and policies in place to support SHPs focussing on three areas: health education, health services at school, and healthy school environments. Despite detailed plans, practical challenges remain, such as insufficient school facilities, a poor data recording and reporting system, limited coordination between stakeholders, insufficient community participation and advocacy, and insufficient support and funding. A key challenge is the achievement of a sustained behaviour change.

Conclusion: There is a clear need for a review of existing SHPs in the light of the FFS model in order to achieve a more comprehensive, systematic and rigorous implementation of sustained SHPs promoting better health for school children.

Vietnam



Vietnam has existing SHPs using the WHO's "Health Promoting Schools" model. The SHPs offer health services and treatment. There are also handwashing and toothbrushing programmes. In general, school-health personnel are made up of staff from the Ministries of Health and Education with medical backgrounds who promote school health.

However, there are a number of difficulties, including insufficient budget for SHPs, a lack of school health staff, poor inter-sectoral cooperation, limited facilities and equipment,

and a lack of legal documentation and policies. Priorities for 2010–2015 include the creation of policies and legal documentation, enhancement of inter-sectoral cooperation, capacity building for health workers and teachers, improving the quality of health services in schools, and improving school infrastructure.

Conclusion: There is a clear need for a review of existing SHPs in the light of the FFS model in order to achieve a more comprehensive, systematic and rigorous implementation of sustained SHPs promoting better health for school children.

Site visit to Bagong Ilog Elementary School, Pasig City, Manila



The field trip to Bagong Ilog Elementary School provided conference participants the opportunity to observe the implementation of the EHCP guidelines. Participants were able to view the washing facilities, talk to teachers about implementation, and observe the students as they engaged in daily handwashing with soap and toothbrushing with fluoride toothpaste as part of the EHCP. The school has about 1500 students and no access to piped water supply.

Mr. Ferdinand Avis, Bagong Ilog Barangay Captain (elected district leader), expressed his appreciation of the EHCP and that the entire community supports the sanitation improvements.



School Division Superintendent for Dumaguete and Tanghay, Dr. Profetiza S. Lim, explained the roles of the School Division Superintendent (SDS) and school principal in the EHCP as outlined in the *Essential Health Care Program for Filipino Children Manual for Teachers*. She emphasized the importance of close collaboration with LGUs to ensure continuous funding through the local school board fund.

The keynote speaker during the site visit, Ms. Vilma L. Labrador, Undersecretary of the Philippine Department of Education (DepEd), spoke on “School Health Programs Can Make a Difference: The Philippine Experience.” She discussed the particular educational concerns of the Philippines, including the need to improve access to and quality of education. Partnerships are one of DepEd’s strategies for action – the EHCP is an example of good partnership resulting in tangible community action benefitting children’s health and well-being. She ended her talk with a song to the delegates that communicated her personal message that good can be achieved for as long as there are people like those present with clear vision, able to provide the required leadership.

During a Q&A session several key issues were discussed:

How do to involve parents in the programme?

The schools make use of the PTA to engage parents. Teachers and parents are informed that the program will not start until parents have constructed the required washing facilities and

toothbrush holders for the classrooms. A simple washing facility can cost as little as PHP 2,000 (\$45USD) to construct. Once a classroom has a washing facility, the supplies (toothbrush, toothpaste, soap) are released. Simple and clear guidelines are essential to full participation and implementation of the programme.

How to monitor the programme?

Personnel from the school’s administration Health and Nutrition Center does the monitoring along with one parent-volunteer and a Barangay (smallest community administration unit) official. All three must be present because the programme is a shared responsibility. Fit for School developed a standardised and simple monitoring tool that will be used in all participating schools.



SWOT Analysis of school health programmes (SHPs) & working groups



In order to analyse the strengths, weaknesses, opportunities and threats of SHPs in general a moderated group discussion was held. These were the results of the SWOT analysis:

Strengths

- Positive impact on health and well-being
- Focussing on reaching target group
- Positive effect on school performance
- Community mobilisation and involvement
- Very cost-effective
- Use of existing structures
- Action oriented
- Reducing dropout rates
- Inter-sectoral collaboration
- Shared funding base
- Applying international policy frameworks

Opportunities

- International support
- Government and stakeholder commitment
- "Bringing public health to public place"
- Using media attention
- Cooperation with the corporate sector
- School health programmes create new opportunities for other programmes
- Opportunity to reach out to families (students as agents of change)
- Preparedness for emerging epidemics (improve health habits like handwashing – helps curb H1N1 epidemic)

Weaknesses

- Limited resources (workforce, financial, supplies / school infrastructure)
- Lack of required management skills
- Poor intersectoral collaboration
- Low prioritization of schools for health promotion
- Poor data recording system
- Lack of experience in implementing monitoring and evaluation
- Additional workload for teachers
- Health is not a core business of education sector

Threats *

- Financial cuts
- Cooperation with the corporate sector is not sustainable and marketing driven
- Change in leadership and policy
- Resistance of teachers and medical professions
- Emerging epidemics & competing priorities
- Changing international environment & health development (climate change)

- Change in social acceptance
- Implementation problems - demotivation
- Corruption
- Complex procurement (slow movement of funds)
- Politization – political party ownership of the programme

** It was pointed out that most of these threats are not particular to SHPs; most are threats applicable to any kind of programme.*



Following the SWOT Analysis four working groups, facilitated by the resource speakers and Dr. Monse, were asked to consider and discuss key elements for designing/implementing an SHP in their respective countries. The results of the group work were then presented and discussed in a moderated plenary session.



The following list summarises the key discussion points:

- *Q: How to overcome resistance from teachers claiming that a health programme is an extra burden?*

A: Activities should be no extra burden and instead made part of the daily schedule in an organised and fun way involving the children. If properly organised, activities should only take a very short time. Orientation of teachers is vital to address their reluctance to implement the programme because they feel that their responsibility is only to teach. It must be emphasised to them that making kids healthy helps them attain a better education.

- *Q: How to deal with competing policy frameworks and donor agency requirements?*

A: Frameworks are meant to help and guide. Find which one works best for you, which one enables funding and resources. A clear plan for the new programme is key to communicate priorities, rationale and preferences; leadership is required to promote and justify the strategies chosen.

- *Q: Can EHCP be integrated with existing deworming projects?*

A: Yes. The EHCP is not a new thing; if there are existing initiatives at the time of implementation, it is possible to alter the content of the programme and change the modules/strategies used. If there are other high-impact diseases for the child population, other interventions could be chosen for the package.

- *Q: Is it better to make SHPs compulsory for teachers?*

A: Be creative. Find different ways to motivate your teachers. In the Philippines, compliance with SHPs is one of the evaluation criteria for promotion; SHPs are anchored in the policies and directives of the DepED.

- *Q: Is it necessary to teach a specific toothbrushing technique?*

A: Studies showed that the brushing technique is not important with regards to caries prevention – the important element is the exposure to fluoride

toothpaste. Children should use their tongues to check that every tooth is clean and smooth.

- *Q: What is the ideal size of the washing facilities?*

A: If the wash basin or trough can only accommodate a few children at a time the activity may take too long. It is best to have facilities that can accommodate up to 15 students together. But it is better to have a small facility than none at all – start small and improve as the programme grows.

- *Q: What is the impact of the EHCP on the home and families of the children?*

A: The goal of EHCP is a sustained behaviour change, even at home. At present we do not know if this is the case in reality, but research into these aspects of the programme is underway.

- *Q: How can behaviour change be sustained?*

A: There is good evidence that information and health education alone do not lead to a sustained behaviour change. The principle of institutionalising healthy actions as a daily behaviour may help in anchoring these activities in a daily routine that is maintained even in later life.

- *The Fit for School Programme is only for prevention of dental caries. What about treatment?*

A: Fit for School does not have a treatment component; prevention is the most cost-effective public health measure in the long term. Ideally, a health care system should be based on both, prevention and treatment. There are opportunities for the programme to provide basic oral care and to link it with the health sector, if resources and the setting allow for this. A way to start inclusion of basic treatment is to allow for treatment of children that are in pain.



- *Q: What is the role of health indicators in monitoring an SHP?*

A: Health indicators are important to measure the long-term impact of the programme. It typically takes three years or more to see first results, although some indication can be obtained well before that. However, process outcomes such as number of schools participating, the quality of implementation, availability of written agreements between partners and school health policies are appropriate indicators for monitoring school health programs.

- *Q: How can international development partners contribute to a national SHP?*

A: Development agencies can help to kick-start a programme. In the long run, it is a national programme and a national financial responsibility, but SHPs do not need to cost much to have a lot of positive outcomes in different areas. International development partners should ideally be involved in capacity building for school health and management, thus strengthening the system. National authorities should take a clear responsibility for the long-term sustainability of the programme.

In the final feedback round, participants unanimously expressed appreciation, saying that they had learned a lot from the meeting, that the networking between the countries and experts

had been excellent and that they would return home with new inspiration and ideas. The site visit was seen as particularly helpful in this context. There was a general consensus that

- School health programmes provide a very high return on investment in any given health system;
- That regional coordination and communication among stakeholders, actors and experts would be very helpful in reviewing and enhancing existing national SHPs; and
- Support from Fit for School Inc. and German development agencies would be highly welcomed by the four national governments represented at the meeting.

The moderator finally summarised the discussion under a few key headlines:

- Any programme should be clear, simple and have clear guidelines, making implementation as easy as possible;
- Only evidence-based interventions should be used;
- Little implementation details may make a big difference in the success and adoption rate of the programme;
- Clear and shared responsibilities, particularly with regards to financing, are crucial;
- Advocacy to get the politics and policies right are needed;
- Parents, families and communities should be involved; and that
- Monitoring and evaluation should be integral to all activities.

In closing remarks, Mr. Panse and Dr. Benzian thanked the participants for their interest, hard work and dedication to revitalise school health in their respective counties.

The moderator closed the meeting by saying that SHPs are like an iceberg – the visible part is simple and beautiful, but that there is a huge and complex part beneath the surface that one needs to know about in detail in order to be able to steer the programme in the right direction.

It was agreed that after returning to their home countries, delegates would continue to explore

how SHPs could be improved based on the FFS experience. Dr. Monse, InWEnt and other German development agencies would follow-up with delegates to see how national activities and possibly a regional integration could be best supported and facilitated.



Annex

Further resources about school health and the Fit for School programme are available on the Fit for School website (<http://www.fitforschool.ph>)

Meeting programme:

DAY 1		November 25, 2009	
8:00am-6:00 pm	Arrival		
6:00-6:15 pm	Registration & Welcome Reception		
6:15-6:20 pm	Opening Remarks <i>Mr. Ralf Panse, Inwent Germany</i>		
6:20-6:25 pm	Welcome Remarks <i>Gov. Leo Ocampos, LPP President</i>		
6:25-6:35 pm	Welcome Remarks <i>USec. Vilma Labrador, Department of Education</i>		
6:35-6:40 pm	Welcome Remarks/ Practicalities <i>Dr. Habib Benzian, Moderator</i>		
7:00 pm	Dinner and Fellowship		
DAY 2		November 26, 2009	
8:00-8:30 am	Breakfast		
8:30-8:45 am	Social Determinants of Health and the potential of the school system <i>Prof. Martin Hobdell, University College, London</i>		
8:45-9:00 am	Essential Health Care Program: a DepEd Flagship Program <i>Dr. Ma. Corazon C. Dumlao, OIC of Health and Nutrition Center, DepEd</i>		
9:00-9:30 am	Q & A		
9:30-10:00 am	Travel to <i>Bagong Ilog Elementary School</i>		
10:00-11:00 am	Field Exposure/School Visit <i>Observation of Program Implementation</i>		
11:00-11:30 am	Travel to DepEd Central Office		
11:30-1:00 pm	Welcome and Lunch in DepEd Central Office		
1:00-1:10 pm	Political Leadership – The Key to a Successful School Health Program		
1:10-1:20 pm	The Role of the School Head in the Implementation of EHCP <i>Mrs. Elena Borcillo, Schools Division Superintendent, Division of Camiguin</i>		
1:20-1:30 pm	School Health Program can make a difference: The Philippine Experience <i>Hon. Jesli A. Lapus, Secretary of Education, Philippines</i>		
1:30-1:45 pm	Q&A & Group Photo		
1:45-2:30 pm	Return to <i>Legend Villas Hotel</i>		
2:30-2:50 pm	Neglected Tropical Diseases in Southeast Asia – How to address them with simple evidence-based interventions? <i>Dr. Vicente Belizario, UP National Institute of Health, Philippines</i>		
2:50-3:10 pm	Oral Health – A Neglected Childhood Disease in the Region <i>Dr. Habib Benzian, The Health Bureau, UK/Germany</i>		
3:10-3:40 pm	Coffee / Tea break		

3:40-4:00 pm	The Ten Principles of Successful School Health Programs <i>Dr. Bella Monse / Dr. Habib Benzian</i>
4:00-4:45 pm	Open Discussion <i>Moderator</i>
4:45-5:00 pm	Summary of the Day and Closure <i>Moderator</i>
7:00 pm	Dinner and cultural show
DAY 3 November 27, 2009	
8:00-8:30 am	Breakfast <i>Location of the breakfast – served either in the meeting room or in a nearby lobby</i>
8:30-8:45 am	Welcome & Introduction to the day <i>Moderator</i>
8:45-9:05 am	Working together: Opportunities and Challenges in Inter-Sectoral Collaboration <i>Prof. Wim Van Palenstein, Department of Global Oral Health, Nijmegen, Netherlands</i>
9:05-10:15 am	Presentation of Country Situations – max 5 min. presentation each and 5 min Q&A <i>(Brunei, Cambodia, Indonesia, Vietnam, Laos, Bangladesh)</i>
10:15-10:45 am	Coffee / Tea break
10:45-12:15 nn	Pros and Cons of School Health Programs: SWOT Analysis <i>Moderator/Participants</i>
12:15-1:15 pm	LUNCH BREAK
1:15-2:15 pm	Country Working Groups: <i>Designing and Implementing a School Health Program: Essential Elements and Steps</i>
2:15-3:00 pm	Plenary Presentation of Group Work & Discussion
3:00-3:30 pm	Coffee / Tea Break
3:30-4:00 pm	Realities and Next Steps <i>Moderator & Groups</i>
4:00-4:30 pm	Final Discussion
4.30-4.45 pm	Summary and Final Remarks
4:45-5:00 pm	Closing Ceremonies
7:00 pm	DINNER (informal)

Speaker Bios:



DR. BELLA MONSE is the CEO of Fit for School Inc.

Worked for 13 years in Germany in her own dental practice focused on pediatric dentistry

2002 – 2009 Working in the frame of an integrated expert program of German Development Cooperation to support the Department of Education in the Philippines in research and implementation of cost effective school based health programs. She was the consultant to the Philippine National Oral Health Survey and has presented research on school health programs in conferences worldwide.

She is one of the founders and currently the CEO of the NGO 'Fit for School, Inc.'.



Dr. Habib Benzian is based in Berlin, Germany, and was the first ever Director for Development and Public Health at the FDI World Dental Federation's head office in Geneva, Switzerland (from 2002–09). He is an experienced oral surgeon and recognized expert in international (dental) public health. Dr. Benzian graduated in 1987 at Free University of Berlin/Germany and holds an MS in Dental Public Health from King's College, London. Joining the FDI in 2002, he helped in developing and reshaping the FDI's Public Health activities. He has organized several international conferences and symposia on oral health, among them the first-ever ministerial meeting on oral health in Africa. He is lecturer in dental public health at the University College London and other European universities; as well as speaker at oral health conferences worldwide. He recently co-authored The Oral Health Atlas, a unique publication mapping the state of oral health worldwide. Currently he is founding director of The Health Bureau, a consultant firm in international health. He has travelled and worked in more than 70 countries worldwide.



VICENTE Y. BELIZARIO, JR., MD, MTM&H

PRESENT POSITIONS

Deputy Director for Research Management and Development
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OTHER POSITIONS CURRENTLY HELD

Member, Scientific and Technical Advisory Committee (STAC), UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)

Editor, Southeast Asian Journal of Tropical Medicine and Public Health, the Official Journal of the Southeast Asia Ministers of Education Organization – Tropical Medicine and Public Health Network (SEAMEO-TROPED Network)

Member, Editorial Board, Acta Medica Philippina, the National Health Sciences Journal
Vice Chair, Coalition for the Elimination of Lymphatic Filariasis in the Philippines (CELF-Philippines)
Member, Technical Working Group on Integrated Helminth Control Program, National Center for Disease Prevention and Control, Department of Health

EDUCATION

Graduate Master of Tropical Medicine and Hygiene, 1991
Uniformed Services University of the Health Sciences
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Doctor of Medicine, 1985
University of the Philippines Manila

College Bachelor of Arts (Humanities-Pre-Medicine), cum laude, 1981
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EDUCATION/TRAINING

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Royal College of Surgeons, England.	LDS	1961	Dentistry
University of London, UK	BDS	1961	Dentistry
University of London, UK	PhD	1970	Basic Science
University of Dublin, Ireland	MA (j.o.)	1984	Academic Dentistry

Positions and Honors

2004-to present Visiting Professor, Dept. Epidemiology and Public Health, University College London, UK.

2004-to present Adjunct Professor, Health Promotion and Behavioral Sciences, School of Public Health, University of Texas Health Science Center at Houston, USA.

2004-to present Adjunct Professor of Community Oral Health, Associated Faculty of the School of Dental Medicine, University of Pennsylvania, USA.

2009-to present Joint Coordinator Master’s Course in Dental Public Health, Universities of Health Sciences, in Vientiane, Lao PDR and Phnom Penh, Cambodia

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2004-5 Visiting Professor Community and Preventive Dentistry, Trinity College, University of Dublin, Ireland.

1998-04 Professor and Chair Department of Dental Public Health and Dental Hygiene, Dental Branch, University of Texas, Health Science Center at Houston

1994-97 Head, WHO Collaborating Center for Oral Health, University of the Western Cape, Cape Town, S. Africa.

1992-97 Dean, Faculty of Dentistry, University of the Western Cape, Cape Town, South Africa.

1984-92 Head, WHO Collaborating Center for Dental Education, University of Dublin, Trinity College, Ireland.

1985-86 President, International Association for Dental Research, Irish Division.

1983-92 Professor and Chair, Department of Community Dental Health/Preventive Dentistry and General Practice, University of Dublin, Trinity College, Dublin, Ireland.

1979-83 Senior Lecturer and Reader, Department of Conservative Dentistry, University of London.

1976-79 Professor of Stomatology, Instituto das Ciencias de Saude, Maputo, Mozambique.



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Professor in education and research on oral health care for deprived communities, College of Oral Science, University of Nijmegen. Netherlands.

Previously, Professor in Community and Preventive Dentistry, Faculty of Medicine, Dar es Salaam, Tanzania and co-coordinator of the establishment of the dental faculty in Tanzania..

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