



World Health
Organization

iHPP
Thailand

Global Standards for Health Promoting School (GSHPS)



By

Bureau of Health Promotion, Department of Health,
Ministry of Public Health





Global Standards for Health Promoting School, 2022 : GSHPS

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Introduction

On a global scale, health-promoting schools have been implementing and developing guidelines for more than 25 years, but no country has been able to fully and comprehensively implement health-promoting schools. Therefore, WHO and UNESCO launched the project on “Making Every School a Health-Promoting School” as a guidelines for government officers, policymakers from all sectors, school leaders, and allies to develop a sustainable implementation of health-promoting schools. In Thailand, the Department of Health has been implementing the health-promoting school project to improve children’s health in line with the education since 1998. Since then, there has been ongoing development, but an analysis of such implementation still showed threats to the development of Thai children in recent years that need to be addressed immediately before causing further harm to Thai children capacity. With the preparation for Thai people to be ready, literate and resilient to changes, Thailand focuses on the development of Thai children in the 21st century. This development emphasizes well-round skills, including both soft skills and hard skills, especially analytical skills, complex problem solving, and life skills, particularly in health. These skills can strengthen school-aged children’s health literacy, enabling them to take care of their own health, adopt appropriate health behaviors, and prevent and reduce preventable diseases.

In 2022, the Department of Health has elevated the development of health-promoting school standards to align with global standards in collaboration with the WHO, Ministry of Education, IHPP, and related network agencies. This was done by enhancing health knowledge in school according to the national reform framework published in the Royal Gazette. The development of health-promoting schools emphasized the goal of becoming health-literate organizations by enhancing standards in the physical, social, and psychological environment, as well as readiness for emerging diseases and health threats. Furthermore, the health-promoting schools have implemented 10 components of process standards and 6 indicators on student health outcomes that are aligned with Thailand’s context. As a result, the Department of Health has created the Global Standards for Health-Promoting School Handbook, 2022 (B.E. 2565). This comprehensive handbook is designed to offer valuable guidance to schools and relevant agencies, enabling them to achieve health development for school-age children and adolescents and beyond.

Introduction

Thai Children Development in the 21st Century

“Skills Development are the Keys to the Education”



The education system in the 21st century focuses on preparing children and adolescents with essential skill sets to thrive in society. Therefore, it is crucial for the educational system to undergo continuous development and adapt to the present situation as much as possible. The development of the educational system and skills play a significant role in Thailand's achievement of the 20-Year National Strategy, as well as driving forward the National Economic and Social Development Plan. Therefore, ensuring the quality of the education system and skill development across all aspects are vital for nurturing capable individuals who can contribute to the country's stability, prosperity, and sustainability. Additionally, fostering the growth and development of learners is key to achieving national goals.

Thailand is currently facing various challenges concerning school-aged children and adolescents, including demographic shifts, declining birth rates and quality, increasing teenage pregnancies, the transition from rural to urban societies, as well as the influence of advanced technology, online social communication, and copycat behaviors driven by societal values that prioritize material possessions over mental health. Consequently, preparation in advance is mandatory and can be achieved by aligning and linking the implementation direction with (1) the Sustainable Development Goals (SDGs), specifically the goal of ensuring healthy lives and promoting well-being for all at all ages, (2) the 20-Year National Strategy (2018-2037) in human development and capacity building, (3) National Reform Plan on Public Health with the goal to achieve positive outcomes in health literacy reform. The goals are 1) to ensure all Thai people have access to health data and can evaluate such data in making informed decisions about their health, 2) to foster a health-literate society in Thailand and 3) to enhance public health, educational, welfare, social, and environmental systems to benefit Thai people. This includes facilitating their access to, understanding of, evaluation of, and application of data and services in their living, allowing them to make appropriate decisions regarding their health and the health of their families. Moreover, Thailand has been facing with challenges in the capacity development and quality of Thai people of all ages. Particularly, there is a pressing need to focus on the capacity development among school-aged children and adolescents, as they form the cornerstone for cultivating a new generation of individuals with strong critical thinking abilities, aptitude for learning, and overall preparedness in various aspects of life. This emphasis on capacity development aims to equip quality adolescents with the necessary skills and qualities to become influential citizens and a driving force for the country's future.

Based on the situation of developmental challenges faced by children in the country over the past years, such as nutritional issues, challenges in continuing education, absence of parental care, exposure to environmental pollution, and the additional negative impact of the COVID-19 pandemic, it is imperative to address these problems promptly. Failure to rectify these issues in a timely manner may result in further detrimental effects on the potential of children.

Moreover, educational development plays an extremely important role, especially in times of global changes that impact shifts in education. It is crucial to consider people's preparedness to adapt to and navigate these changes by fostering literacy and resilience. This objective is reflected in governmental policies aimed at developing the potential of Thai children in the 21st century. The Ministry of Public Health, through the Department of Health, in collaboration with the 12 networking ministries, including the Ministry of Tourism and Sports, Ministry of Social Development and Human Security, Ministry of Higher Education, Science, Research and Innovation, Ministry of Agriculture and Cooperatives, Ministry of Digital Economy and Society, Ministry of Natural Resources and Environment, Ministry of Interior, Ministry of Justice, Ministry of Labor, Ministry of Culture, Ministry of Education and Ministry of Public Health, aims to drive the Memorandum of Understanding (MOU) on capacity development for Thai children in the 21st century with the 4H concept (Head, Heart, Hand, and Heart). These goals aim to cultivate Thai children to be smart, good, skillful and strong towards the new era of skill development. The emphasis is placed on hard skills, such as reading, writing, and mathematical abilities, soft skills, including learning, innovation, critical thinking, and analytical skills necessary for navigating the vast amount of data and information shared through various media and technologies. Additionally, life and occupational skills are crucial for children to lead fulfilling and successful lives in the present context.



Part 1

Global Standards for Health Promoting Schools



The World Health Organization (WHO) has initiated health promotion school programs and has been in practice in many countries since 2009. The WHO (1998) defines a health promotion school as a school constantly strengthening its capacity as a healthy setting for living, learning, and working. The global standards for health promoting schools consist of six standard components, including (1) school health policies (2) safe school physical environment (3) safe school social-emotional environment (4) health studies and skills (5) engagement of parents and school community and (6) access to school health services.

In the past, some countries have been able to build health promoting schools holistically, while others have only practiced the first phase and are lax to follow the methods in later periods. Over the course of more than ten years, practices and approaches have varied across countries and even within individual countries, resulting in a lack of inclusivity. However, it is crucial to note that public health crises and their remedies are not mutually exclusive. The importance of health literacy and adopting healthy behaviors has become increasingly recognized worldwide. Amidst the COVID-19 pandemic, the significance of ongoing health education has been heightened, particularly for parents, teachers, and school personnel. This education is essential for promoting physical, mental, and social well-being.

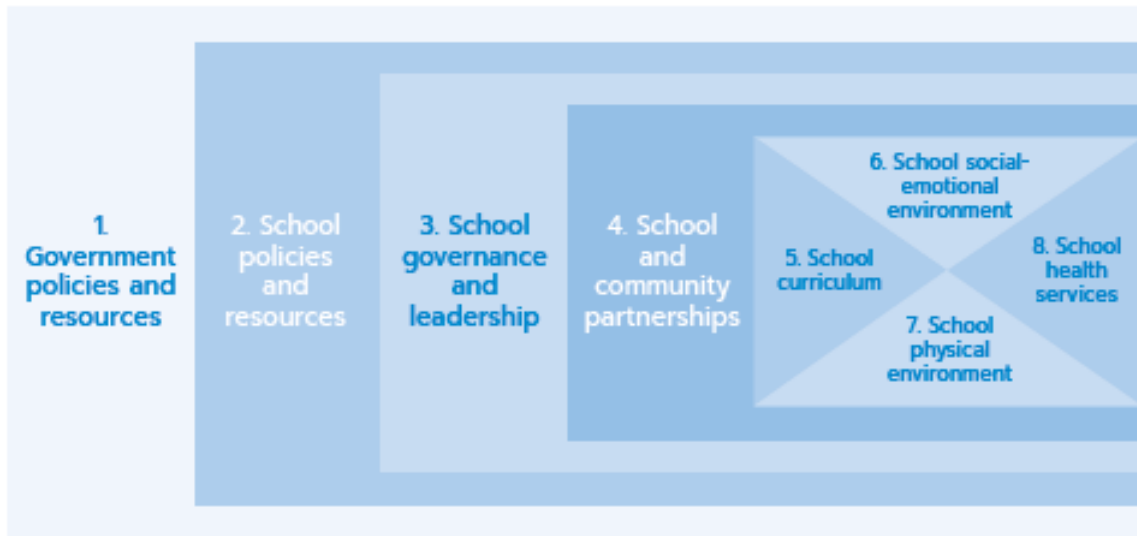
In 2018, regional offices and member states recognized the need to revitalize inclusive health promoting schools in order to support member states in their efforts to enhance health promotion and expand the implementation of health promoting schools in accordance with global standards. This recognition led to the establishment of a collaborative project called “Making Every School a Health Promoting School,” which involved various organizations including the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). The project aims to develop global standards for health promoting schools and indicators that can be practically utilized. These standards and indicators will serve as guidelines for government officials, policymakers from various sectors, school leaders, stakeholders, and others involved in promoting health in schools.

Later in 2021, during the Seventy-Fourth Session of the WHO Regional Committee for South-East Asia in Nepal on 6-10 September 2021, the “Revitalizing School Health and Health-Promoting School in the South-East Asia Region” was discussed. Thailand had the opportunity to present a resolution on revitalizing the school health program and promoting health in schools in the South-East Asia region. This was important because such health problems for children and adolescents had never been discussed in the regional forum before. The aim was to encourage cooperation among member states in the region and to adopt the standards.

Furthermore, WHO Headquarters and UNESCO collaborated in developing global standards for health-promoting schools and indicators. This collaboration was completed in 2021, providing an opportunity for the region to co-create and coordinate through the collection of a progress checklist for the implementation of health-promoting schools. Thailand was one of the six countries in the region appointed to consider the possibility of applying these global standards to their country's context.

Afterward, during the Inter-Ministerial Meeting to Revitalize Health Promoting Schools in South-East Asia, held on 12-14 October 2021 (a virtual meeting), Senior officials from 11 countries, including Thailand, Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, and Timor-Leste, gathered together. The primary objective of the meeting was to strengthen political commitment to revitalizing Health Promoting Schools (HPS) and to consider the path of implementation in response to the calls for action in South-East Asia. The Call for Action urged for every school to become a health promoting school and for the expansion of comprehensive school health programs to promote the health and well-being of students and staff. During the meeting, participating member states from the WHO South-East Asia Region, representing both the educational and public health sectors, signed an MOU to revitalize health promoting schools and support their implementation. The Regional Roadmap for 2022-2030 was defined with the following objectives: 1) supporting countries in accelerating and comprehensively implementing HPS, 2) defining milestones to achieve the SDGs 2030 in health and education, 3) developing operational evaluation tools, and 4) establishing a monitoring framework and tools to monitor the operations of the Call for Action.

The eight global standards for HPS are intended to function as a system



13 levers to make every school a health-promoting school

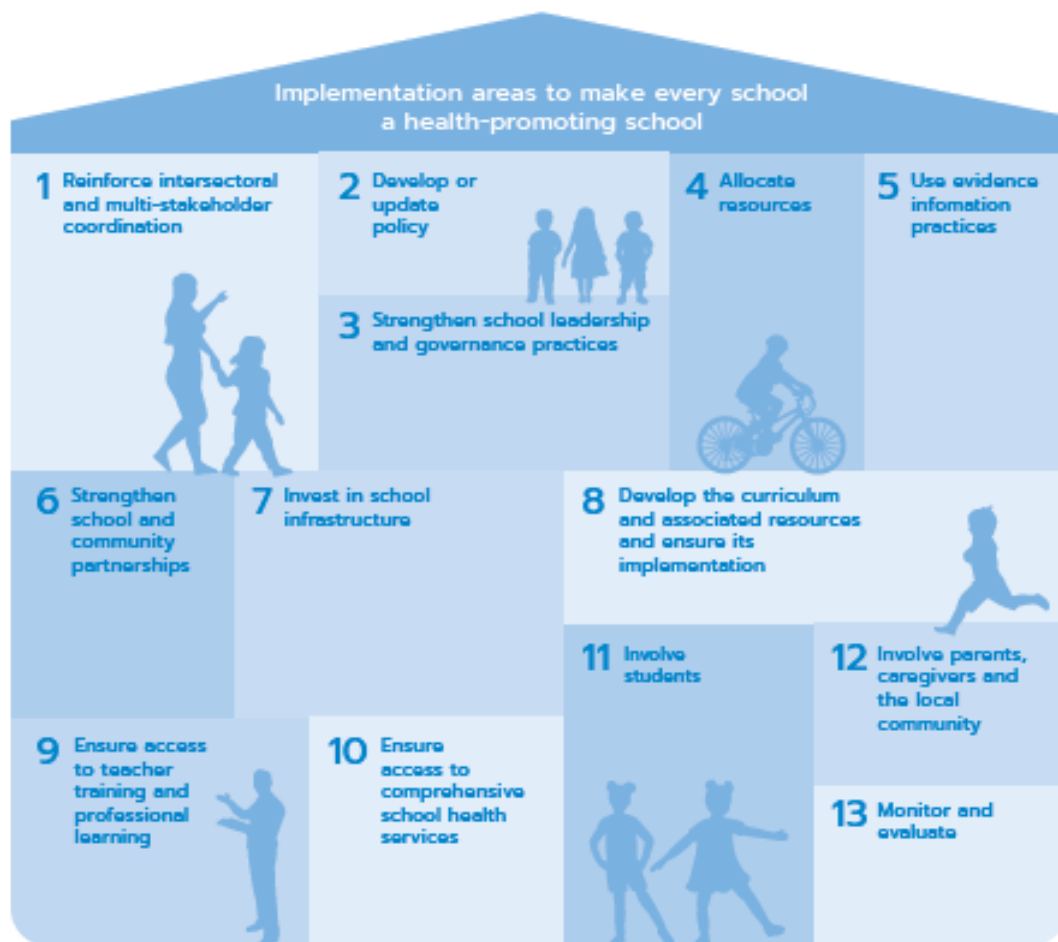


Figure 1 Global Standards for Health Promoting School and Indicators

Figure 2 Reasons for Investing
in Health Promoting Schools



Why invest now?

Health and well-being	Education	Community	Government
<ul style="list-style-type: none"> To ensure healthy growth and development of students To improve health literacy, beliefs and attitudes, skills and health-promoting behavior among students, staff and the wider community To enhance the capacity of schools to address student health and well-being 	<ul style="list-style-type: none"> To improve health literacy, beliefs, attitudes, skills, and health-promoting behavior among students, staff, and the wider community To enhance the capacity of schools to address student health and well-being To increase engagement among schools, families and communities 	<ul style="list-style-type: none"> To increase engagement among schools, families and communities To improve student access to health services To enhance community engagement in school operations To promote healthier communities and community citizenship 	<ul style="list-style-type: none"> To achieve more equitable health and education outcomes, including increased gender equality To enhance student, family and community health and well-being

What can be achieved?

Health and well-being	Education	Community	Government
<ul style="list-style-type: none"> Creation of improved health-enabling environments in schools Reduction of health risk factors within and outside school premises Enhancement of the health and well-being of students, staff, and the wider community Establishment of foundational knowledge, attitudes, and behaviors to enhance health and well-being throughout the lifespan Reduction of inequities and inequalities in health outcomes 	<ul style="list-style-type: none"> Less inequality in educational outcomes Less inequality in educational achievement 	<ul style="list-style-type: none"> Sustained multi-sectoral collaboration that efficiently supports health, well-being, and education Increased workforce capacity, social capital, and social cohesion 	<ul style="list-style-type: none"> To achieve more equitable health and education outcomes, including increased gender equality To increase student, family and community health and well-being

Cycle of health promoting school implementation

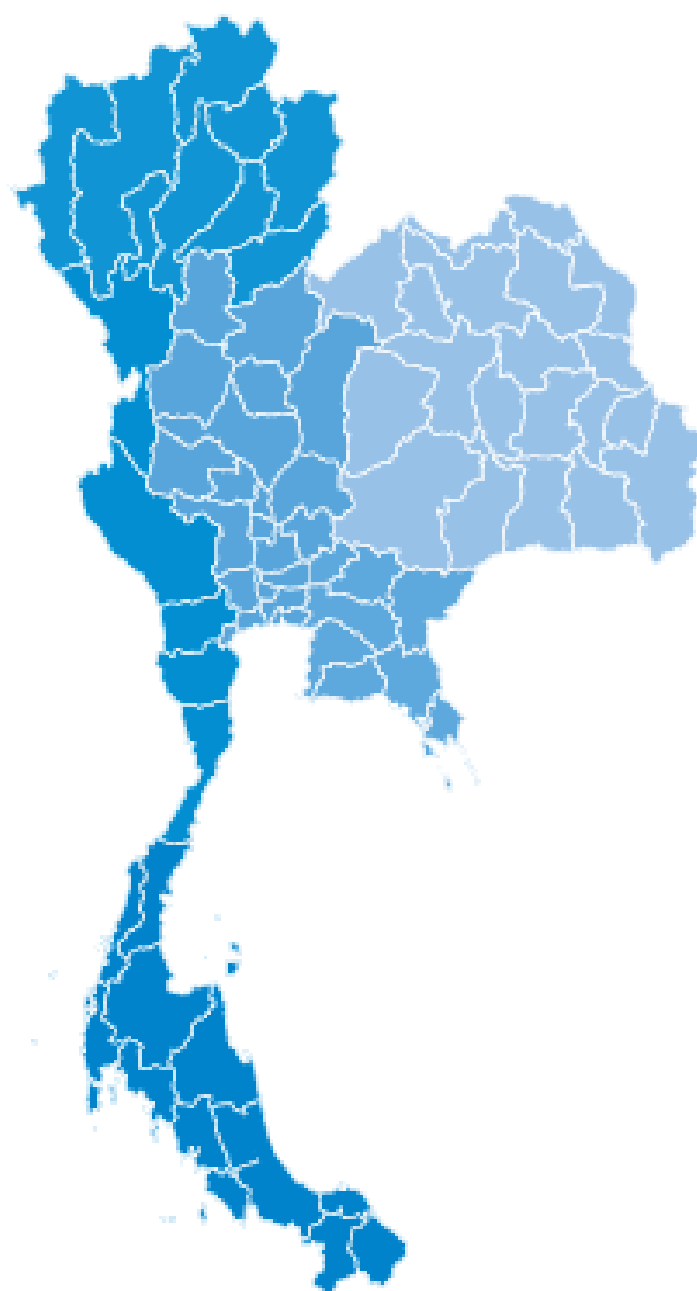
The cycle of health promoting school implementation involves government agencies at the national, domestic, and local levels, as well as school leaders. While each step of this cycle requires a sequential process, it is not limited to government officers alone to implement each step. The processes are similar regardless of whether the operator is a policymaker at the national level or a school director. School executives are responsible for implementing this cycle at the school level, while national government agencies take on this role at the national level. However, it is expected that government officials make policy decisions that support school executives in following this cycle.



Figure 3 Cycle of health promoting school implementation

Part 2

Health Promoting School in Thailand



What is a health promoting school?

The World Health Organization (WHO, 2020) has provided the definition of a health promoting school as “a school that is constantly strengthening its capacity as a healthy setting for living, learning and working.”

Consequently, the Department of Health, Ministry of Public Health (2022), has defined global standards for health promoting schools as schools that have implemented health promotion strategies and enhanced healthcare to improve health literacy. These standards aim to align with global benchmarks and involve the participation of relevant network agencies in the education sector.

Concept of global standards for health promoting

The concept of global standards for health promoting school aims to strengthen the capacity of people in all dimensions. Its objective is to develop the potential of Thai children in the 21st century through a collaborative learning process. Moreover, both schools and communities are encouraged to apply health knowledge and skills in daily life. This includes taking care of their own health and the well-being of others, making decisions to address health-related situations. This is particularly important for students, who are encouraged to adopt attitudes, practice appropriate skills, and exhibit behaviors that promote health literacy. Thus, they will be able to appropriately manage their health and the community members will be in good physical and mental health in a clean and safe environment. Ultimately, this achievement aligns with the goal of developing individuals of high quality who can live happily in society.

Health Promoting School Implementation Path in Thailand

Thailand has commenced the implementation of health promoting school under the School Health Program. Previously, this program focused on four key priorities: school health education, school health environment, school health services, and school and home relationships. Later, the implementation procedures of school health was changed into “health promoting school” from the proposal of health promotion and health education experts of WHO. Thailand, by the Ministry of Public Health, in collaboration with WHO’s South-East Asia Regional Office (SEARO), hosted the Intercountry Consultation on Health Promoting School Conference in 1997. The Department of Health then adopted health promoting school concepts and strategies to implement as follows:

In 1998, the Department of Health has commenced the strategy on health promoting school by setting goals, sharing ideas, and developing a model for having at least one health promoting school in each province, and a handbook for implementation guidelines.

In 1999, a cabinet resolution was issued, appointing of the National Board of Health Promoting Schools.

- The Department of Health held board meetings and the results of the meeting contributed to the objectives of the health promoting school policy.

- The Department of Health held a health promoting school policy statement conference led by the Permanent Secretary of the Ministry of Public Health, Ministry of Education, and Ministry of Interior.

- Leadership training sessions were also hosted by the Department of Health to facilitate the implementation of health promoting schools. These training sessions targeted administrators from provincial model schools. The concept of health promoting schools was disseminated to education sectors and district health offices nationwide, with the aim of establishing at least one health promoting school in each district.

In 2000, a five-component process for health promoting school evaluation criteria was established. This process included the following components: 1) health promotion policy, 2) health promotion committee, 3) identification of health problems, 4) planning of health promotion programs, and 5) implementation as planned and monitoring. The goal was to have at least one health promoting school in each sub-district and host national health promoting school networking seminar in order to promote the program to the public by organization in provincial level conveying the concept to the sub-district level across the country.

In 2021, an MOU on the development of health promoting schools was signed between the Department of Health, Department of General Education, and Office of the National Primary Education Commission. These three organizations collaborated to co-host the 4-regional health promoting school conference, with representatives from local government organizations also participating in the conference. At the provincial level, clarification meetings were organized for organizations at the sub-district level. The purpose of these meetings was to expand the implementation of health promoting schools to include schools that have not yet joined the program.

In 2002, benchmarks for health promoting school evaluation were introduced based on the 10-component standards. The evaluation process was divided into three levels: gold, silver, and copper. To ensure clarity and understanding of the implementation guidelines, a clarification meeting was held for school executives in the Bangkok metropolitan area. Additionally, development training sessions were organized for health promoting school evaluators.

In 2003, a handbook for health promoting schools was designed. Furthermore, academic seminars and a health promoting school expo were organized to promote and showcase the achievements of health promoting schools.

In 2004, the goal was expanded to include the aspiration of becoming the Ministry of Education's dream schools.

In 2005, the “Thai Children Can Do” project was launched with the objective of developing the health potential of students. This project placed special emphasis on the importance of student involvement and participation in promoting their own health and well-being, and to ensure the sustained implementation of health promoting schools across Thailand.

In 2007, an MOU was signed between the Department of Health and the Office of the Basic Education Commission to improve student health. The objective was to formulate policies and prepare co-action plans as a framework for implementing sustainable well-being initiatives for students. The focus was on developing students' potential to think, analyze, assess health situations,

and plan solutions through health projects. As part of this effort, one pilot school was selected per province, and the program's performance was consistently expanded.

In 2008, an MOU was signed between the Ministry of Public Health and the Ministry of Education. The purpose was to develop a health care insurance system and promote education for well-being. The Ministry of Education took the lead in advancing student well-being promotion, with support from the Ministry of Public Health. An implementation network was established to facilitate these efforts.

In 2009, schools participating in the Health Promoting School Program achieved a passing rate of 96.8% in the assessment. Subsequently, the Department of Health developed higher benchmarks called diamond-level standards for health promoting schools. These standards focused on quality, considering the assessment results of the 10-component process for both health and behavioral health. Additionally, the assessment included results from the Ministry of Education's implementation according to the policy. The department also prepared guidelines and clarifications for stakeholders, and assessments were conducted by a central organization team in collaboration with the Regional Health Center.

In 2010, during the two-year assessment period for the diamond-level standards, issues and obstacles were identified. As a result, the standards were revised and improved, and implementation guidelines and a health promotion school assessor's handbook were prepared for all levels of health promoting school implementation.

In 2012, the Department of Health organized a clarification meeting for the assessment team of diamond-level standards for health promotion schools. Participants included academics from the Department of Health, Provincial Health Offices, and the Health Department of Bangkok Metropolitan Administration.

In 2013, an assessment team appointed by the Ministry of Public Health conducted a diamond-level standards assessment for health promoting schools.

In 2014, the concept of integration was introduced in the strategy-making process of the Ministry of Public Health. The Health Promoting School program was aligned with the health development strategy for school-age children and adolescents. The relevant agencies revised the assessment standards for health promoting schools based on the 10 components, taking into account changes in the situation that impact children and adolescents. Additionally, an MOU was signed between the Department of Health and the Office of Nation Education Standards and Quality Assessment (Public Organization) to facilitate implementation development and the exchange of useful information.

In 2015, a seminar was organized to discuss the integrated health promoting school project. During the seminar, the improved health promoting school assessment standards were explained to the attendees, including executives and academics from public health and education departments at central and regional organizations.

In 2019, a meeting was held with the Regional Health Center and the Metropolitan Health and Wellness Institution. The purpose of the meeting was to identify the accreditation of diamond-level standards for health promoting schools and to focus on critical points in reporting and analyzing the implementation gap. It was discovered that the implementation drive was primarily focused on systematic mechanisms, which did not result in the desired health outcomes for students. As a result, the development of Health Literate School (HLS) guidelines was initiated, consisting of 4 components and 12 indicators. These guidelines served as a developmental tool for health promoting schools. Additionally, in line with the country's reform framework announced in the Royal Gazette on April 6, 2018, which stipulated the development of three major including public health, education, and culture, the Board meeting proposed strategies and mechanisms to promote health literacy and information communication. Therefore, on the public health dimension, the development of Health Literate Organization (HLO) in the workplace, hospital, schools, temples, churches, and mosques was required.

In 2020, an online school health literacy assessment program was developed as part of the health promoting school initiative. This program includes 4 elements and 12 indicators. The website for the program can be found at <https://hps.anamai.moph.go.th/>.

From 2021 to 2022, the development of health promoting schools in accordance with global standards has been strengthened, following the New WHO guidelines on global standards for health promoting schools, aligning them with Thailand's context.

Figure 4 Paths of Health Promoting School Implementation in Thailand

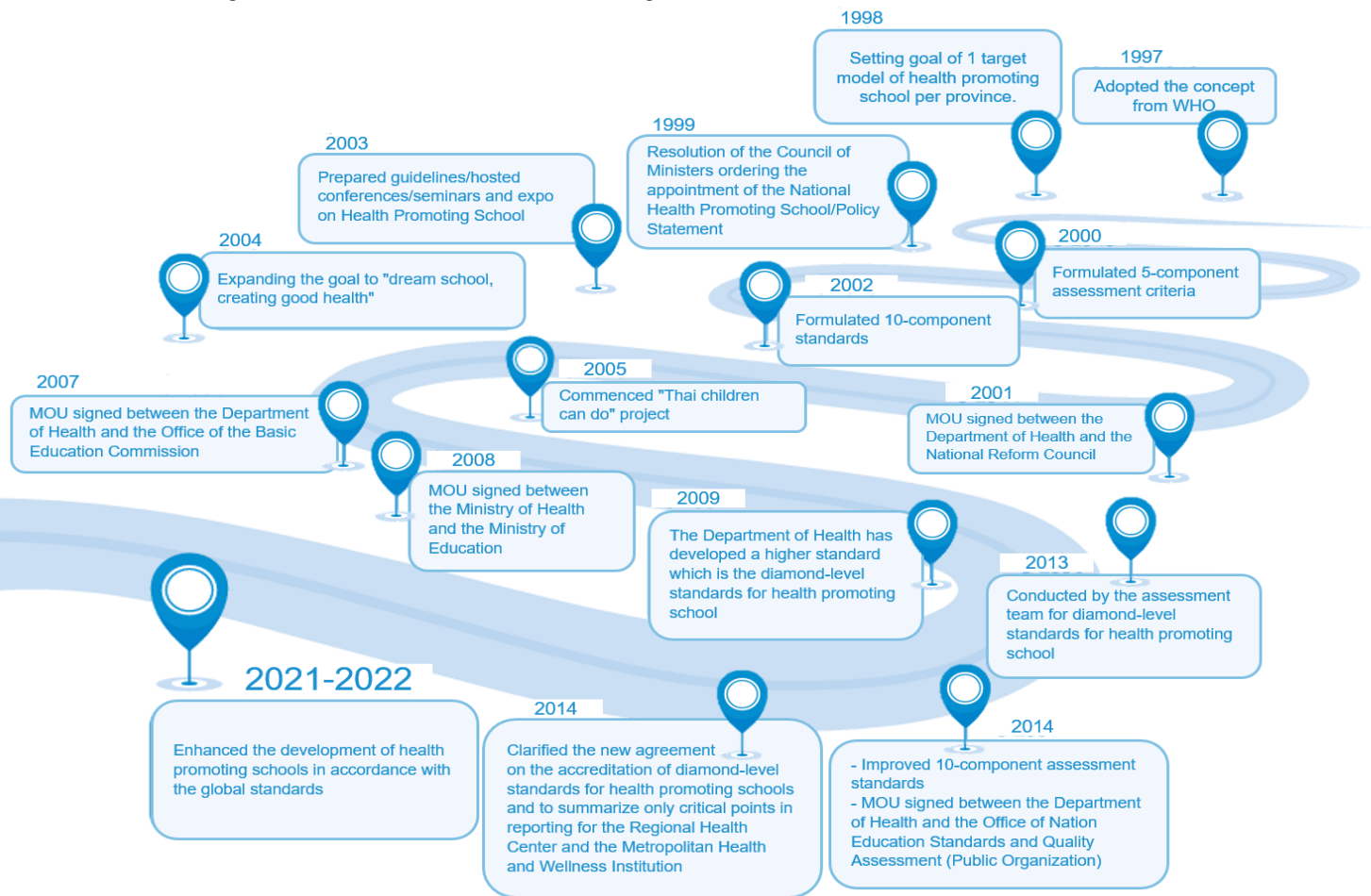
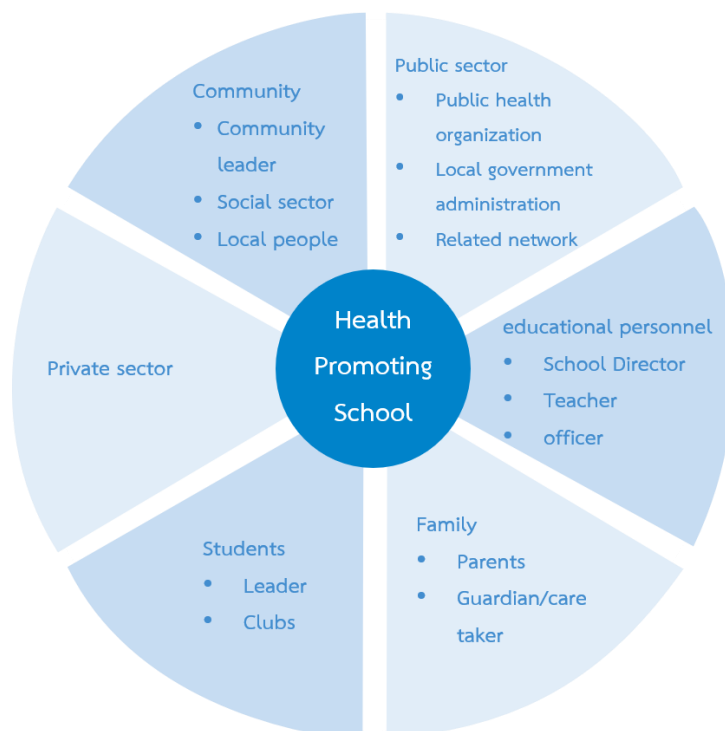


Figure 5 Cooperation of Health Promoting School Implementation



Turning Point in the Improvement of the (Global Standards for Health Promoting School : GSHPS)

Nowadays, the world is changing rapidly in all dimensions, including society, the economy, politics, and technology, primarily due to the development of information technology. Social media has emerged as a significant influence on people's lifestyles in this modern era. With the convenience and speed of the internet, individuals can access information through various channels and easily share it with others. However, this influx of information comes from both reliable and unreliable sources. Many recipients of these messages may lack the ability to analyze and evaluate the authenticity of the news they receive. Consequently, this situation can have adverse effects on both physical and mental health, as well as overall well-being, which is occurring worldwide. Hence, all countries agreed on the importance and urgency of building the “health literacy” in order to decrease health expenses which are spiking up every year. If the people received the “immunity” through the building of health literacy, it means that there is a possibility of behavioral changes to avoid health risk behaviors by targeting on the “development of skills and potential” of people and communities to be able to “search for answers” as well as to be able to “access resources” and “verify” the obtained information to make decisions on how to properly use such health information in everyday life.

WHO has discussed the development and promotion of “health literacy” among individuals, aiming to enhance their capacity to sustainably maintain their own health, exchange health information with healthcare providers, and anticipate health risks. Additionally, individuals with health literacy are empowered to set their own healthcare objectives, particularly in managing non-communicable diseases (NCDs), which represent a significant global challenge today. Based on this framework, a national policy was formulated under the country’s public health reform plan in 2014, outlining health literacy and communication reforms. The elevation of health literacy reform to the National Agenda has set three main goals to be achieved within a five-year period. These goals encompass the following: 1) Ensuring that all Thai people possess the skills to access and process health information; 2) Fostering a health literate society in Thai society; and 3) Establishing a public health system in Thailand that enables people to access, understand, evaluate, and apply information and services, thus making informed healthcare decisions for themselves and their families. These goals align with the Ministry of Public Health’s strategic plan to promote health literacy and encourage appropriate health behaviors among the Thai population. Furthermore, the Office of the National Health Commission (NHRC) has identified “health literacy” as one of the seven strategic issues in the development of participatory health public policy.

In 2016, during the Board meeting, strategies and mechanisms were proposed to promote health literacy and information communication. The Department of Health was designated as the key implementing agency, aligning with the country's reform framework announced in the Royal Gazette on April 6, 2018. This framework emphasized the development of three major systems: public health, education, and culture. Consequently, on the public health front, the establishment of health literate organizations (HLO) in workplaces, hospitals, schools, temples, churches, and mosques was deemed necessary.

Although the health promoting school guidelines have been developed for over 25 years on a global scale, no country has been able to fully implement the health promoting school system. In 2018, the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) announced the launch of the "Making Every School a Health Promoting School" program. This program aims to provide guidance to government officials, policymakers, school leaders, and development partners on achieving sustainable health promoting schools.

The provided information highlights the importance and reasons for the development of global standards for health promoting schools. It emphasizes the integration of health literacy issues, health, and environmental health threats with the Thai context to ensure comparability with global standards.

Benefits of a health promoting school Global standards (GSHPS)

School Personnel, Guardians and Community

1. They are able to learn and develop health promotion, health literacy, and environmental health skills in line with global standards, leading to improved overall health.
2. They can develop the skills and abilities necessary to effectively manage their own health.
3. Schools have increased opportunities for collaboration, assistance, and support from communities and organizations.
4. They become health models and leaders in promoting health within schools and communities, contributing to the development of a Health Literate Society.

Students

1. They are able to learn how to adopt healthy behaviors and develop health literacy alongside their education, which will promote their overall well-being and enable them to reach their full potential according to their age.
2. They have access to comprehensive health services through the school health service, including referrals and proper management of health problems.
3. They become health models and leaders within the school, actively promoting health and well-being among their peers.
4. They experience positive health outcomes based on age-appropriate criteria, such as maintaining appropriate height and weight, avoiding obesity or being underweight, having good oral health, achieving physical fitness standards, maintaining good mental health, exhibiting appropriate health behaviors, and achieving educational success.

Figure 6 Correlation of the Components in Health Promoting School Standards

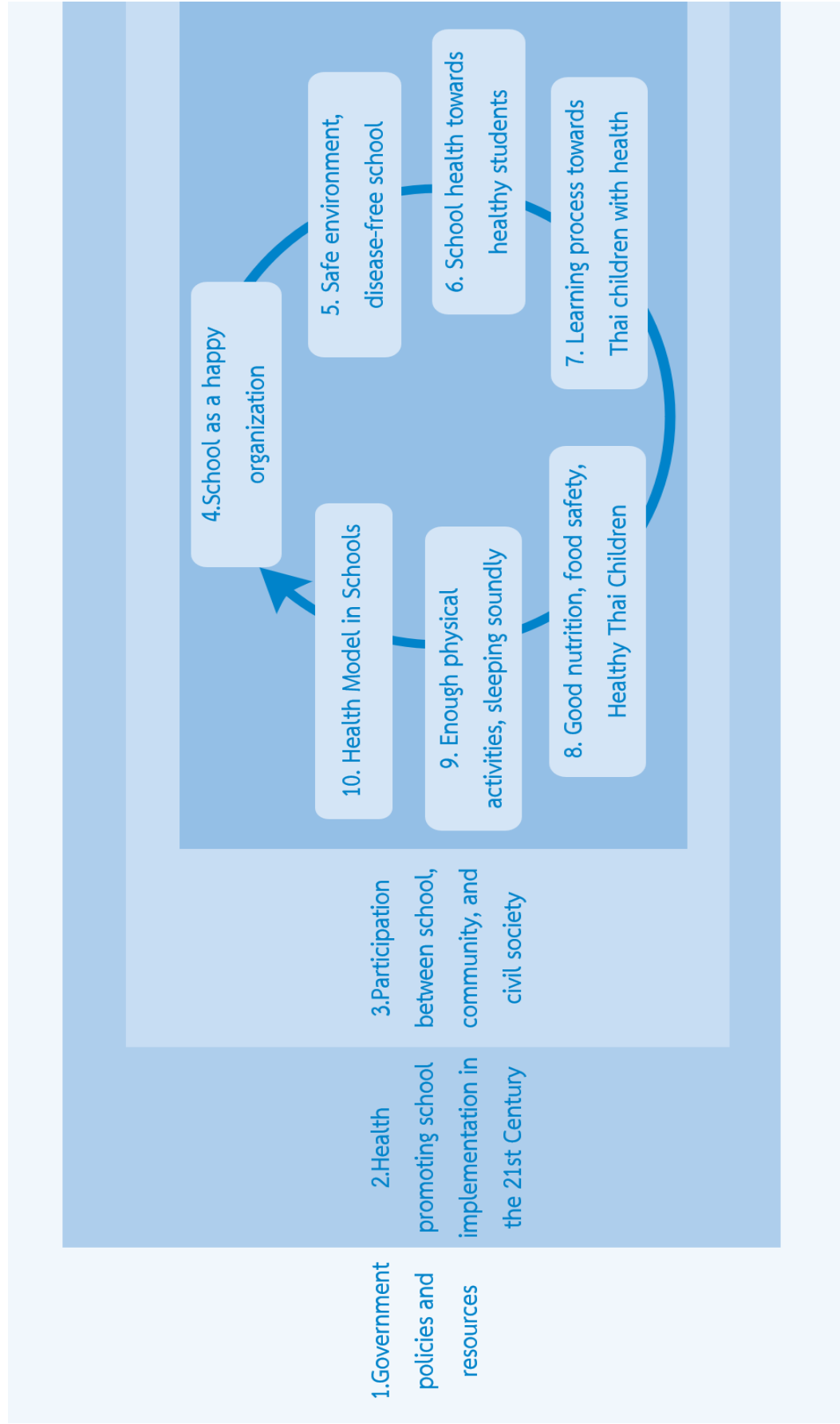


Figure 7 Overall Global Standards for Health Promoting Schools (Process standards)

1. Government policies and resources

- Determine the school policy/vision with the integration of health problems in the school policy or vision.
- Identify health problems in the school plan and raise funds or gather resources for the development of health promoting schools.

2. Health promoting school implementation in the 21st century

- Communicate the policy, vision, and plan to practice.
- Appoint a committee or working group for implementation.
- Analyze health and environmental health problems in schools and communities and develop collaborative solutions.
- Implement school projects and student projects to address health or environmental health problems in schools or communities.
- Integrate health problems into the curriculum or extracurricular activities.
- Provide supervision, monitoring, and evaluation of the implementation.

3. Participation between school, community, and civil society

- Encourage the participation of schools, guardians, communities, and civil society networks.

4. School as a happy organization

- Provide creative spaces for students and offer active learning lessons or activities, such as Problem-Based Learning (PBL) or Professional Learning Communities (PLC).
- Implement plans, measures, or guidelines to prevent all types of violence, including bullying, and establish a student support system.

5. Safe environment, disease-free school

- Promote a healthy environment through environmental health management practices.
- Preventing measures to address accidents and injuries on the premises.
- Preventing emerging diseases and health threats.
- Implement measures to ensure a drug-free environment.

6. School health towards healthy students

- Primary health screening by health/class teachers.
- Health screening by public health personnel.

7. Learning process towards Thai children with health

- Innovate to create health literacy or integrate health literacy into learning courses.

8. Good nutrition, food safety, Healthy Thai Children

- Provide lunches according to Thai children's nutrition standards, maintaining cleanliness and quality of ingredients.
- Serve whole milk daily, stored in appropriate conditions.
- Control the sale and provision of unhealthy foods and beverages with no nutritional value, high sugar, salt or grease.
- Regulate advertising related to unhealthy foods with no nutritional value.
- Ensure the school's canteen meets food sanitation standards.

9. Enough physical activities, sleeping soundly

- Provide adequate spaces and equipment for physical activities.
- Establish physical activity clubs.
- Encourage students to participate in exercise programs such as the "Kao Ta Jai" platform.
- Implement exercise promotion programs.
- Schedule at least 60 minutes of physical activities for students each day.
- Promote sufficient sleep among students.

10. Health Model in Schools

- Gain support from the executive team for implementing health promoting school initiatives.
- Encourage school executives, teachers, and staff to monitor their health and serve as health role models.
- Ensure health teachers have completed the Ministry of Public Health's school health teacher training course.

Figure 8 Overall Global Standards for Health Promoting Schools (Health outcome indicators)

Indicator 1 Nutritional conditions

1. Students with appropriate height and weight account for more than or equal to
57% (2023)
59% (2024)
61% (2025)
63% (2026)
65% (2027)
2. Stunted students are not over
10% (2023)
9.5% (2024)
9% (2025)
8.5% (2026)
8% (2027)
3. Moderately obese and obese students are not over 10%.
4. Underweight students are not over 5%.

Indicator 2 Oral and dental health

1. Students in Grade 6 have a caries-free rate of over or equal to 45%.
2. Students in Grade 9 have a caries-free rate of over or equal to 35%.
3. Students in Grade 1-6 receive permanent dental restorations (excluding tooth extraction) with a cavity-free rate of over or equal to 60%.
4. Students in Grade 7-9 receive permanent dental restorations (excluding tooth extraction) with a cavity-free rate of over or equal to 50%.

Indicator 3 Health-related physical fitness

Students pass all three aspects of physical fitness assessment for 80%.

1. Cardiovascular endurance.
2. Muscle strength and endurance.
3. Flexibility.

Indicator 4

Students with behavioral, emotional, and social problems receiving care and assistance until they get better.

Indicator 5

Students who are ill, injured, or faced with accidents in the school environment that require hospitalization.

Indicator 6

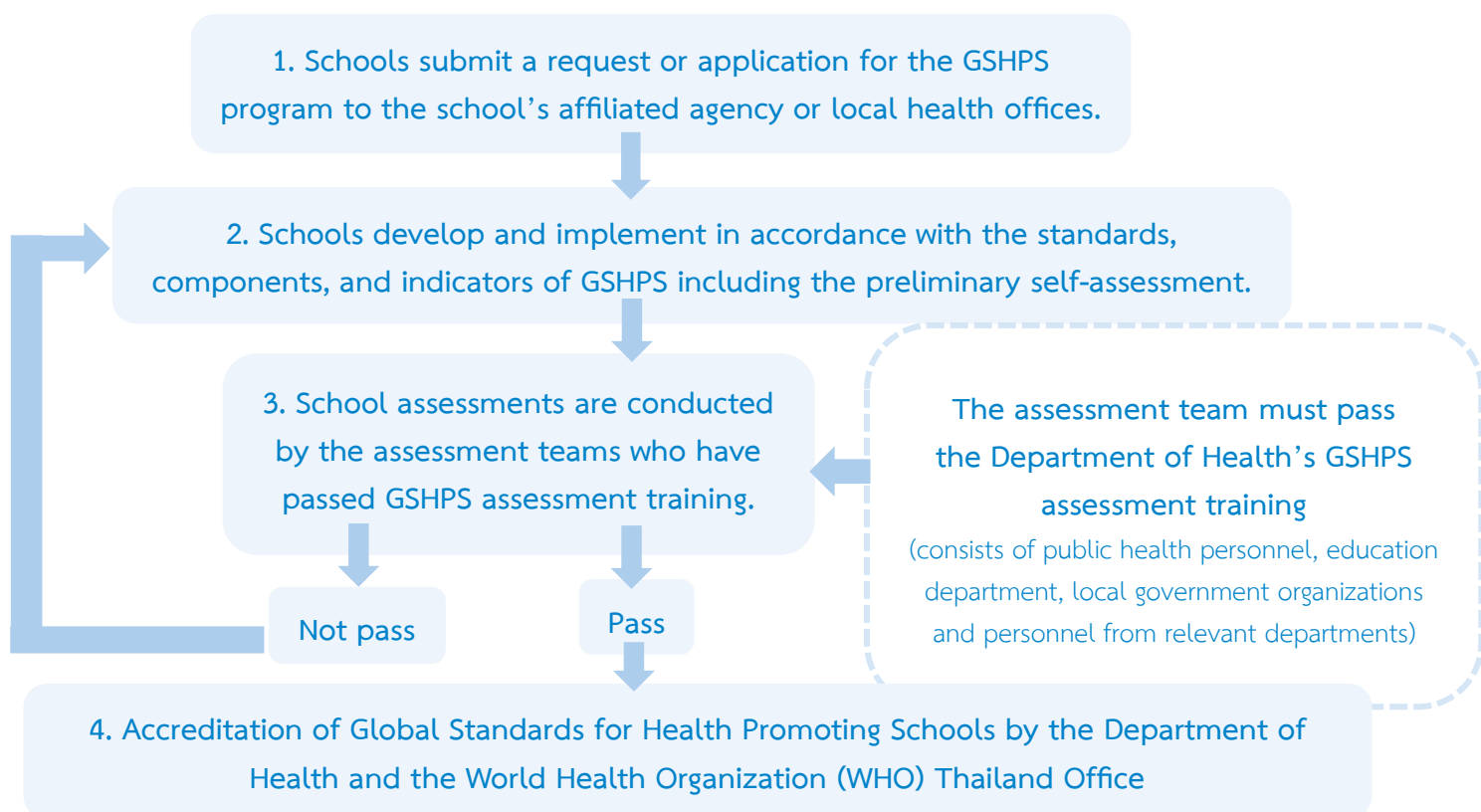
Students with appropriate health behaviors.

Accreditation Process of Global Standards for Health Promoting School : (GSHPS)

All schools are eligible to participate in the Global Standards for Health Promoting School (GSHPS) program by taking the following actions:

1. Schools submit a request or application for the GSHPS program to their affiliated agency or local health offices.
2. Schools develop and implement practices in accordance with the standards, components, and indicators of GSHPS, including conducting preliminary self-assessments.
3. School assessments are conducted by assessment teams who have undergone GSHPS assessment training.
4. Accreditation of Global Standards for Health Promoting Schools is granted by the Department of Health and the World Health Organization (WHO) Thailand Office.

Figure 9 Accreditation Process of Global Standards for Health Promoting School (GSHPS)



Remarks: * The accreditation is valid for 3 years from the date specified in the certificate.

** Promotion of level can be done according to the school's readiness and voluntariness.

The Implementation of Global Standards for Health Promoting School (GSHPS)

The implementation of the Global Standards for Health Promoting School aims to enhance healthcare and improve health literacy according to global standards, in collaboration with relevant network partners. This includes the establishment of 10 standard components on the process and 6 indicators for health outcome standards.

Table 3 Components of the Process Standards and Health Outcome Standards

Components of the Process Standards

- Standard Component 1 Government policies and resources.
- Standard Component 2 Health promoting school implementation in the 21st century.
- Standard Component 3 Participation between school, community, and civil society.
- Standard Component 4 School as a happy organization.
- Standard Component 5 Safe environment, disease-free school.
- Standard Component 6 School health towards healthy students.
- Standard Component 7 Learning process towards Thai children with health.
- Standard Component 8 Good nutrition, food safety, Healthy Thai Children.
- Standard Component 9 Enough physical activities, sleeping soundly.
- Standard Component 10 Health Model in Schools.

Health Outcome Standards

- Indicator 1 Nutritional conditions.
- Indicator 2 Oral and dental health.
- Indicator 3 Health-related physical fitness.
- Indicator 4 Students with behavioral, emotional, and social problems receiving care and assistance until they get better.
- Indicator 5 Students who are ill, injured, or faced with accidents in the school environment that require hospitalization.
- Indicator 6 Students with appropriate health.

Levels of Accreditation for Global Standards for Health Promoting School (GSHPS)

The accreditation is valid for 3 years from the date specified in the certificate and the promotion of level can be done according to the school's readiness and voluntariness.

Gold Level Award

- Pass the assessment criteria on the process standards at a very good level at least 4 standard components, and the remaining components pass the criteria at a good level.
- Pass the assessment criteria on the health outcome standards at least 3 indicators.

Platinum Level Award

- Pass the assessment criteria on the process standards at a very good level at least 6 standard components, and the remaining components pass the criteria at a good level.
- Pass the assessment criteria on the health outcome standards at least 4 indicators.

Millennium Level Award

- Pass the assessment criteria on the process standards at a very good level at least 8 standard components, and the remaining components pass the criteria at a good level.
- Pass the assessment criteria on the health outcome standards at least 5 indicators (1 of 5 of the pass indicators must be the Indicator 6 Students with appropriate health behaviors).

Excellence Level Award

- Pass the assessment criteria on the process standards at a very good level for 8 standard components.
- Pass the assessment criteria on the health outcome standards for 6 indicators.

Part 3

Global Standards for Health Promoting School (GSHPs): 10 Components of the Process Standards

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
Standard 1 Government policies and resources	1.1 There is a formulation of the policies or visions in accordance with the problems in school or community or at the national level or integrated health problems into the school's policies or visions. 1) Determined school policy or vision with the integration of health problems. 2) Declared the use of school policy or vision in written form.	There are a determined school policy or vision that includes the integration of health problems, as well as a declaration of the use of the school policy or vision.	<input type="checkbox"/> Achieved all 2 items (2) <input type="checkbox"/> Achieved 1 item (1) <input type="checkbox"/> None (0)		- Proof of policy or vision declaration in writing. - Asking or interviewing school executives or teachers.
	1.2 There is a formulation of health problems in school plan.	There are health problems in school plan.	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)		- School plan or action plan (building health literacy and knowledge on health risks such health literacy on drugs, tobacco, marijuana products etc.) - Asking or interviewing school executives or teachers.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	1.3 There are seeking funds or gathering resources for the development of health promoting schools as follows: 1) Human capital. 2) Budget (school has budget allocation for the implementation or has fund raising from other sources). 3) Materials, equipment, or things.	There are seeking funds or gathering resources for the development of health promoting schools.	<input type="checkbox"/> Achieved all 3 items (2) <input type="checkbox"/> Achieved 1-2 items (1) <input type="checkbox"/> None (0) In case the readiness of materials, equipment, or things is presented, school will get full score.		- Proof of school's budget allocation or fund raising from other sources. - Proof of support of human capital, materials, equipment or things from external agencies. - Proof of survey for the readiness of material, equipment or object in school. - Asking or interviewing school executives or teachers.
			Total score: 6 points		

Summary of the assessment scores for Standard Component 1 (Total score: 6 points)

- ☐ Pass the assessment criteria at a very good level (6 points)
 ☐ Pass the assessment criteria at a good level (5 points)
- ☐ Pass the assessment criteria at an average level (4 points)
 ☐ Should continue to improve (0-3 points)

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
Standard 2 Health promoting school implementation in the 21 st century	2.1 There is a dissemination of policies, visions, and plans for implementation at all levels as follows: 1) Individual level. 2) Parents and community level. 3) Student level.	There is a dissemination of policies, visions, and plans for implementation at all levels.	<input type="checkbox"/> Achieved all 3 levels (2) <input type="checkbox"/> Achieved 1-2 levels (1) <input type="checkbox"/> None (0)		- Proof of policy or vision announcement in written form. - Asking or interviewing school executives or teachers.
	2.2 There is the appointment of committee or working group to carry out the implementation of health promoting school.	There is a Notification on Appointment of Committee or Working Group.	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		- Notification on Appointment of Committee or Working Group.
	2.3 There is an analysis of the health and environmental situation in the school or community, and joint solutions are formulated.	There is an analysis of the situation, and joint solutions are formulated.	<input type="checkbox"/> Analyzed the situation and formulated solutions (2)		- Report on the analysis of health and environmental health data. - Report on the solutions to address the problems.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
			<input type="checkbox"/> Analyzed the situation (1) <input type="checkbox"/> None (0)		
	2.4 There is a school project on solving health or environmental health problems in school or community.	There is a school project.	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		- School project. - Asking or interviewing school's executives or teachers.
	2.5 There is a student's project on solving health or environmental health problems in school or community.	There is a student Project.	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		- Student project. - Asking or interviewing teachers or students. - Photos of the activity.
	2.6 Health or environmental health problems are integrated into the curriculum or extracurricular activities.	Health problems are integrated.	<input type="checkbox"/> Integrated (1) <input type="checkbox"/> None (0)		- Proof of an integration in the curriculum or extracurricular activities. - Photo of curricular activities.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	<p>2.7 There are supervision, monitoring and evaluation by the committees or working groups on the implementation of health promoting school once a semester as follows:</p> <p>1) Determine how the supervision, monitoring, and evaluation are conducted including identified responsible people clearly.</p> <p>2) Integrate the implementation with the supervision of school's usual monitoring system or District Public Health Coordinating Committee or other supervision committee.</p>	There are supervision, monitoring and evaluation of the implementation.	<p><input type="checkbox"/> Achieved all 3 items (2)</p> <p><input type="checkbox"/> Achieved 1-2 items (1)</p> <p><input type="checkbox"/> None (0)</p>		<p>- Report on the supervision, monitoring and evaluation.</p> <p>- School visiting record.</p> <p>- Photos of the activities.</p>

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	3) Conclude the supervision, monitoring and evaluation results proposed to the Committee or Working Groups and school executives.				
			Total score: 10 points		

Summary of the assessment scores for Standard Component 2 (Total score: 10 points)

- | | |
|--|--|
| <input type="checkbox"/> Pass the assessment criteria at a very good level (8 points or above) | <input type="checkbox"/> Pass the assessment criteria at a good level (7 points) |
| <input type="checkbox"/> Pass the assessment criteria at an average level (6 points) | <input type="checkbox"/> Should continue to improve (0-5 points) |

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
Standard 3 Participation between school, community, and civil society.	3.1 Participation of school, guardians, and community as follows: 1) Participated in analyzing and addressing issues. 2) Participated in planning. 3) Participated in implementing. 4) Participated in inspecting and reviewing. 5) Participated in solving, developing and improving.	Participated in 5 implementation processes.	<input type="checkbox"/> Participated in all 5 processes (3) <input type="checkbox"/> Participated in 3-4 processes (2) <input type="checkbox"/> Participated in 1-2 Processes (1) <input type="checkbox"/> None (0)		- Implementation summary or collaborative project report. - Minutes of meeting. - Photos of the activities.
	3.2 Participation of social network partners as follows: 1) Participated in analyzing and addressing issues. 2) Participated in planning.	Participated in 5 implementation processes.	<input type="checkbox"/> Participated in all 5 processes (3) <input type="checkbox"/> Participated in 3-4 Processes (2) <input type="checkbox"/> Participated in 1-2 processes (1) <input type="checkbox"/> None (0)		- Implementation summary or collaborative project report. - Minutes of meeting. - Photos of the activities.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	3) Participated in implementing. 4) Participated in inspecting and reviewing. 5) Participated in solving, developing and improving.				
			Total score: 6 points		

Summary of the assessment scores for Standard Component 3 (Total score: 6 points)

- | | |
|---|--|
| <input type="checkbox"/> Pass the assessment criteria at a very good level (6 points) | <input type="checkbox"/> Pass the assessment criteria at a good level (5 points) |
| <input type="checkbox"/> Pass the assessment criteria at an average level (4 points) | <input type="checkbox"/> Should continue to improve (0-3 points) |

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
Standard 4 School as a happy organization	4.1 School provides creative spaces for students as follows: 1) Ensuring a safe environment for everyone by providing security systems and CCTV. 2) Designing a well-organized green area within the school premises that is open and accessible, rather than secluded in hidden locations. 3) Offering dedicated spaces for physical and recreational activities, such as music rooms, art rooms, libraries, and club rooms. 4) Allocating a health counseling room or corner within the school.	There are creative spaces for students.	<input type="checkbox"/> Achieved all 4 items (4) <input type="checkbox"/> Achieved 3 items (3) <input type="checkbox"/> Achieved 2 items (2) <input type="checkbox"/> Achieved 1 item (1) <input type="checkbox"/> None (0)		- Asking or interviewing school executives, teachers or students. - Inspecting the actual situation. - Photos of the activities.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	4.2 There is teaching or activity management in the form of Active Learning, Problem-Based Learning (PBL), Professional Learning Community (PLC) or other formats that encourage student participation in giving opinion freely and equally.	There is teaching or activity management on the form of Active Learning, PBL, or PLC.	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		<ul style="list-style-type: none"> - Report on teaching management or activity organization. - Asking or interviewing school executives, teachers or students. - Inspecting the actual situation. - Photos of the activities.
	4.3 There is a plan, measure or guideline for preventing violence in all forms, including bullying within the school. 1) There is a plan, measure or guideline to address bullying in school and all forms of threat. 2) There is a complaint or support channel available when bullying occurs.	There is a plan, measure or guideline for preventing bullying in school.	<input type="checkbox"/> Achieved all 2 items (2) <input type="checkbox"/> Achieved 1 item (1) <input type="checkbox"/> None (0)		<ul style="list-style-type: none"> - Proof of preventive measures for all forms of violence including bullying in school. - Asking or interviewing school executives, teachers or students. - Inspecting the actual situation.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	4.4 There is a student support system as follows: 1) Providing counseling teachers. 2) Visiting students' houses at least once per semester. 3) Conducting basic mental health screening (9S) at least once per semester. 4) Monitoring and offering assistance to students at least once per semester.	There is a student support system.	<input type="checkbox"/> Achieved all 4 items (3) <input type="checkbox"/> Achieved 3 items (2) <input type="checkbox"/> Achieved 1-2 items (1) <input type="checkbox"/> None (0)		- Report on monitoring and providing assistance to students. - Asking or interviewing school executives, teachers or students. - Inspecting the actual situation.
			Total score: 10 points		

Summary of the assessment scores for Standard Component 4 (Total score: 6 points)

- | | |
|---|--|
| <input type="checkbox"/> Pass the assessment criteria at a very good level (8 points) | <input type="checkbox"/> Pass the assessment criteria at a good level (7 points) |
| <input type="checkbox"/> Pass the assessment criteria at an average level (6 points) | <input type="checkbox"/> Should continue to improve (0-5 points) |

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
Standard 5 Safe environment, disease-free school	5.1 There is an environmental health management in schools that promotes health.	There is an environmental management according to school environmental health assessment (48 items) by the Department of Health.	<input type="checkbox"/> Achieved all 48 items (4) <input type="checkbox"/> Achieved 43-47 items (3) <input type="checkbox"/> Achieved 38-42 items (2) <input type="checkbox"/> Achieved lower than 38 items (1)		<ul style="list-style-type: none"> - Report on school environmental health assessment. - Asking or interviewing school executives, teachers or students.
	5.2 There is prevention of accidents and injuries in the school. 1) There are records of accidents and injuries in school. 2) There is an emergency response plan and drill. 3) There are guidelines or activities for preventing accidents, injuries and emergencies in schools. 4) There are guidelines for providing referral assistance in the event of accidents and injuries.	There is prevention of accidents and injuries.	<input type="checkbox"/> Achieved all 4 items (2) <input type="checkbox"/> Achieved 3 items (1.5) <input type="checkbox"/> Achieved 2 items (1) <input type="checkbox"/> Achieved 1 item (0.5) <input type="checkbox"/> None (0)		<ul style="list-style-type: none"> - Report on the accidents and injuries in school. - Emergency response plan and photos of the drills. - Report on prevention of accidents and injuries and referral assistance. - Asking or interviewing school executives, teachers or students. - Photos of the activities.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	5.3 There is prevention of health threats from the environment and emerging diseases as follows: 1) There are records of patients statistics in school and annual report summaries. 2) There is an emergency response plan and drill. 3) There are guidelines and activities for prevention and continuous learning and promoting health even in emergency situations related to public health. 4) There are guidelines for providing referral assistance when needed. 5) There are regulations and controls on game centers, liquor and	There is prevention of health threats from the environment and emerging diseases.	<input type="checkbox"/> Achieved all 5 items (2) <input type="checkbox"/> Achieved 3-4 items (1.5) <input type="checkbox"/> Achieved 2 items (1) <input type="checkbox"/> Achieved 1 item (0.5) <input type="checkbox"/> None (0)		- Record of patients statistics in school. - Emergency response plan and photos of the drills. - Report on prevention of accidents and injuries and referral assistance. - Asking or interviewing school executives, teachers or students. - Photos of the activities.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	cigarettes stores, and the sale of cannabis-derived products in the nearby school area.				
	5.4 There is an implementation of a drug-free school. 1) There are guidelines to prevent substance abuse in schools and reduce students' access to drugs. 2) There are surveillance activities for detecting drug-related issues. 3) There is a report on student substance abuse. 4) There is referral assistance available for students with substance abuse problems.	There is an implementation of a drug-free school.	<input type="checkbox"/> Achieved all 4 items (2) <input type="checkbox"/> Achieved 3 items (1.5) <input type="checkbox"/> Achieved 2 items (1) <input type="checkbox"/> Achieved 1 item (0.5) <input type="checkbox"/> None (0)		- Report on the implementation of drug-free school. - Asking or interviewing school executives, teachers or students. - Photos of the activities.
			Total score: 10 points		

Summary of the assessment scores for Standard Component 5 (Total score: 10 points)

- | | |
|--|--|
| <input type="checkbox"/> Pass the assessment criteria at a very good level (7.5 points or above) | <input type="checkbox"/> Pass the assessment criteria at a good level (6.5-7 points) |
| <input type="checkbox"/> Pass the assessment criteria at an average level (5.5-6 points) | <input type="checkbox"/> Should continue to improve (0-5 points) |

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
Standard 6 School health towards healthy students	6.1 Primary health screening by health/class teacher 1) Regular screening for vision, hearing, and basic 10-posture physical examination are conducted at least once per academic year.	Students from Grade 1 and above.	<input type="checkbox"/> All students (1) <input type="checkbox"/> 80-90% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on student's health condition monitoring. - Student's individual health record/ accumulated records. - Student's self-health logbook.
	2) Assessing growth and managing nutritional condition at least once per semester (weighing and measuring height and interpreting results) using at least 2 criteria: - Height according to Age (H/A). - Weight according to Height (W/H).	Students aged 6-18 years old and students with health risks (moderately stunted, stunted, moderately underweight, underweight, overweight, moderately obese and obese) receive advice for nutritional management and monthly monitoring.	<input type="checkbox"/> All students (1) <input type="checkbox"/> 80-90% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on student's health condition monitoring. - Student's individual health record/ accumulated records. - Student's self-health logbook.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	3) Tools and methods for assessing students' growth are accurate and standardized. - There is testing to ensure the accuracy of weighing scales and the use of standardized height measurement techniques, as well as proper placement and installation. - The methods of weighing and measuring height are accurate, standardized, and implemented correctly.	Tools and methods for assessing students' growth are accurate and standardized.	<input type="checkbox"/> Achieved all 2 items (1) <input type="checkbox"/> Achieved 1 item (0.5) <input type="checkbox"/> None (0)		- Inspecting the actual situation. - Photos of the activities.
	4) Moderately obese and obese students must undergo the obesity sign screening as follows: - Black neck or armpit. - Regularly falling asleep in class. - Snoring and having sleep apnea.	All moderately obese and obese students must undergo the obesity sign screening. - If obesity sign are found 3 out of 4 and/or with risks of having	<input type="checkbox"/> All students (1) <input type="checkbox"/> 80-90% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on obesity sign screening of at risk obese children. - Report on nutritional condition monitoring of at risk obese children and referral assistance.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	- Family member's history of illness. - Blood pressure measurement.	prehypertension, it is recommended to refer for obesity treatment.			
	5) Students receive iron supplements, one tablet (60 milligrams), per week.	Students from Grade 1 and above.	<input type="checkbox"/> All students (1) <input type="checkbox"/> 80-90% (0.5) <input type="checkbox"/> Less than 80% (0) (In the event that the provision of iron supplement tablets from the government is not in accordance with the plan, but the school has already requested support, the school will be awarded full scores.)		- Report of student receiving iron supplement tablets. - Asking or interviewing school executives, teachers or students. - Proof of the school's request for government support of iron supplement tablets.
	6) Students receive dental brushing effectiveness tests once per semester.	More than 50%	<input type="checkbox"/> More than 50% (1) <input type="checkbox"/> 40-49% (0.5) <input type="checkbox"/> Less than 40% (0)		- Report on student's health condition monitoring. - Student's individual health record/ accumulated records. - Student's self-health logbook. - Randomly checking the teeth of Grade 6 students, either 10% of the students or a minimum of 30 students.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	7) There is mental health screening and monitoring of behavior, emotions, social interactions, and risky behaviors once per academic year.	All students.	<input type="checkbox"/> All students (1) <input type="checkbox"/> 80-99% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on student's health condition monitoring. - Report data via the School Health HERO platform. - Asking or interviewing school executives, teachers or students.
	8) Students with health problems receive primary self-care advice and referral assistance to address individual health problems such as nutritional conditions, mental health, sexual health, communicable diseases etc. once per semester.	All students with health problems.	<input type="checkbox"/> All students with health problems (1) <input type="checkbox"/> 80-99% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on student's health condition monitoring, caring, advising and referring.
	9) There are teachers or personnel available for primary health consultation, addressing topics such as nutritional conditions, mental health, sexual health, communicable disease etc.	There are teacher or personnel available for primary health consultation.	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		- Proof of providing health consultation. - Proof of receiving training for providing consultation.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	6.2 Health screening by public health personnel 1) Blood pressure measurement are conducted for Grade 5 students who are moderately obese and obese as well as in the risk group at least once per semester.	All Grade 5 students who are moderately obese, obese and in risk group.	<input type="checkbox"/> All Grade 5 students who are moderately obese, obese and in risk group (1) <input type="checkbox"/> 80-99% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on blood pressure measurement of all Grade 5 students who are moderately obese, obese and in risk group. - Report on nutritional condition monitoring of at risk obese children and referral assistance.
	2) There is a screening for anemia at least once (throughout the study period).	1) Grade 1 students (In case they have not received the test at the age of 4.) 2) All Grade 3 students.	<input type="checkbox"/> All students according to the criteria 1) and 2) (1) <input type="checkbox"/> 80-99% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on anemia screening. - Report on student's health condition monitoring.
	3) Grade 1 students who have not vaccinated or not fully vaccinated according to the criteria (must be vaccinated with BCG, dT, OPV, MMR, HB, LAJE and IPV).	Coverage of vaccination in Grade 1 students who have not vaccinated or not fully vaccinated according to the criteria.	<input type="checkbox"/> 95-100% (1) <input type="checkbox"/> 80-95% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on student's health condition monitoring. - Student's individual health record/ accumulated records. - Student's self-health logbook.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	4) Female students in Grade 5 receive HPV vaccine.	Coverage of vaccination (on a voluntary basis)	<input type="checkbox"/> 95-100% (1) <input type="checkbox"/> 80-95% (0.5) <input type="checkbox"/> Less than 80% (0) (In the event that the provision of vaccination from the government did not go as planned, the school shall receive full score.)		- Report on student's health condition monitoring. - Student's individual health record/ accumulated records. - Student's self-health logbook.
	5) Students in Grade 6 receive dT vaccine.	Coverage of vaccination.	<input type="checkbox"/> 95-100% (1) <input type="checkbox"/> 80-95% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on student's health condition monitoring. - Student's individual health record/ accumulated records. - Student's self-health logbook.
	6) Immunization during Public Health Emergency such as COVID-19 vaccine, influenza vaccine etc.	Coverage of vaccination (on a voluntary basis).	<input type="checkbox"/> 70-100% (1) <input type="checkbox"/> 60-70% (0.5) <input type="checkbox"/> Less than 60% (0) (In the event that the provision of vaccination from the government did not go as planned or not available during a public health emergency		- Report on student's health condition monitoring. - Student's individual health record/ accumulated records. - Student's self-health logbook.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	8) Students receive preventive dental services.	All	<input type="checkbox"/> All students (1) <input type="checkbox"/> 80-99% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on student's health condition monitoring. - Student's individual health record/accumulated records. - Student's self-health logbook. - Randomly checking Grade 1 and 6 students' teeth for caries condition, specific fluoride treatment received, and sealant.
	9) Students with health problems receive self-care advice, referral assistance, and health condition monitoring once per semester.	All students with health problems.	<input type="checkbox"/> All students with health problems (1) <input type="checkbox"/> 80-99% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on student's health condition monitoring.
			Total score: 18 points		

Summary of the assessment scores for Standard Component 6 (Total score: 18 points)

- | | |
|---|--|
| <input type="checkbox"/> Pass the assessment criteria at a very good level (14.5 points or above) | <input type="checkbox"/> Pass the assessment criteria at a good level (12.5-14 points) |
| <input type="checkbox"/> Pass the assessment criteria at an average level (10.5-12 points) | <input type="checkbox"/> Should continue to improve (0-10 points) |

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
Standard 7 Learning process towards Thai children with health literacy	7.1 There are innovations to promote health literacy or integrate health literacy into learning courses.	There are innovations to promote health literacy or integrate health literacy into learning courses.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> No (0)		- Health literacy innovations. - Report on the integration of health literacy in teaching and learning. - Asking or interviewing school executives, teachers or students. - Photos of the activities.
	7.2 There is the process of promoting health literacy with V-shape. 7.2.1 Establishing access to health literacy in school. 1) Providing communication channels for health literacy. 2) Training students to search for health literacy from reliable sources. 3) Developing Media Literacy skills and digital safety (E-safety) awareness.	Establishing access to health literacy in school.	<input type="checkbox"/> Achieved all 3 items (1) <input type="checkbox"/> Achieved 1-2 items (0.5) <input type="checkbox"/> None (0)		- Health literacy innovations. - Report on the integration of health literacy in teaching and learning. - Asking or interviewing school executives, teachers or students. - Photos of the activities.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	<p>7.2.2 Establishing a process for understanding.</p> <p>1) Implementing health education through active learning, PBL, or PLC methods.</p> <p>2) Organizing extracurricular health activities outside of learning hours.</p> <p>3) Assessing students' understanding through teach-back and ask-me-3 techniques.</p>	Establishing a process for understanding.	<input type="checkbox"/> Achieved all 3 items (1) <input type="checkbox"/> Achieved 1-2 items (0.5) <input type="checkbox"/> None (0)		<p>- Proof of health education management using active learning, PBL, or PLC methods.</p> <p>- Asking or interviewing school executives, teachers or students.</p> <p>- Inspecting the actual situation.</p>
	<p>7.2.3 Engaging in the exchange of health-related inquiries and discussions.</p> <p>1) Exchanging and discussing inquiries at the group or class level.</p> <p>2) Creating an atmosphere that encourages creative and open exchanges of ideas.</p>	Engaging in the exchange of health-related inquiries and discussions.	<input type="checkbox"/> Achieved all 3 items (1) <input type="checkbox"/> Achieved 1-2 items (0.5) <input type="checkbox"/> None (0)		<p>- Proof of health education management using active learning, PBL, or PLC methods.</p> <p>- Asking or interviewing school executives, teachers or students.</p> <p>- Inspecting the actual situation.</p>

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	3) Providing offline or online channels for question-and-answer sessions, such as group conversations on Facebook, Line etc.				
	<p>7.2.4 Practicing decision-making skill.</p> <p>1) Critically analyzing comparative data to make decisions.</p> <p>2) Practicing negotiation and rejection skills regarding detrimental effects on health.</p> <p>3) Developing skills for setting health-related goals.</p>	Practicing decision-making skill.	<input type="checkbox"/> Achieved all 3 items (1) <input type="checkbox"/> Achieved 1-2 items (0.5) <input type="checkbox"/> None (0)		<p>- Proof of practicing the decision-making skill.</p> <p>- Asking or interviewing school executives, teachers or students.</p> <p>- Inspecting the actual situation.</p>
	<p>7.2.5 Encouraging behavioral changes.</p> <p>1) Providing training for students to be able to plan for behavioral changes in a short and long term, such as weight</p>	There are behavioral changes in students.	<input type="checkbox"/> Achieved all 3 items (1) <input type="checkbox"/> Achieved 1-2 items (0.5) <input type="checkbox"/> None (0)		<p>- Proof of behavioral changes.</p> <p>- Asking or interviewing school executives, teachers or students.</p> <p>- Photos of the activities.</p>

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	loss, increased physical activities, reducing consumption of sugary, greasy, and salty food etc. 2) Motivating and empowering students to initiate behavioral changes 3) Monitoring students' progress in implementing behavioral changes.				
	7.2.6 Sharing the knowledge Presenting to share the success in behavioral changes related to health, such as giving presentations in front of the class or morning gatherings or in school-level learning exchange forums.	Sharing the success in behavioral changes related to health.	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)		- Asking or interviewing school executives, teachers or students. - Inspecting the actual situation. - Photos of the activities.
			Total score: 10 points		

Summary of the assessment scores for Standard Component 7 (Total score: 10 points)

- | | |
|--|--|
| <input type="checkbox"/> Pass the assessment criteria at a very good level (7.5 points or above) | <input type="checkbox"/> Pass the assessment criteria at a good level (6.5-7 points) |
| <input type="checkbox"/> Pass the assessment criteria at an average level (5.5-6 points) | <input type="checkbox"/> Should continue to improve (0-5 points) |

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
Standard 8 Good nutrition, Food safety, Healthy Thai Children	8.1 School provides lunch according to lunch standard for Thai children. 1) Planning lunch menus in advance. 2) Managing students lunches using platform such as the Thai School Lunch Program or preparing lunches according to the lunch standard for Thai children. 3) Supervising and ensuring proper food portioning according to the recommended quantities, including overseeing students, food consumption.	There is provision of lunch according to lunch standard for Thai children.	<input type="checkbox"/> Achieved all 3 items (1) <input type="checkbox"/> Achieved 1-2 items (0.5) <input type="checkbox"/> None (0)		- School's lunch management plan according to lunch standard for Thai children. - Asking or interviewing school executives, teachers or students. - Inspecting the actual situation.
	8.2 Maintaining cleanliness and quality of the seasonings and reducing sugar, oil, and salt in cooking. 1) Maintaining cleanliness of the seasonings. 2) Ensuring the quality of seasonings, including checking	Maintaining cleanliness and quality of the seasonings and reducing sugar, oil, and salt in cooking.	<input type="checkbox"/> Achieved all 3 items (1) <input type="checkbox"/> Achieved 1-2 items (0.5) <input type="checkbox"/> None (0)		- Inspecting the actual situation. - Photos of the activities.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	expiration dates and verifying Standard Certification Marks. 3) Proving recommendations for reducing sugar, oil, and salt when preparing seasonings and cooking to promote healthier options.				
	8.3 Using Iodine salt or Iodine supplement products.	Using Iodine salt or Iodine supplement products.	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		- Inspecting the actual situation. - Photos of the activities.
	8.4 Students drink whole milk every day.	Students in Grade 1-6 and kindergarten.	<input type="checkbox"/> All students (1) <input type="checkbox"/> 80-99% (0.5) <input type="checkbox"/> Less than 80% (0)		- Report on students' milk consumption. - Asking or interviewing students in Grade 4 or above. - Inspecting the actual situation.
	8.5 School milk is stored appropriately and at the correct temperature every day as follows: - Pasteurized milk is stored at a temperature not exceeding 8 degree Celsius. - UHT milk is stored at room temperature, away from	Every school day.	<input type="checkbox"/> Every school day (1) <input type="checkbox"/> Not every school day (0)		- Temperature testing. - Inspecting the actual situation. - Photos of the activities.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	<p>sunlight and should not be stacked in multiple layers. The pack box of UHT milk should be placed at least 15 cm. above the ground.</p> <p>- Powdered milk is stored at room temperature, away from sunlight. Powdered dairy products should be stored in sealed, waterproof, and opaque containers. The measuring spoon should be dried and thoroughly wiped before storing.</p>				
	<p>8.6 There is control over the sale and provision of food, snacks, and beverages that have a negative impact on health, lack nutritional value, and are excessively sweet, salty, and greasy.</p>	There are control measures.	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		<p>- Proof of controlling the sale and provision of service control of food, snacks, and beverages that have a negative impact on health, lack nutritional value.</p> <p>- Asking or interviewing school executives, teachers or students.</p> <p>- Inspecting the actual situation.</p> <p>- Photos of the activities.</p>

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	8.7 There is school-regulated control over advertising media related to foods that have negative impact on health and lack nutritional value.	There are control measures.	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		- Proof of advertising media control. - Asking or interviewing school executives, teachers or students. - Inspecting the actual situation. - Photos of the activities.
	8.8 The school canteen meets the standards of food sanitation in school.	75 items	<input type="checkbox"/> Achieved all 75 items (3) <input type="checkbox"/> Achieved 68-74 items (2) <input type="checkbox"/> Achieved 60-67 items (1) <input type="checkbox"/> Less than 59 items (0)		- Report on the assessment of food sanitation in school. - Asking or interviewing teachers and students.
			Total score: 10 points		

Summary of the assessment scores for Standard Component 8 (Total score: 10 points)

- | | |
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| <input type="checkbox"/> Pass the assessment criteria at a very good level (7.5 points or above) | <input type="checkbox"/> Pass the assessment criteria at a good level (6.5-7 points) |
| <input type="checkbox"/> Pass the assessment criteria at an average level (5.5-6 points) | <input type="checkbox"/> Should continue to improve (0-5 points) |

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
Standard 9 Enough physical activities, sleeping soundly	9.1 There are sufficient facilities and equipment for physical activities.	Provided	<input type="checkbox"/> Provided sufficient facilities and equipment (1) <input type="checkbox"/> Provided sufficient facilities or equipment (one option) (0.5) <input type="checkbox"/> None (0)		- Photos of the activities. - Inspecting the actual situation.
	9.2 There is the establishment of physical activity clubs.	Established	<input type="checkbox"/> Yes (0.5) <input type="checkbox"/> No (0)		- Photos of the activities. - Interviewing teachers and students.
	9.3 There is a platform to promote physical activity. 1) Students in primary schools or primary educational opportunity extension schools participate in the activities or reported exercise results in “Kao Ta Jai” platform.	Participated	For primary schools or primary educational opportunity extension schools. <input type="checkbox"/> 80-100% (1.5) <input type="checkbox"/> 60-79% (1) <input type="checkbox"/> Less than 60% (0.5) <input type="checkbox"/> No assessment (0)		- Proof of participation in the activities through “Kao Ta Jai” platform. - Interviewing teachers and students.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	2) Students in secondary schools participate in the activities through “Kao Ta Jai” platform.	Participated	For secondary schools <input type="checkbox"/> 80-100% (1.5) <input type="checkbox"/> 60-79% (1) <input type="checkbox"/> Less than 60% (0.5) <input type="checkbox"/> No assessment (0)		- Proof of participation in the activities through “Kao Ta Jai” platform. - Interviewing teachers and students.
	9.4 There are exercise promotion programs. 1) Aerobic exercises such as kangaroo dance, FUN for FIT, running, cycling, jump slap, jump rope, trampoline jumping, basketball etc.	Participated	<input type="checkbox"/> Yes (0.5) <input type="checkbox"/> No (0)		- Proof of student’s aerobic exercises. - Interviewing teachers and students. - Photos of the activities.
	2) Muscular strength and endurance exercises such as chair exercise, sit-up, push-up, plank, squat, pull-up, weightlifting etc.	Participated	<input type="checkbox"/> Yes (0.5) <input type="checkbox"/> No (0)		- Proof of student’s muscular strength and endurance exercises. - Interviewing teachers and students. - Photos of the activities.
	3) Flexibility exercises such as kangaroo stretching, physical exercise, stretching, yoga etc.	Participated	<input type="checkbox"/> Yes (0.5) <input type="checkbox"/> No (0)		- Proof of student’s flexibility exercises. - Interviewing teachers and students. - Photos of the activities.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	9.5 There are physical activities for students for a minimum of 60 minutes per day (accumulated in intervals of at least 10 minutes) every day or at least 5 days per week.	Arranged	<input type="checkbox"/> Arranged activities according to the indicator (2) <input type="checkbox"/> Arranged activities according to the indicator, but did not meet the criteria (1) <input type="checkbox"/> None (0)		- Proof of the arrangement of physical activities for students. - Interviewing teachers and students. - Photos of the activities.
	9.6 Students have enough sleep. - Students aged 6-13 years old sleep for 9-11 hours/day. - Students aged 14-17 years old sleep for 8-10 hours/day.	All students	<input type="checkbox"/> 80-100% (1.5) <input type="checkbox"/> 60-79% (1) <input type="checkbox"/> Less than 60% (0.5) <input type="checkbox"/> No assessment (0)		- Report on students' sleeping habit. - Interviewing teachers and students.
	9.7 Students undergo physical fitness testing once per semester according to the criteria. The physical fitness testing and basic standards for students in primary school	All students	<input type="checkbox"/> 100% (2) <input type="checkbox"/> 80-99% (1.5) <input type="checkbox"/> 60-79% (1) <input type="checkbox"/> Less than 60% (0.5) <input type="checkbox"/> No physical fitness test (0)		- Report on students' physical fitness test. - Interviewing teachers and students. - Photos of the activities. - Inspecting the actual situation.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	(aged 7-12 years old) and secondary school (aged 13-18 years old) are provided by the Department of Physical Education, Ministry of Tourism and Sports, 2019 (B.E. 2562).				
			Total score: 10 points		

Summary of the assessment scores for Standard Component 9 (Total score: 10 points)

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|--|--|
| <input type="checkbox"/> Pass the assessment criteria at a very good level (7.5 points or above) | <input type="checkbox"/> Pass the assessment criteria at a good level (6.5-7 points) |
| <input type="checkbox"/> Pass the assessment criteria at an average level (5.5-6 points) | <input type="checkbox"/> Should continue to improve (0-5 points) |

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
Standard 10 Health Model in Schools	10.1 The executive team supports the implementation of health promoting school. 1) Supporting budget for the capacity development of teachers and health promotion and environmental health personnel. 2) Building incentives to encourage the development of teachers and personnel as health role models, such as giving awards or honors, etc.	The executive team supports the implementation of health promoting school.	<input type="checkbox"/> Achieved all 2 items (2) <input type="checkbox"/> Achieved 1 item (1) <input type="checkbox"/> None (0)		- Proof of executives' support for the implementation of health promoting school. - Asking or interviewing school executives or teachers. - Photos of the activities.
	10.2 The executives, teachers, and personnel monitor their health such as conducting annual health checkups, measuring BMI, receiving basic healthcare according to their rights once a year.	All	<input type="checkbox"/> All (3) <input type="checkbox"/> 80-99% (2) <input type="checkbox"/> Less than 80% (1) <input type="checkbox"/> No surveillance (0)		- Report on health surveillance of teachers and personnel. - Asking or interviewing school executives or teachers. - Photos of the activities.
	10.3 Teachers or personnel serve as health models (role models) in the following ways:	There are teachers or personnel as	<input type="checkbox"/> Achieved all 3 items (3) <input type="checkbox"/> Achieved 2 items (2) <input type="checkbox"/> Achieved 1 item (1)		- Report on health surveillance of teachers and personnel. - Asking or interviewing school executives or teachers.

Standard Components	Indicators	Criteria	Assessment Levels (Scores)	Achieved Scores	Sources of Information/Evidence
	1) They receive capacity development in health promotion and environmental health. 2) They are individuals who regularly monitor their health. 3) They act as leaders in making health behavioral changes, such as engaging in exercise and managing their food intake etc.	health models (role models).	<input type="checkbox"/> None (0)		- Photos of the activities.
	10.4 Health teachers are required to undergo the school health teacher training course by the Ministry of Public Health, or training course in promoting student health and environmental health in schools.	Health teachers must pass the training course.	<input type="checkbox"/> Passed the training course (2) <input type="checkbox"/> None (0)		- Proof of participation in health teacher training course. - Photos of the activities.
			Total score: 10 points		

Summary of the assessment scores for Standard Component 10 (Total score: 10 points)

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|--|--|
| <input type="checkbox"/> Pass the assessment criteria at a very good level (8 points or above) | <input type="checkbox"/> Pass the assessment criteria at a good level (7 points) |
| <input type="checkbox"/> Pass the assessment criteria at an average level (6 points) | <input type="checkbox"/> Should continue to improve (0-5 points) |

Component	Full Score	Performance Score	Performance Criteria		
			Very good	Good	Average
Standard 1 Government policies and resources					
Standard 2 Health promoting school implementation in the 21 st century					
Standard 3 Participation between school, community, and civil society					
Standard 4 School as a happy organization					
Standard 5 Safe environment, disease-free school					
Standard 6 School health towards healthy students					
Standard 7 Learning process towards Thai children with health					
Standard 8 Good nutrition, food safety, Healthy Thai Children					
Standard 9 Enough physical activities, sleeping soundly					
Standard 10 Health Model in Schools					
Total					

Part 4

Implementation Framework for Global Standards for Health Promoting Schools (GSHPs)

10 Components of the Process Standards

Standard Component 1 Government policies and resources

1. Importance

For the development of a health-promoting school, it is crucial to clearly define the implementation direction. This involves involving relevant networking sectors and defining a policy, vision, or integrating issues into the school plan or vision. This alignment will ensure that projects and plans are appropriately budgeted and resources are allocated, leading to successful implementation in line with the specified objectives.

2. How to

2.1 Schools formulate policies or visions based on the problems within the school, community, or national level. These policies or visions integrate health-related issues, aiming to ensure students' good health and a safe environment that promotes their well-being. Examples of such policies include beverage-free schools, marijuana-free schools, drug-free and temptation-free schools, etc. Consequently, the implementation of health-promoting schools is linked to national, sectoral, local, and community policies in the following ways:

- 1) School policies or visions are determined by involving relevant stakeholders such as teachers, school committees, leaders from public and private sectors, and local communities.
- 2) The school policies or visions are officially declared and communicated through various means, including government documents, billboards, school websites, online platforms, etc.

2.2 Schools have identified health problems in their school plans, including issues related to eating behavior, physical activities, oral and dental health promotion, environmental health and garbage management, personal hygiene, sexual health, and health literacy.

2.3 Schools seek funding or gather resources for the development of health-promoting schools through the following ways:

- 1) Human capital: Schools may request personnel from external organizations to assist with health promotion, environmental health, mental health consultation, and prevention of substance abuse and other health threats.
- 2) Budget allocation: Schools allocate funds for the implementation of health-promoting initiatives, and they may also seek funding from various sources such as government agencies, private organizations, local communities, and NGOs.

3) Material and equipment procurement: Schools may request support for the procurement of materials, equipment, or objects such as tables, chairs, notebooks, pens, sports equipment, toothbrushes, toothpaste, toys, etc.

3. Tools for the implementation such as

3.1 The 4M (Man Money Materials Management) principles are used to analyze problems and identify their causes, aiming to develop strategies that lead to positive health outcomes.

3.2 The Plan-Do-Check-Act (PDCA) cycle is a quality organization management cycle.

3.3 Total Quality Management (TQM) is a management approach that provides guidelines for organizations to focus on quality improvement. It emphasizes the participation of all sectors within the organization.

Standard Component 2 Health promoting school implementation in the 21st century

1. Importance

The implementation of health-promoting schools requires the translation of policies and plans into practice at all levels, fostering understanding among stakeholders, and aligning efforts towards a common goal. The policy transfer includes personnel, parents, community, and students. Committees or working groups are assigned to conduct a situation analysis of health and environmental health problems in schools or communities. Additionally, schools and communities collaborate to identify solutions through school projects and student initiatives, integrating health problems into the curriculum. The process also involves continuous supervision, monitoring, and assessment to ensure the sustainable implementation of health-promoting schools.

2. How to

2.1 School conveys the policies, visions, and plans for implementation at all levels as follows:

- 1) Individual level.
- 2) Parents and community level.
- 3) Student level.

2.2 There is the appointment of committee or working group to carry out the implementation of health promoting school together with networking agencies such as executives, teachers, local community leaders, parents, public health officers, students etc.

2.3 An analysis of the health and environmental situation in the school or community is conducted, and collaborative solutions are established by prioritizing the problems for resolution.

2.4 There is a school project on solving health or environmental health problems in school or community, based on the prioritized analysis of the problems. The project follows the following framework:

- 1) Determine the clear objectives, goals, time frame, activities, and roles including established implementation plan.
- 2) Implement as planned and recorded the results of the implementation periodically.
- 3) Conclude the implementation results with the decrease of problems shown and presented the implementation results.

2.5 There is a student's project on solving health or environmental health problems in school or community, with teacher as an advisor. The project follows the following framework:

- 1) Students identify health and environmental health problems through various methods such as surveys, observations, inquiries, and trustworthy sources.
- 2) Students actively participate in determining clear objectives, goals, a time frame, activities, and roles, and establish an implementation plan.
- 3) Students implement the project according to the plan and periodically record the results of the implementation.
- 4) The implementation results are analyzed by comparing the data before and after the project to determine if there has been a decrease in health or environmental health problems.
- 5) Students prepare an implementation report and deliver a presentation.

2.6 Health or environmental health problems are integrated into the curriculum or extracurricular activities.

2.7 There are supervision, monitoring and evaluation by the committees or working groups on the implementation of health promoting school once a semester as follows:

- 1) Determine how the supervision, monitoring, and evaluation are conducted including identified responsible people clearly.
- 2) Integrate the implementation with the supervision of school's usual monitoring system or District Public Health Coordinating Committee or other supervision committee.
- 3) Conclude the supervision, monitoring and evaluation results proposed to the Committee or Working Groups and school executives.

3. Tools for the implementation such as

3.1 The 4M (Man Money Materials Management) principles are used to analyze problems and identify their causes, aiming to develop strategies that lead to positive health outcomes.

3.2 The Plan-Do-Check-Act (PDCA) cycle is a quality organization management cycle.

3.3 Total Quality Management (TQM) is a management approach that provides guidelines for organizations to focus on quality improvement. It emphasizes the participation of all sectors within the organization.

Standard Component 3 Participation between school, community, and civil society

1. Importance

The participation of schools, communities, and civil society supports individuals and organizations in the community throughout the entire implementation process. This includes addressing problematic situations in schools, conducting joint analysis of the problems, planning for implementation, conducting inspections, resolving issues, and working on development and improvement. The aim is to foster collaboration, agreement, and joint efforts in strengthening the sustainable implementation of health promoting schools.

2. How to

The participation in the implementation of health promoting schools involves various stakeholders, including parents, the community, civil society, and networking agencies in the community. These agencies can include local administrative organizations, public health service providers, regional health centers, mental health centers, municipalities, the Office of Non-Formal and Informal Education, academic service centers or administrations in local universities, Primary Educational Service Area Offices (PEASO), Secondary Educational Service Area Offices (SESA), Provincial Offices of Social Development and Human Security, the Children and Youth Council of Thailand's Planning on Media Creation for Adolescent's Well-being, companies, shops, and more. The participation is required in the following ways:

2.1 Participating in the analysis and addressing of issues based on survey data or information in schools and communities, such as surveys on food providers around the school area, injuries and road accidents, and surveys on the sale of cigarettes, alcohol drinks, marijuana products, etc.

2.2 Participating in the planning process and providing opinions on the determination of objectives, target groups, activities, and responsible individuals to ensure clarity in implementation.

2.3 Participating in the assigned implementation tasks, reporting the results and progress periodically, and organizing exchange or progress reporting platforms.

2.4 Participating in the inspection and review of the implementation through various forms, such as organizing community panel discussions and conducting satisfaction surveys, which can be used to improve and develop the implementation for more efficient outcomes.

2.5 Participating in problem-solving, development, and improvement of the implementation through analysis of obstacles and finding solutions together.

3. Tools for the implementation such as

3.1 The 4M (Man Money Materials Management) principles are used to analyze problems and identify their causes, aiming to develop strategies that lead to positive health outcomes.

3.2 The Plan-Do-Check-Act (PDCA) cycle is a quality organization management cycle.

3.3 Total Quality Management (TQM) is a management approach that provides guidelines for organizations to focus on quality improvement. It emphasizes the participation of all sectors within the organization.

Standard Component 4 School as a happy organization

1. Importance

A school is a place that promotes both learning and health. If the school offers a creative space for students to engage in age-appropriate skill development activities that cater to their needs, provides lessons that allow students to express their opinions freely and equally, establishes guidelines to prevent all forms of violence, and implements a support system for students, it will lead to an improvement in the quality of learning. As a result, students will be able to learn to their full potential, experience happiness, and achieve physical, intellectual, and mental development, leading to educational success.

2. How to

2.1 The school provides a creative space for students, which can be defined as a space that creates experiences and opportunities tailored to their age and diverse needs. This space promotes a creative learning process and ensures that students feel relaxed and safe. The creative space encompasses various types that cater to physical, cognitive, social, and emotional needs, including the use of media. The implementation framework is as follows:

- 1) Ensuring the school is a safe environment for everyone by providing security systems, such as CCTV.
- 2) Designing a well-organized green area within the school premises that is open and accessible, rather than secluded in hidden locations.
- 3) Offering dedicated spaces for physical and recreational activities, such as music rooms, art rooms, libraries, and club rooms.
- 4) Establishing a health counseling room or corner within the school for physical, mental, sexual health, and substance abuse-related concerns.

2.2 The school provides a teaching or activity management in the form of Active Learning, Problem-Based Learning (PBL), Professional Learning Community (PLC) or other formats that encourage student participation in giving opinion freely and equally.

2.3 The school provides a plan, measure or guideline for preventing violence in all forms, including bullying within the school.

- 1) There is a plan, measure or guideline to address bullying in school and all forms of threat.
- 2) There is a complaint or support channel available when bullying occurs.

2.4 There is a student support system as follows:

- 1) Providing counseling teachers, such as class/advisor teachers, health teachers and guidance counselors. These teachers have undergone primary counseling training before assuming their roles.
- 2) Visiting students' houses at least once per semester.
- 3) Conducting basic mental health screening (9S) at least once per semester.
- 4) Monitoring and offering assistance to students at least once per semester.

3. Tools for the implementation such as

- 3.1 Implementation Framework for student support system.
- 3.2 Safety School Measures by the Ministry of Education.
- 3.3 Standard Operation Procedure (SOP) for Managing and Addressing School Violence Issues.
- 3.4 School Health HERO program by the Department of Mental Health .
- 3.5 9S-item mental health screening.

Standard Component 5 Safe environment, disease-free school

1. Importance

Safe environmental management in schools involves implementing measures to control environmental risk factors that may impact the health of students and school personnel. This includes addressing physical, chemical, biological, and social dimensions, as well as promoting effective management, control, and prevention of the spread of communicable and emerging diseases, accidents and injuries, substance abuse, and environmental health threats. Examples of these threats include diseases such as dengue fever, hand, foot and mouth disease, as well as those transmitted through food and water, such as gastrointestinal diseases and diarrhea. Other considerations include addressing issues like PM 2.5 haze, excessive heat resulting from climate change, and ensuring an appropriate environment. The primary goal is for students and school personnel to live safely, free from diseases, and to strengthen environmental health and hygiene behaviors.

2. How to

2.1 There is an environmental health management in schools that promotes health according to the school environmental health assessment (48 items).

2.2 There is prevention of accidents and injuries in the school by implementing as follows:

- 1) Record of accidents and injuries in the school and outside of school, and annual report.
- 2) An emergency response plan and the response drill.
- 3) Guidelines or activities for preventing accidents, injuries and emergencies in schools.
- 4) Guidelines for providing referral assistance in the event of accidents and injuries.

2.3 There is prevention of health threats from the environment and emerging diseases as follows:

- 1) Records of patients statistics in school and annual report summaries.
- 2) An emergency response plan and the response drill.
- 3) Preventive guidelines and activities and continuous learning and promoting health even in emergency situations related to public health.
- 4) Guidelines for providing referral assistance when needed.
- 5) Regulations and controls on game centers, liquor and cigarettes stores, and the sale of cannabis-derived products in the nearby school area.

Remarks:

- Alcohol Drink Control Act, 2008 (B.E. 2551): Prohibit the sake of alcoholic beverages within 300 meters of school areas for 24 hours.

- Game centers are regulated by the Movie and Video Act, 2008 (B.E. 2551), which determines the operating hours for children and adolescents.

- Children under 15 years old: Monday-Friday from 14.00-20.00 hrs., Holidays from 10.00-20.00 hrs.

- Children aged 15-18 years old: Monday-Friday from 14.00-22.00 hrs., Holidays from 10.00-22.00 hrs.

2.4 There is an implementation of a drug-free school.

- 1) Guidelines to prevent substance abuse in schools and reduce students' access to substance abuse.
- 2) Surveillance activities for detecting drug-related issues.
- 3) Student substance abuse reports.
- 4) Referral assistance for students with substance abuse.

3. Tools for the implementation such as

3.1 Alcohol Drink Control Act, 2008 (B.E. 2551), and Non-smoker Health Protection Act, 1991 (B.E. 2535).

3.2 Guidelines for reducing and preventing health effects from PM 2.5 haze for school by Department of Health.

3.3 Guidelines for environmental health management in school by Department of Health.

3.4 Guidelines for prevention and care for excessive heat from climate change for schools by the Department of Health.

3.5 Safety School Measures by the Ministry of Education.

3.6 School environmental health assessment in (48 items) by Department of Health.

3.7 Practice guidelines for surveillance, prevention, and control of COVID-19 in schools.

Standard Component 6 School health towards healthy students

1. Importance

School Health is an activity aimed at promoting health and preventing diseases among school-aged children. It involves collaboration between local health service providers and school personnel to ensure that children receive the necessary health benefits outlined in their health insurance. The goal is to promote wellness, prevent illness, and address health problems that may hinder learning. The activities encompass various components, such as preliminary health screening conducted by health or class teachers and multidisciplinary healthcare personnel. Additionally, services include consultation, referrals for further treatment, vaccination to enhance immunity, and comprehensive health promotion and disease control measures. Ultimately, these efforts contribute to the overall well-being of students, enabling them to reach their full potential and achieve exceptional learning outcomes.

2. How to

2.1 Primary health screening by health/class teachers and implementing as follows:

- 1) Regular screening for vision, hearing, and basic 10-posture physical examination are conducted.
- 2) Assessing growth and managing nutritional condition at least once per semester (weighing and measuring height and interpreting results) using at least 2 criteria: Height according to Age (H/A) and Weight according to Height (W/H). If there are students with health risks (moderately stunted, stunted, moderately underweight, underweight, overweight, moderately obese and obese), they should receive advice for nutritional management and monitoring once per month.
- 3) Tools and methods for assessing students' growth are accurate and standardized as follows:
 - Testing the accuracy of standardized weighing scales, both analog and digital is essential. These weighing scales should have a sensibility reading of one decimal point (0.1 kilogram), which must be tested every use using a pendulum with standard weights (5 kilogram, 10 kilogram). Additionally, the weight scale should always be at zero, and the height measurement should provide clear and detailed numbers to read one decimal point (0.1 centimeter) with the angle wood for height measurement.
 - The weighing method should be conducted by placing the weighing scale on a flat surface, ensuring it is not tilted or bulged, and with sufficient lighting to read the measurements clearly. It is important to consistently use the same scale for tracking growth and monitoring weight changes. The height measurements installation should be securely placed against a wall or pillar that is perpendicular to the floor.

It should be on a flat surface without any tilting or bulging. Accurate height measurements should be taken by standing on a flat surface with feet close together, knees not bent, head not tilted, and ensuring that the feet, back, shoulders, and head touch the height scale. An angle wooden tool can be used to read the height measurement accurately.

4) Moderately obese and obese students must undergo the obesity sign screening as follows:

- Black neck or armpit.
- Regularly falling asleep in class.
- Snoring and having sleep apnea.
- Family member's history of illness.
- Blood pressure measurement (For primary school students, the blood pressure should not be over 110/70 mmHg and secondary school students should not be over 120/80 mmHg).

If obesity sign are found 3 out of 4 and/or with risks of having prehypertension, it is recommended to refer for obesity treatment.

5) All students in Grade 1 receive iron supplements, one tablet (60 milligrams), per week by submitting request for the support from local health service providers.

6) Students receive dental brushing effectiveness tests once per semester by randomly checking the teeth of Grade 6 students, either 10% of the students or a minimum of 30 students.

7) There is mental health screening and monitoring of behavior, emotions, social interactions, and risky behaviors once per academic year by using 95-item mental health screening tool. If found the students with at least 1 behavioral, emotional, social problems, the teachers can use Strengths and Difficulties Questionnaire (SDQ) to re-evaluate such students in order to contemplate the problems more thoroughly before the caring and monitoring process.

8) Students with health problems receive primary self-care advice and referral assistance to address individual health problems such as nutritional conditions, mental health, sexual health, communicable diseases etc. once per semester.

9) There are teachers or personnel available for primary health consultation, addressing topics such as nutritional conditions, mental health, sexual health, communicable disease etc. Such teachers or personnel should have the following qualifications:

- Educated or trained for student health problem counseling.

- Possessed the art of speaking, listening, and counseling in order to achieve the consultation purpose.
- Good personality, open-minded, accepting the opinions of others, good at keeping confidentiality and reliability.
- Good health and good mental health, stable temperament and humor.

2.2 Health screening by public health personnel

- 1) Blood pressure measurement are conducted for Grade 5 students who are moderately obese and obese as well as in the risk group at least once per semester.
- 2) There is a screening for anemia at least once (throughout the study period) to test for Hematocrit and blood density by finger prick and comparing the results with the normal range of blood concentration by age group.

- All Grade 3 students need to be checked.
- If the test was not conducted at the age of 4 years old, it should be done in Grade 1.

Remark: Students must be tested at least once during their lifetime.

- 3) Grade 1 students who have not vaccinated or not fully vaccinated according to the criteria (must be vaccinated with BCG, dT, OPV, MMR, HB, LAJE and IPV)
- 4) Female students in Grade 5 receive HPV vaccine on a voluntary basis
- 5) All students in Grade 6 receive dT vaccine.
- 6) Immunization during Public Health Emergency such as COVID-19 vaccine, influenza vaccine etc.
- 7) For primary school, students from kindergarten to Grade 6 or kindergarten to Grade 9 receive oral health checkup once per semester while for secondary school, students receive oral health checkup once a year.
- 8) Students receive preventive dental services to check for caries condition, specific fluoride treatment received, and sealant.
- 9) Students with health problems receive self-care advice, referral assistance, and health condition monitoring once per semester.

3. Tools for the implementation such as

- 3.1 Benefit Package from the National Health Insurance.
- 3.2 Growth Reference Criteria for Children aged 6-19 years old (2021), Bureau of Nutrition, Department of Health.
- 3.3 Handbook of Reference Criteria for Growth of Children aged 6-19 years old (2021), Bureau of Nutrition, Department of Health.

3.4 Analysis form of growth outcomes for children aged 6-19 years old and the use of preventive measures in addressing malnutrition and promoting growth, and referral screening form for obese children in risk groups.

3.5 Health literacy on health promotion such as nutrition, physical activity, oral and dental health, hygiene, reproductive health, environmental health etc.

3.6 9S-item mental health screening.

3.7 Individual health record for students in Grade 5-6 and Grade 7-12.

3.8 Student's self-health logbook.

3.9 Strengths and Difficulties Questionnaire (SDQ).

3.10 The vaccination schedules based on the Immunization Worksheet of the Ministry of Public Health.

3.11 Line Official Teen Club (Line ID: @teen_club).

**The vaccination schedules based on the Immunization Worksheet of
the Ministry of Public Health 2022**

Age	Type of Vaccine	Recommendations
New born	HB1	- Should administer the vaccine as soon as possible, within 24 hours after labor.
	BCG	- Administer the vaccine to a baby before discharging from the hospital.
1 month	HB2	- Only administer the vaccine for an infant born to mothers who carries of Hepatitis B.
2 months	DTP-HB-Hib1	- Do not administer Rota1 to an infant older than 15 weeks.
	OPV1	
	Rota1	
4 months	DTP-HB-Hib2	- Administer 1 dose of IPV together with 1 dose of OPV. - Do not administer the last Rota vaccine to a baby older than 32 weeks.
	OPV2	
	IPV	
	Rota2	
6 months	DTP-HB-Hib3	- Do not administer the last Rota vaccine to a baby older than 32 weeks. - Exempt from administering Rota3 to a baby who has already received two doses of Rotarix.
	OPV3	
	Rota3	
9 months	MMR1	- If the vaccine is not administered at 9 months of age, promptly follow up and give it as soon as possible.
1 year	LAJE1	

Age	Type of Vaccine	Recommendations
1 year and 6 months	DTP4	
	OPV4	
	MMR2	
2 years and 6 months	LAJE2	
4 years	DTP5	
	OPV5	
Grade 1	MMR	- Check the medical history and administer vaccines only to individuals who have not received the complete dosage according to the criteria.
	HB	
	LAJE	
	IPV	
	dT	
	OPV	
	BCG	- Administer the vaccine in cases where there is no evidence of previous administration at birth and no visible scars. - Do not administer the vaccine to a child infected with HIV showing symptoms of AIDS.
Grade 5 (Only female students)	HPV1 and HPV2	- The interval between doses should be at least 6 months. - In the case of Thai girls who are not enrolled in the education system, administer the vaccine at the age of 11-12 years.
Grade 6	dT	

Vaccination Schedules for Children Receiving Delayed Vaccination

Number of Vaccination	1-6 years old		Over 7 years old		Recommendations
	Month	Vaccine	Month	Vaccine	
1	0 (meet a baby for the first time)	DTP-HB-Hib1	0 (meet a baby for the first time)	dT1	- Administer IPV only for those who have not received the complete dosage according to the criteria in children under 7 years old and students in Grade 1.
		OPV1		OPV1	
		IPV		IPV	

Number of Vaccination	1-6 years old		Over 7 years old		Recommendations
	Month	Vaccine	Month	Vaccine	
		MMR1		MMR	- Only administer the vaccine in cases where there is no evidence of previous administration at birth and no visible scars. - Do not administer the vaccine to a child infected with HIV showing symptoms of AIDS.
		BCG		BCG	
2	1	DTP-HB-Hib2	1	HB1	
		OPV2		LAJE1	
		LAJE1			
3	2	MMR2	2	dT2	
				OPV2	
				HB2	
4	4	DTP-HB-Hib3	7	HB3	
		OPV3			
5	12	DTP4	12	dT3	
		OPV4		OPV3	
		LAJE2		LAJE2	

Remarks:

1. For all vaccines, if the vaccination cannot be started as scheduled, it is recommended to administer the vaccines as soon as it is discovered.
2. In case of vaccines that require multiple doses, if a child receives a vaccine late or experience a delay, he/she can continue receiving the remaining doses without having to restart from the first dose.
3. For individuals who have not received the full dose of a vaccine or experienced a delay, they should receive the complete vaccination within 1 year. After that, they should follow the regular vaccination schedules.

Source: Disease Prevention Plan, Division of General Communicable Diseases, Department of Disease Control, Ministry of Public Health.

Standard Component 7 Learning process towards Thai children with health

1. Importance

The learning process towards Thai children with health is aimed at equipping students with essential skills for thriving in the digital era. This empowers students to think critically thinking, analyze, solve problems, communication effectively, and collaboration with others. Additionally, health literacy is a national agenda in Thailand aimed at improving the quality of life for people of all ages and reducing illness. The health literacy process, represented by the V-Shape model, consists of several components: access, understanding, exchanging and asking questions, decision-making, behavior change, and disseminating knowledge. This comprehensive approach enables individuals to effectively manage their own health issues.

2. How to

2.1 There are innovations to promote health literacy or integrate health literacy into learning courses such as science, health education and physical education, or integrated in learner's development activities such as boy and girl scouts, health clubs, etc.

2.2 There is the process of promoting health literacy with V-shape.

1) Establishing access to health literacy in school involves creating avenues for acquiring knowledge on nutrition, exercise, drugs, cigarettes, marijuana products, and more. This can be accomplished through the implementation as follows:

- Providing communication channels for health literacy such as Twitter, Facebook, Line, journals, or billboard etc.

- Training students to search for health literacy from reliable sources.

- Developing Media Literacy skills and digital safety (E-safety) awareness.

2) Establishing a process for understanding.

- Implementing health education through active learning, PBL, or PLC methods.

- Organizing extracurricular health activities outside of learning hours.

- Assessing students' understanding through teach-back and ask-me-3 techniques such as What are student health problems? What do students need to do to solve the problem? How important is it to do that?

3) Engaging in the exchange of health-related inquiries and discussions.

- Exchanging and discussing inquiries at the group or class level.

- Creating an atmosphere that encourages creative and open exchanges of ideas.

- Providing offline or online channels for question-and-answer sessions, such as group conversations on Facebook, Line etc.

4) Practicing decision-making skill.

- Critically analyzing comparative data to make decisions.

- Practicing negotiation and rejection skills regarding detrimental effects on health.
- Developing skills for setting health-related goals.

5) Encouraging behavioral changes.

- Providing training for students to be able to plan for behavioral changes in a short and long term, such as weight loss, increased physical activities, reducing consumption of sugary, greasy, and salty food etc.

- Motivating and empowering students to initiate behavioral changes.
- Monitoring students' progress in implementing behavioral changes.

6) Sharing the knowledge.

- Presenting to share the success in behavioral changes related to health, such as giving presentations in front of the class or morning gatherings or in school-level learning exchange forums.

3. Tools for the implementation such as

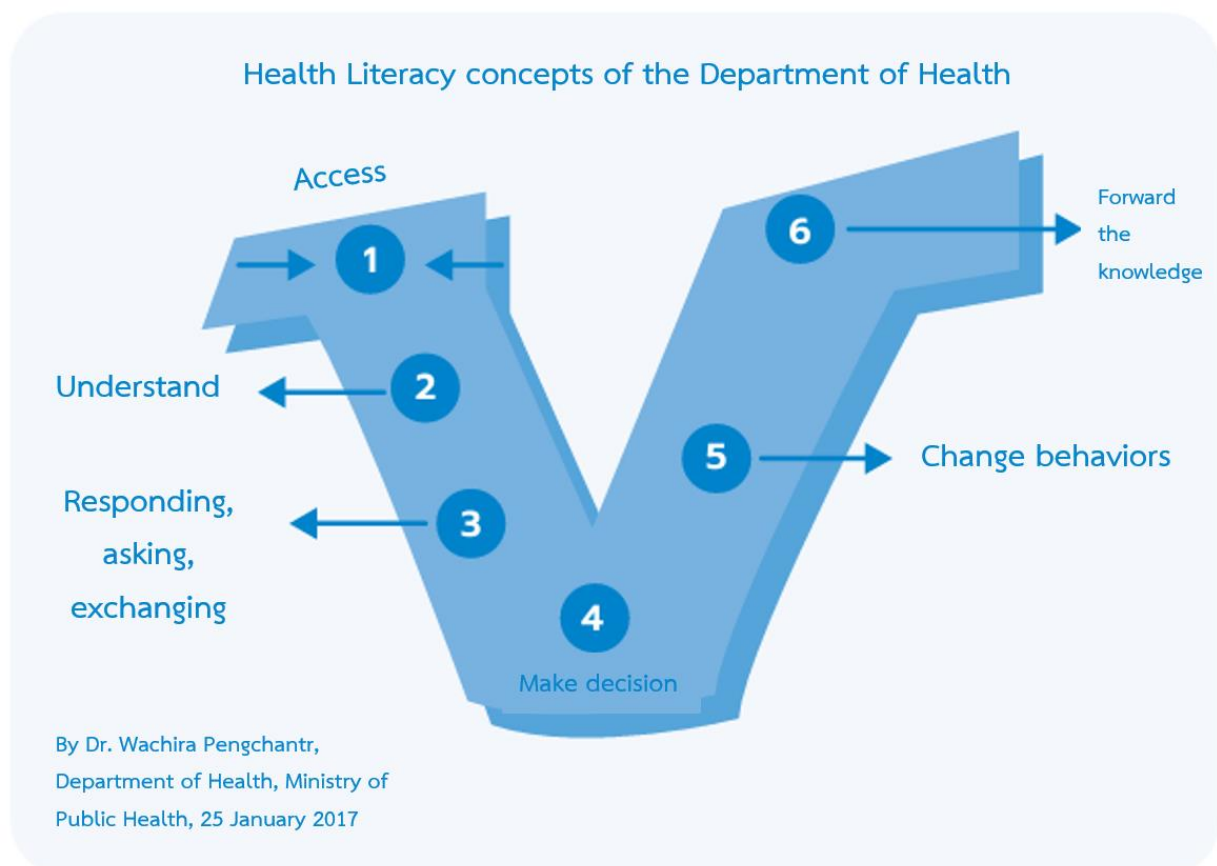
3.1 School's lesson plan.

3.2 Health literacy learning process according to the V-shape.

3.3 66 Key Message for the health literacy of Thai people.

3.4 Health literacy on health promotion and environmental health such as nutrition, physical activity, oral and dental health, reproductive health, personal hygiene, toilet use, hand washing, garbage management, health impact prevention from PM 2.5 haze, excessive heat from climate change etc.

3.5 First Aid Guidelines on Basic Life Support (BLS).



Standard Component 8 Good nutrition, food safety, Healthy Thai Children

1. Importance

Nutrition is the key foundation of good health and well-being. The school-age period is highly important due to its rapid growth. When students receive adequate nutrients and proper nutrition, their bodies and brains can thrive to their full potential. Conversely, if students lack essential nutrients, it can hinder their growth, weaken their immune system, delay intellectual development, and hindered learning. Furthermore, food management must prioritize cleanliness and safety throughout the entire process, from food preparation to distribution, ensuring that students and staff receive clean, safe, and nutritious food free from diseases and harmful chemicals.

2. How to

2.1 School provides lunch according to lunch standard for Thai children by implementing as follows:

- 1) Planning lunch menus in advance.
- 2) Managing students lunches using platform such as the Thai School Lunch Program or preparing lunches according to the lunch standard for Thai children.
- 3) Supervising and ensuring proper food portioning according to the recommended quantities, including overseeing students' food consumption, including leftovers.

2.2 Maintaining cleanliness and quality of the seasonings as follows:

- 1) Maintaining cleanliness of the seasonings.
- 2) Ensuring the quality of seasonings, including checking expiration dates and verifying Standard Certification Marks.
- 3) Proving recommendations for reducing sugar, oil, and salt when preparing seasonings and cooking to promote healthier options and instill appropriate eating behaviors at a young age.

2.3 Using Iodine salt or Iodine supplement products.

2.4 Student in Grade 1-6 drink whole milk every day.

2.5 School milk is stored appropriately and at the correct temperature every day as follows:

- Pasteurized milk is stored at a temperature not exceeding 8 degree Celsius.
- UHT milk is stored at room temperature, away from sunlight and should not be stacked in multiple layers. The pack box of UHT milk should be placed at least 15 cm. above the ground.
- In the case of schools located in remote areas, if powdered milk is used, it should be stored at room temperature and protected from sunlight. Powdered dairy products should be stored in sealed, waterproof, and opaque containers. The measuring spoon should be kept dry and thoroughly wiped before storage.

How to store canned powdered milk:

1. After opening the lid, make sure to close it tightly after each use to prevent contamination and moisture, which can spoil the powdered milk.
2. Keep the measuring spoon dry and thoroughly wiped before storing.
3. Avoid storing the canned powdered milk in a humid place as it may cause the can to rust.
4. Avoid storing the canned powdered milk near heat or in places with high temperatures.

How to store refill powdered milk:

1. Be cautious when tearing the bag of powdered milk to avoid tearing off the expiration date or product name, as they provide important information for selecting the milk.
2. The bag of powdered milk is easily torn, so it is advisable to handle it carefully when taking it out for use. Alternatively, transfer the entire bag into a lidded container without pouring the powder out, ensuring both the bag and container are sealed.
3. Store the bag of powdered milk in a dry place, free from humidity. Alternatively, tightly fold the bag after each use to prevent contamination and moisture.
4. Keep the measuring spoon dry before use.
5. Avoid storing the bag of powdered milk near heat or in places with high temperatures.

- Before using any type of milk, check the expiration date (day, month, year). Observe the milk's condition, ensuring it has normal color and consistency, with no sediment or separation of layers. It should not be sticky or have any abnormal smell or taste before serving it to the students.

2.6 There is control over the sale and provision of food, snacks, and beverages that have a negative impact on health, lack nutritional value, and are excessively sweet, salty, and greasy. These include items like bagged snacks, candies, ice cream, sweetened drinks, and deep-fried foods prepared with reused cooking oil, such as fried chicken, sausages, and French fries.

2.7 There is school-regulated control over advertising media related to foods that have negative impact on health and lack nutritional value.

2.8 The school canteen meets the standards of food sanitation in school (75 items).

3. Tools for the implementation such as

3.1 Growth Reference Criteria for Children aged 6-19 years old.

Download the Handbook of Reference Criteria for Growth of Children aged 6-19 years old and Graph figure showing Reference Criteria for Growth of Children aged 6-19 years old at the website of the Bureau of Nutrition, Department of Health
<https://nutrition2.anamai.moph.go.th/th/kidgraph>



3.2 Thai School Lunch Program Standards.

3.3 Summary Report of School's lunch management plan according to lunch standard for Thai children or from Thai School Lunch Program.

3.4 Assessment of eating behaviors of students aged 6-18 years old.

3.5 Screening form for obese children in risk groups (for teachers) (for public health personnel).

3.6 Food Sanitation Standard Inspection Form for School Cafeteria (According to the Ministerial Regulation on Hygiene of food distribution locations, 2018 (B.E. 2561).

Thailand's School Lunch Standard for Thai children in each age group within 1 week

"Thailand's School Lunch Standard" for Thai children in each age group within 1 week (The quantity and frequency of food servings for different types of food as part of lunch and additional snacks between meals)						
Types of food	3-5 years old		6-12 years old		13-18 years old	
	Amount per meal	Time per week	Amount per meal	Time per week	Amount per meal	Time per week
Steamed rice (from rice grains in gram)	1.5 scopes (40)	5	2.5 scopes (65)	5	3 scopes (80)	5
Vegetables*	0.5 scope	3-5	1 scope	4-5	1-1.5 scopes	5
Fruits*	0.5 portion	3-5	1 portion	3-5	1 portion	5
Fish	2 spoons	1	2 spoons	1	3 spoons	1
Meat	2 spoons	1	2 spoons	2	3 spoons	2
Egg	1 egg	2	1 egg	2	1 egg	3
Liver	0.25 spoon	0-1	0.25 spoon	0-1	1 spoon	0-1
Tofu**	2 spoons	0-1	2 spoons	0-1	3 spoons	0-2
Tiny fish which can be eaten whole **			2 spoons	0-1		
Animal blood					2 spoons	1-2
Vegetable oil	1 tea spoon	5	1.5 tea spoons	5	2 tea spoons	1-2
Rice-Starch from snacks-desserts	1 scope	2	1 scope	2	1 scope	2
Dried beans	6 spoons	1	6 spoons	1	6 spoons	3
Taro-yam	1 scope	1	1 scope	1	1 scope	2
Sugar	No more than 3 tea spoons	5	No more than 3 tea spoons	5	No more than 3 tea spoons	5

Types of food	3-5 years old		6-12 years old		13-18 years old	
	Amount per meal	Time per week	Amount per meal	Time per week	Amount per meal	Time per week
Clean drinking water	1 glass	5	1 glass	5	1 glass	5
Whole milk	200 ml.	5	200 ml.	5	250 ml.	5
(Soy milk)****	200 ml.	(2)	200 ml.	(2)	250 ml.	(2)

Source: The principles of development and nutritional value of lunch standard for Thai children, Nutrition Institute, Mahidol University. 2005

Remarks:

* The daily intake of vegetables and fruits should not be fall below the minimum frequency. When combined with other food, the amount of fiber should still meet the criteria for no less than 70% of the goal.

** Foods in the group with a high concentration of nutrients that supplement the nutrients of iron, calcium and Vitamin A and approaches the target nutrient amount. In the absence of the use of this food group at all, these various nutrients should still meet a minimum threshold of at least 70% of the target, but they may be a slight reduction in diversity.

** If vegetables and fruits are not prepared daily (*) and there is no food in the group with a high concentration of nutrients (**), animal blood should be served twice a week. If served less frequently, there is a risk of iron deficiency, especially in females. If no animal blood is served at all, it is recommended to provide iron supplement tablets of 60 mg at least once a week for both females and males.

** If prepared food with the lowest frequency of all food groups, there should be supplement for lost energy, such as adding 2 glasses of soy milk per week.

Source: Principles of Development and Nutrient Value of Thai Children Lunch Standard, Institute of Nutrition, Mahidol University. 2005.





Notification of the Department of Health
Re: Drinkable Tap Water Quality Criteria, Department of Health
B.E. 2563 (A.D. 2020)

It is appropriate to update the Drinkable Tap Water Quality Criteria B.E. 2553 to be up-to-date with the current situation and changes as a support for policies to improve quality of life and provide a conducive environment for the well-being of Thai people. This includes the raising of the quality of tap water supply standards in rural areas according to the mission and role of the Department of Health to provide people with clean and safe drinking water, which will result in a better quality of life for the people.

By virtue of the provision of Section 32 of the State Administration Act, B.E. 2534 (A.D. 1991), the Director-General of the Department of Health hereby issues this Notification as follows:

Clause 1. This Notification shall be referred to as the "Notification of the Department of Health on the Drinkable Tap Water Quality Criteria, Department of Health, B.E. 2563 (A.D. 2020)."

Clause 2. To revoke the Notification of the Department of Health on the Drinkable Tap Water Quality Criteria dated October 13, B.E. 2553 (A.D. 2010).

Clause 3. In this Notification,
"Drinkable tap water" means tap water with quality control from the production system forwarding to the home of the water user with quality in accordance with this Notification.

Clause 4. Define the quality of tap water to ensure that it is drinkable water with the quality which should not be inferior than the following criteria:

(1) Physical water quality

- (A) Turbidity must not be over 5 NTU.
- (B) Apparent color must not be over 15 Platinum-cobalt.
- (C) pH value must be between 6.5-8.5.

(2) General chemical water quality

- (A) Total dissolved solids must not be over 500 milligrams per liter.
- (B) Hardness as CaCO_3 must not be over 300 milligrams per liter.
- (C) Sulfate must not be over 250 milligrams per liter.
- (D) Chloride must not be over 250 milligrams per liter.

(E) Nitrate as NO_3 must not be over 50 milligrams per liter.

(F) Nitrite as NO_2 must not be over 3 milligrams per liter.

(G) Fluoride must not be over 0.7 milligram per liter.

(3) Heavy metal water quality

(A) Iron must not be over 0.3 milligram per liter.

(B) Manganese must not be over 0.3 milligram per liter.

(C) Copper must not be over 1 milligram per liter.

(D) Zinc must not be over 3 milligrams per liter.

(4) Toxic heavy metal water quality

(A) Lead must not be over 0.01 milligram per liter.

(B) Total chromium must not be over 0.05 milligram per liter.

(C) Cadmium must not be over 0.003 milligram per liter.

(D) Arsenic must not be over 0.01 milligram per liter.

(E) Mercury must not be over 0.001 milligram per liter.

(5) Bacterial water quality

(A) Total coliforms bacteria must not be detected per 100 milliliters or must have a value of < 1.1 MPN per 100 milliliters.

(B) Escherichia coli must not be detected per 100 milliliters or < 1.1 MPN per 100 milliliters.

Clause 5. The analysis, collecting methods and maintaining water quality samples in accordance with Clause 4 shall be in accordance with the Standard Methods for the Examination of Water and Wastewater Edition 23rd ed., 2017 APHA AWWA WEF.

Announced on the 13th Day of July 2020

Mrs. Panpimol Wipilagorn

Director-General of the Department of health

Drinkable Tap Water Quality Criteria

Parameter	Measure	Standard level	Standard
Physical			
1. Turbidity	NTU	Not over 5	Nephelometry
2. Apparent color	Platinum cobalt	Not over 15	Spectrophotometric-single-wavelength, visual comparison method
3. pH value	-	6.5-8.5	Electrometric method
General Chemical			
4. Total dissolved solids	Milligram per liter	Not over 500	TDS dried at 180 degree Celsius, Gravimetric, Electrometric method
5. Hardness	Milligram per liter (as CaCO ₃)	Not over 300	EDTA titrimetric
6. Sulfate	Milligram per liter	Not over 250	Turbidimetry, ion chromatography
7. Chloride	Milligram per liter	Not over 250	Argentometry, ion chromatography
8. Nitrate	Milligram per liter (as NO ₃)	Not over 50	Cadmium reduction, ion chromatography, spectrophotometry
9. Nitrite	Milligram per liter (as NO ₂)	Not over 3	Cadmium reduction, ion chromatography, spectrophotometry
10. Fluoride	Milligram per liter	Not over 0.7	ion chromatography, SPADNS colorimetric method, ion-selective electrode
Chemical (Heavy Metal)			
11. Iron	Milligram per liter	Not over 0.3	AAS (flame), ICP, spectrophotometry
12. Manganese	Milligram per liter	Not over 0.3	AAS (flame), ICP, spectrophotometry
13. Copper	Milligram per liter	Not over 1	AAS (flame), ICP, spectrophotometry
14. Zinc	Milligram per liter	Not over 3	AAS (flame), ICP, spectrophotometry
Chemical (Toxic Heavy Metal)			
15. Lead	Milligram per liter	Not over 0.01	AAS (graphite furnace), ICP
16. Total chromium	Milligram per liter	Not over 0.05	AAS (graphite furnace), ICP
17. Cadmium	Milligram per liter	Not over 0.003	AAS (graphite furnace), ICP
18. Arsenic	Milligram per liter	Not over 0.01	AAS (vapor generation technique), ICP, graphite furnace
19. Mercury	Milligram per liter	Not over 0.001	AAS (vapor generation technique), ICP, Automatic direct mercury analyzer

Parameter	Measure	Standard level	Standard
Biological			
20. Total coliforms bacteria	Per 100 milliliters MPN per 100 milliliters	Not Found Less than 1.1	Presence-Absence Test MPN method
21. Escherichia coli	Per 100 milliliters MPN per 100 milliliters	Not Found Less than 1.1	Presence-Absence Test MPN method

Remarks:

- For the analysis method in each parameter, choose only one of the measurements.
- In tap water quality monitoring systems, residual chlorine is required to be present at the end of the pipe in the range of 0.2-0.5 milligram per liter.

Standard Component 9 Enough physical activities, sleeping soundly

1. Importance

1.1 Physical Activity

Physical activity refers to the movement of the entire body in various postures throughout daily life, resulting in energy expenditure and muscle utilization. This includes all activities in daily life, such as work, travel, recreational activities, exercise, and sports. The World Health Organization (WHO) has provided physical activity recommendations for school-aged children and adolescents as follows: children aged 6-17 years should engage in at least 60 minutes of physical activity every day. Regular physical activity has several benefits for good health, including:

1) Facilitating growth and development, increasing bone mass formation, which affects height, strengthening muscle and joint endurance, and developing the motor nervous system. This helps improve the strength of the cardiovascular system and blood vessels, as well as influences the secretion of growth hormone.

2) Enhancing cognitive function and improving learning efficiency.

3) Reducing the risk of non-communicable diseases such as obesity, diabetes, hypertension, and heart disease.

4) Promoting mental health, reducing tension and fostering enjoyment.

5) Assisting in weight management by aiding in the burning of excess fat.

1.2 Sleep

Sleep means to a state in which the body experiences a decreased level of consciousness and responds to stimuli. It is a natural and essential process. The National Sleep Foundation has provided recommendations for adequate sleep in school-aged children and adolescents as follows: children aged 6-13 years should sleep for 9-11 hours per day, and children aged 14-17 years should sleep for 8-10 hours per day. Sufficient sleep is a contributing factor to good health, resulting in the following benefits:

1) Improve memory and increase concentration abilities.

2) Repair of worn-out body parts.

3) Support for proper growth and development.

4) Promote the body's immune system.

5) Optimize creativity.

6) Help to brighten the mood.

7) Keep the weight stable and in good shape.

2. How to

2.1 School provided sufficient facilities and equipment for physical activities such as sport fields, multi-purpose courtyard, auditoriums, playgrounds, staircases, walkways, etc., and adequate equipment to support the physical activities. Students can pick up equipment for physical activities as appropriate with a person responsible for the requisition of equipment including the maintenance of physical activity equipment to be ready for use.

2.2 There is the establishment of physical activity clubs such as exercise club, sports club, volunteer club, entertaining activity club, music club, cooking club etc. for students and personnel from both inside and outside of school to be able to participate in the activities continuously as well as collaborating with the networking agencies to organize internal sports competition and relationship building activities between school and community.

2.3 There is a platform to promote physical activity as follows:

2.3.1 Students in primary schools or primary educational opportunity extension schools participate in the activities or reported exercise results in “Kao Ta Jai” platform.

2.3.2 Students in secondary schools participate in the activities through “Kao Ta Jai” platform.

2.3.3 In case of joining “Kao Ta Jai” platform, the details are as follows:

- Students including personnel, parents, and community can participate in the physical activities together by registration on “Kao Ta Jai” platform through Line ID: @thnvr or <https://in.ee/a01A5yt>
- See how to register at <https://activefam.anamai.moph.go.th> or <https://www.youtube.com/watch?v=tv66vCA7gTk>
- A responsible for school’s Line Group create name of the school’s Line Group and invite students, parents, personnel, and community to join and report on the result of physical activities
- Score evaluation is based on the total number of participants in the school group (students, personnel, parents, and communities).

Example: Percentage = $\frac{\text{Participants in school group}}{\text{Total number of students}} \times 100$

Total number of students

Percentage = $\frac{500 \times 100}{200}$

200

Percentage = 250

*** If the number of participants in the school group is more than 100%, school will get the full assessment result (1.5 points).

- Follow for the news and prize-winning events via Kao Ta Jai Facebook at <https://www.facebook.com/kaotajai>

2.3.4 In case of reporting the results of exercise.

Students record daily exercises according to the form shown in Item 3 Implementation Tools.

2.4 There are exercise promotion programs for all students regularly with the focus on aerobic exercise as follows:

2.4.1 Aerobic exercise for at least 60 minutes (accumulated for more than 10) every day or at least 5 days/week such as kangaroo dance, FUN for FIT, running, cycling, jump slap, jump rope, trampoline jumping, basketball etc.

2.4.2 Muscular strength and endurance exercise every other day or at least 3 days/week such as chair exercise, sit-up, push-up, planking, squat, pull-up, weight lifting etc.

2.4.3 Flexibility exercise every day or at least 5 days/week such as kangaroo stretching, physical exercise, stretching, yoga etc.

2.5 Promotion and encouragement of sufficient sleep for students as follows. Students aged 6-13 years old sleep for 9-11 hours/day. Students aged 14-17 years old sleep for 8-10 hours/day. Students are required to record their sleep according to Item 3 Implementation Tools.

2.6 Students undergo physical fitness testing once per semester according to the criteria. The physical fitness testing and basic standards for students in primary school (aged 7-12 years old) and secondary school (aged 13-18 years old) are provided by the Department of Physical Education, Ministry of Tourism and Sports, 2019 (B.E. 2562)

3. Tools for the implementation such as

3.1 Physical Activity Promotion Plan, 2018-2030 (B.E. 2561-2573)

3.2 Share knowledge and public relations materials to promote physical activity and sleep or school-age children and adolescents, accessed via <https://www.chopachipa.org/Home/content/commu>

3.3 Register Kao Ta Jai through Line ID: @thnvr or <https://in.ee/a01A5yt>

3.4 See how to register Kao Ta Jai at <https://activefam.anamai.moph.go.th/KTJSS4> or <https://www.youtube.com/watch?v=tv66vCA7gTk> www.activefam.anamai.moph.go.th

3.5 Follow for the news and prize-winning events via Kao Ta Jai Facebook at <https://www.facebook.com/kaotajai>

3.6 Exercise Report, accessed via <https://www.chopachipa.org//Home/news/340>

3.7 National Sleep Foundation accessed via <https://www.thensf.org/> และ <https://www.thensf.org/how-many-hours-of-sleep-do-you-real-ly-need/>

3.8 Sleep Report, accessed via <https://www.chopachipa.org//Home/news/339>

3.9 Tests and basic standards of students in primary school (aged 7-12 years old) from the Department of Physical Education, Ministry of Tourism and Sports, 2019 (B.E. 2562), accessed via <https://www.dpe.go.th/manual-files-411291791794>

3.10 Tests and basic standards of students in and students in secondary school (aged 13-18 years old), accessed via <https://www.dpe.go.th/manual-files-411291791795>

Standard Component 10 Health Model in Schools

1. Importance

Teachers and educational personnel play a very important role in the development of the country, both in education, learning, and health, as well as being role models for students. This influence affects students' behaviors, skills, and expressions. Therefore, it is necessary to prepare teachers and educational personnel in both education and health. This can be done by promoting self-health monitoring and capacity development in health promotion and environmental health for teachers, including encouraging healthy teachers to exchange and share tips for maintaining good health as a positive role model for students.

2. How to

2.1 The executive team supports the implementation of health promoting school by the following implementation:

1) Supporting budget for the capacity development of teachers and health promotion and environmental health personnel (issued in school's annual implementation plan).

2) Building incentives to encourage the development of teachers and personnel as health role models, such as giving awards or honors, etc.

2.2 The executives, teachers, and personnel monitor their health such as conducting annual health checkups, measuring BMI, receiving basic healthcare according to their rights once a year.

2.3 Teachers or personnel serve as health models (role models) in the following ways:

1) They receive capacity development in health promotion and environmental health such as nutrition, physical activity, oral and dental health, sexual health, mental health, disease prevention, etc.

2) They are individuals who regularly monitor their health.

2.4 Health teachers are required to undergo the school health teacher training course by the Ministry of Public Health, or training course in promoting student health and environmental health in schools such as Basic Life Support (BLS), physical and mental health management, school-aged children and adolescents etc.

3. Tools for the implementation such as

3.1 Benefit Package from the National Health Insurance.

3.2 10 Packages creating healthy lifestyle in workplace, Department of Health.

3.3 Health teacher training curriculum, Ministry of Public Health.

3.4 Knowledge body of health promotion and environmental health such as nutrition, physical activity, oral and dental health, hygiene, reproductive health, environmental health etc.

3.5 BMI calculation program.

3.6 Individual health record for teachers and personnel.

Part 5

Global Standards for Health Promoting Schools (GSHPS): 6 Indicators on Student Health Outcomes

Indicators	Criteria	Assessment Results		Data collection methods	Sources of Information/ Evidence
		Pass	Not pass		
1. Nutritional conditions	1.1 Students with appropriate height and weight more than or equal to 57% (2023) 59% (2024) 61% (2025) 63% (2026) 65% (2027)			- Measure weight and height of all students by the assessment according to the growth of children aged 6-19, 2021 by using the weight graph according to height criteria and the height graph according to age criteria with genders, male and female. - Interview teachers and students.	1. Growth and nutritional condition assessment report. 2. Guidelines on the nutritional promotion/solutions for malnutrition in students. 3. Quality checking for lunch preparation management. 4. Inspecting the actual situation such as selling snacks and beverages, lunch preparation managed with recommended proportion of vegetables and meat. 5. Interviewing teachers and students.
	1.2 Stunted students not over 10% (2023) 9.5% (2024) 9% (2025) 8.5% (2026) 8% (2027)				
	1.3 Moderately obese and obese students not over 10%				

Indicators	Criteria	Assessment Results		Data collection methods	Sources of Information/ Evidence
		Pass	Not pass		
	1.4 Underweight students not over 5%				
2. Oral and dental health	2.1 Students in Grade 6 have a caries-free rate of over or equal to 45%.			Check Grade 6 and 9 students' teeth (randomly check for 1 classroom per Grade).	1. Proof of oral health checkup from dental personnel in the responsible public health service provider.
	2.2 Students in Grade 9 have a caries-free rate of over or equal to 35%.				
	2.3 Students in Grade 1-6 receive permanent dental restorations (excluding tooth extraction) with a cavity-free rate of over or equal to 60%.				2. Report on the implementation and the solutions of students with oral and dental health problems.

Indicators	Criteria	Assessment Results		Data collection methods	Sources of Information/ Evidence
		Pass	Not pass		
	2.4 Students in Grade 7-9 receive permanent dental restorations (excluding tooth extraction) with a cavity-free rate of over or equal to 50%.				
3. Health-related physical fitness	Students pass all three aspects of physical fitness assessment for 80%. 1) Cardiovascular endurance. 2) Muscle strength and endurance. 3) Flexibility.			<ul style="list-style-type: none"> - Report the results of student's physical fitness test. - Photos of the activities. - Interview teachers and students. - Inspect the actual situation. 	1. Inspecting the physical fitness report that passed the criteria in terms of overall school results from students in Grade 1 and above as well as have example of individual report of student's physical fitness test. 2. Verifying the accuracy of choosing activities from each aspect into the test and in the interpretation. 3. Interviewing teachers and students about the implementation on the development and solutions for students who have not passed the physical fitness test.

Indicators	Criteria	Assessment Results		Data collection methods	Sources of Information/ Evidence
		Pass	Not pass		
4. Students with emotional, behavioral and social problems receiving care and help until getting better	All students with problems must receive care and help until getting better.			<ul style="list-style-type: none"> - Randomly check the individual care report. - Randomly check the report on the surveillance of behavioral, emotional, and social issues via 95-item mental health screening tool or SDQ assessment for students from Grade 1 and above. 	<ol style="list-style-type: none"> 1. Student's individual care/help report. 2. Report or digital data through digital mental health system for school in the new normal (School Health HERO) by using 95-item mental health screening tool or SDQ assessment for students from Grade 1 and above, carried out by teachers in overall school results. 3. Interviewing students' behavioral issues, emotions, and social interactions, monitoring, supporting, and verifying the accuracy of the interpretation of the SDQ (25-item) - a teacher-rated assessment version.
5. Students who are ill, injured, or faced with accidents in the school environment that	Within the past one year-round until the day of assessment: No students being ill,			<ul style="list-style-type: none"> - Randomly check the report on student's accidents/injuries or getting ill from 	<ol style="list-style-type: none"> 1. Report on student's accidents/injuries or getting ill from school environment. 2. Student's infirmary service log. 3. Safety and environmental improvement record.

Indicators	Criteria	Assessment Results		Data collection methods	Sources of Information/ Evidence
		Pass	Not pass		
require hospitalization	<p>getting injuries, or facing with accidents from school environment that they need hospitalization.</p> <p>In case of having students who are ill, injured, or faced with accidents, school must have preventive measures or guidelines applied until they're able to solve such problem.</p>			<p>school environment.</p> <ul style="list-style-type: none"> - Randomly check the student's infirmary service log. - Randomly check the implementation measures to manage school environment to prevent health risks and to manage with the problems. 	<p>4. Interviewing about the measures, activities to prevent, control or manage the accidents, injuries or getting sick from school environment.</p>
6. Students with appropriate health behaviors	Students have appropriate health behaviors for 50%.			<ul style="list-style-type: none"> - Randomly check for student's appropriate health assessment report. 	<ul style="list-style-type: none"> - Report on student's appropriate health assessment results. - Interviewing teachers or students in Grade 4 and above with the amount of students according to the school size.

Part 6

Implementation Framework for Global Standards for Health Promoting Schools (GSHPS):

6 Indicators on Student Health Outcomes

Indicator 1 Nutritional conditions

1. Importance

Growth in school-aged children is an important period due to their growth spurt, which is an appropriate period for promoting students' health to reach their full potential both in the brain and body. Therefore, it is highly necessary to address health monitoring in order to promptly address nutritional problems. After this age, children will not be able to reach their full potential in terms of intelligence, learning, and immunity. Thus, there is a risk for chronic non-communicable diseases in the future. Weighing and measuring height are the simplest ways to evaluate students' growth using accurate methods and tools. Therefore, such monitoring reflects the growth condition of students and has been carried out through the school health system every semester. If students are found to be in the risk group or have malnutrition, they must be monitored and helped to resolve these issues every month. If students are found to be overweight or obese with signs of obesity and health problems after screening, they must be referred to the local health service unit.

Definition of criteria

Height for Age (H/A)

Referring to the comparison of height and age with the growth reference graph of the Department of Health, Year 2021, the Height for Age (H/A) graph is separated by males and females and is best used to observe growth and indicate the characteristics of growth as tall, moderately tall, proportionated tall, moderately short, or short.

Weight for Height (W/H)

Referring to a comparison of weight and height with the growth reference graph of the Department of Health, Year 2021. The Weight for Height (W/H) graph is separated by males and females and is best used to assess whether children's weight is suitable for their height. This help determine if the child is proportionate, moderately thin, thin, overweight, moderately obese, or obese.

Assessment Criteria

Children aged 6-14 years old and 15-18 years old

1. Students with appropriate height and weight more than or equal to 57% (2023), 59% (2024), 61% (2025), 63% (2026), 65% (2027)

2. Stunted students not over 10% (2023), 9.5% (2024), 9% (2025), 8.5% (2026), 8% (2027)
3. Underweight students not over 5%
4. Moderately obese and obese students not over 10%

2. How to

Reporting the results of the growth and nutrition assessment by weighing and measuring height as well as conducting the result interpretation once a semester (Standard Component 6 School health towards healthy students) as follows:

2.1 Implementing for all students

1) Monitoring of growth condition, weighing, measuring height, promoting and managing the nutritional condition every semester. Additionally, analyzing the historical nutritional data allows for observing situation trends and identifying problems to plan appropriate projects and measures.

2) Providing lunch service in accordance with the Lunch Standard for Thai children

3) Students aged 6-12 years old receive iron supplement tablet (60 milligrams per week) by submitting request for the tablets from a local health service unit.

4) Screening 6-year-old students for iron deficiency anemia (if they have not been screened between the ages of 3 and 5).

5) Promoting knowledge and recommendations on healthy food consumption of students and nutrients essential for the growth, reading nutrition labels for food selection and consumption properly, food selection, reducing sweetness, oily, salty food, adding fruits and vegetables helps keeping away from the diseases.

6) Promoting awareness in nutritional literacy and appropriate eating behaviors.

7) Creating an environment conducive to appropriate eating behaviors such as growing vegetables, arranging main meals and snacks in appropriate proportions, providing meals in and around the school area, reducing the consumption of sweet, oily, and salty food, eliminating soft drinks, and implementing the marketing and advertising controls of food and beverages which are inappropriate for school health.

2.2 Implementing for students with malnutrition (moderately stunted, stunted, overweight, moderately obese, obese, moderately underweight and underweight) and promoting students with good nutritional condition (height over the criteria with appropriate body shape).

- Monthly monitoring the nutritional condition in students with malnutrition

- Monitoring the nutritional condition in students with good nutritional condition every 3-6 months.

- Managing nutritional condition according to risk groups, obesity, underweight, stunted, including referrals for treatment.

2.3 Reporting the overall implementation on solving students with malnutrition.

3. Tools for the implementation such as

3.1 Growth Reference Criteria for Children aged 6-19 years old (2021), Bureau of Nutrition, Department of Health

3.2 Interpretation of growth outcomes for children aged 6-19 years old and the use of preventive measures in addressing malnutrition and promoting growth, and the screening form for obese children in risk groups

3.3 Knowledge on health promotion, such as nutrition, can be found on the website of the Bureau of Nutrition: <https://nutrition2.anamai.moph.go.th/th/>. Additionally, information on physical activities, sleep, and other related topics can be obtained from various media sources.

3.4 Thai School Lunch Program or other standardized program

3.5 Benefit Package from the National Health Insurance

3.6 Summary Report of School's lunch management plan according to lunch standard for Thai children or from Thai School Lunch Program

3.7 Assessment of eating behaviors of students aged 6-18 years old

3.8 Food Sanitation Standard Inspection Form for School Cafeteria (According to the Ministerial Regulation on Hygiene of food distribution locations, 2018 (B.E. 2561))

Indicator 2 Oral and dental health

1. Importance

Caries is a preventable disease that can be avoided by maintaining good oral and dental health and controlling the consumption of foods that are known to increase the risk of tooth decay. It is most commonly found in students who do not practice regular tooth brushing and have eating habits that promote the development of caries. If left untreated, caries can have a negative impact on students' learning and overall quality of life, leading to permanent tooth loss. Hence, schools play a crucial role in promoting proper oral and dental health, encouraging appropriate eating behaviors among students, and providing preventive dental care services to ensure that students remain free from caries.

Definition of criteria

A student who is caries-free refers to a student who has normal permanent teeth without any lesions or signs of tooth decay. However, if a tooth with a filling needs to be removed due to tooth decay, the student would not be considered caries-free.

A student who is cavity-free refers to a student who has permanent teeth that are either normal or have decay but have been treated without the need for fillings, removal, root canal treatment, or any other restoration.

Assessment Criteria

1. Students in Grade 6 have a caries-free rate of over or equal to 45%.
2. Students in Grade 9 have a caries-free rate of over or equal to 35%.
3. Students in Grade 1-6 receive permanent dental restorations (excluding tooth extraction) with a cavity-free rate of over or equal to 60%.
4. Students in Grade 7-9 receive permanent dental restorations (excluding tooth extraction) with a cavity-free rate of over or equal to 50%.

2. How to

Report the results of oral health checkup by dental personnel/dentist (Standard Component 6 School health towards healthy students) as follows:

2.1 Promoting oral and dental health

- Integrating oral and dental health in the curriculum and learner development activities.
- Developing oral and dental health model.
- Organizing tooth brushing activities after lunch in all classes with brushing skills training (2-2-2) as well as testing the effectiveness of tooth brushing.
- Providing an environment that is conducive to oral health such as 1) Not providing and selling candy, crunchy snacks, soft drinks and sugary drinks > 5%, 2) Arranging a hygienic brushing place and adequate for the number of students, 3) Providing clean and safe drinking water, and 4) Providing a safe playground conducive to the safety of oral cavity and teeth.

2.2 Receiving dental services

- Oral health checkup and assessment of students' risk of caries by the health service unit once per semester.

2.3 Parents participating in student's oral healthcare at home in both morning and before bedtime, controlling the consumption of snacks and beverages that are caries risky as well as bring students to the receive oral health at health service unit.

2.4 Supporting from networking agencies, providing such as tooth brushes, toothpaste, and transportation assistance to help students commute to the health service unit for oral healthcare.

3. Tools for the implementation such as

3.1 Caries risk assessment tool

3.2 Oral health assessment tool

3.3 Application Food choice which can be downloaded through the App Store and Google play

Indicator 3 Health-related physical fitness

1. Importance

Good physical fitness enables students to effectively engage in everyday activities, reduces sedentary behavior and minimizes health problems. Achieving adequate and appropriate physical activity helps stimulate and develop various body systems in accordance with age-related development, resulting appropriate height and shape, strong, and intelligent.

Definition of criteria

Health-related physical fitness that meets the criteria entails students being assessed in three areas: 1) Circulatory and respiratory systems, 2) Muscle strength and endurance, and 3) Flexibility. The results of all three tests must meet the criteria from over the level of Average (Average, Good, Very Good).

Assessment criteria

Students meet the criteria of Average, Good, or Very Good levels in all 3 indicators for 80%.

2. How to

Using the results report of the physical fitness test (Standard 9 Enough physical activities, sleeping soundly) to implement as follows:

1. For the students' physical fitness tests in all 3 areas, teachers can select specific activities for each test item. The interpretation of the results should consider whether each student's fitness test performance meets the assessment criteria with the conditions as follows:

1.1 Select a activity for each physical fitness test item in the three areas.

1.2 Each student must have a physical fitness test result pass the assessment criteria at an Average, Good, or Very Good level. Additionally, the students must meet all three criteria to be considered to have passed the criteria.

2. Implementing on the problem solving, assisting, and counseling for students who are not passed the physical fitness test and continuous monitoring of test results.

3. Providing physical activities to address students' problems related to obesity, underweight, and stunted growth involves engaging in various types of exercises, focusing on aerobic exercises. Students should perform until exhaustion or heavy breathing for a minimum of 60 minutes every day or at least 5 days per week. Examples of such exercises include kangaroo dance, FUN for FIT, aerobic dance, running, cycling, jump slap, jump rope, trampoline jumping, basketball, and more. Additionally, it is important to incorporate exercises that build muscular strength and improve flexibility to promote overall growth.

4. Encouraging students, staff, parents, and the community to exercise together.

3. Tools for the implementation such as

3.1 Educational and physical activities materials for school-aged children and adolescents, accessed via <https://www.chopachipa.org/Home/content/commu>.

3.2 Tests and basic standards of students in primary school (aged 7-12 years old) from the Department of Physical Education, Ministry of Tourism and Sports, 2019 (B.E. 2562), accessed via <https://www.dpe.go.th/manual-files-411291791794>.

3.3 Tests and basic standards of students in secondary school (aged 13-18 years old) from the Department of Physical Education, Ministry of Tourism and Sports, 2019 (B.E. 2562), accessed via <https://www.dpe.go.th/manual-files-411291791795>.

Indicator 4 Students with emotional, behavioral and social problems receiving care and help until getting better

1. Importance

To develop students as well-rounded individuals in terms of physical, mental, intellectual, moral, ethical, and emotional capacities, the educational process must go beyond academic and learning support. It should also include prevention and support for behavioral, emotional, and social problems. The evolving society, digital technology, and various competitions contribute to increased stress and concerns among students and their families. Therefore, fostering students' mental well-being and their ability to adapt to different situations requires collaboration from all relevant sectors, particularly teachers and school staff who play a crucial role as primary counselors, closely caring for students. Mental health assessments serve as a surveillance tool to identify students' behavioral, emotional, and social issues, reflecting potential mental health problems. This allows for the categorization of students into three groups: normal group, risk group, and problem group. By doing so, teachers can provide comprehensive and appropriate care for students in the risk and

problem groups. Additionally, continuous promotion of activities to improve mental health is essential, while creating a positive atmosphere and environment within the school that fosters students' mental well-being and happiness.

Definition of criteria

Students with behavioral, emotional, and social problems receive care and assistance until they improve. This refers to students who have undergone surveillance for such issues using a 95-item mental health screening tool or the Strengths and Difficulties Questionnaire (SDQ). Based on the results, students are categorized into an "in-care group" or "problem group." Consequently, the school provides comprehensive care for these students, tailored to their specific needs, until they show signs of improvement.

Assessment criteria

Students with mental health conditions receive care and help until getting better.

2. How to

Implementing through the digital School Health HERO system <http://www.schoolhealthhero.obec.go.th> as follows.

2.1 Observing students' behavior and getting to know them individually, the class teacher or counselor gains confidence in their understanding of the students. They then proceed with the surveillance of behavioral, emotional, and social problems using a 95-item mental health screening tool or standardized tools such as SDQ, with the evaluation conducted by teachers.

2.2 Summarizing the assessment of students' mental health problems at the class level and as an overview for the school. However, 1) combining the normal group and risk group to determine the percentage of students with normal mental health, and 2) identifying students with mental health problems who require care and assistance.

2.3 Monitoring students in the risk group and providing assistance to students with mental health problems, assessing the situation to offer appropriate individual support.

2.4 Reassessing students in the risk group after providing care and assistance using the second SDQ tool, and summarizing the results of the individual and group mental health assessments.

2.5 Organizing activities that promote mental health by creating a comfortable atmosphere and social environment within the school, fostering positive relationships among teachers, staff, students, and the community for a happy coexistence.

2.6 Encouraging coordination among teachers, parents, healthcare organizations, and other relevant entities to find common solutions, including regular monitoring and evaluation.

2.7 Providing access to accurate information and knowledge, facilitating communication and knowledge exchange among nationwide networking agencies such as www.tobenumber1.net/ and www.tobefriend.in.th, as well as the Line Official Teen Club (Line ID: teen_club)

2.8 Utilizing public health personnel to support the care and assistance for students in the risk group, employing the 95-item mental health screening tool and enhancing teachers' counseling and behavioral change capabilities.

3. Tools for the implementation such as

3.1 School Health HERO (The new normal school mental health digital system)

3.2 E-learning for teacher's capacity development

3.3 95-item mental health screening tool

3.4 Strengths and Difficulties Questionnaire (SDQ)

Indicator 5 Students who are ill, injured, or faced with accidents in the school environment that require hospitalization

1. Importance

Most school accidents or injuries are caused by running around or playing sports, resulting in wounds, fractures, dislocations, or injuries caused by sharp objects or supplies, electrical appliance injuries, exposure to harmful chemicals, and accidents involving vehicles, including traffic within the school premises. Additionally, there are illnesses caused by environmental risk factors such as unsafe food and water, inadequate lighting, poor ventilation, the presence of disease-carrying animals and insects, excessive heat due to climate change, PM 2.5 haze, and so on. These environmental factors can lead to illnesses such as gastrointestinal diseases, respiratory system diseases, Dengue fever, hand, foot and mouth disease, and others. Therefore, whether the injuries or illnesses caused by the environment have mild or severe symptoms, they can impact students' health in the short term and long term, including their physical and mental well-being, and can also affect their learning.

Definition of Indicator

Sick, injured students, or students who got accident caused by the school's environment leading to the hospitalization refer to students who got sick, injured or accidents from the environmental while staying within school and the doctors have agreed and required hospitalization

at the hospital or at home which occurred within the past 1 year and counting back for 1 year before the assessment date.

School injuries or accidents refer to incidents that result in students being hospitalized either in hospitals or at home. These accidents and injuries can occur due to various factors such as accidents within school buildings, accidents related to ponds or pools, accidents on the playground or involving equipment, accidents involving electrical machines, exposure to hazardous chemicals, accidents involving vehicles, school traffic, as well as quarrels or violent behaviors, among others.

Assessment Criteria

In the past year, starting from the date of assessment, there have been no instances of students falling sick, getting injured, or experiencing accidents caused by the school environment that required hospitalization. However, in the event of a student falling sick, getting injured, or encountering an accident, the school must provide measures or preventive actions until the issues are resolved.

2. How to

1. Monitoring and management of environmental risk factors in schools, including:
 - Conduct surveillance and assessment of environmental health and identify risk points for accidents or injuries, such as fences, steps, pipes/gutters, switches/wires, water coolers (requiring grounding at all points), damaged and rusty playground equipment, etc. to analyze for points/areas at risk in order to bring on the next management.
 - Monitor and assess environmental risk factors using various methods, including data monitoring, exploration of the surrounding area, observation of risks both inside and outside the school, and analysis of risks to identify ways to reduce and prevent health impacts from environmental risk factors.
 - Implement measures and guidelines to reduce and prevent health impacts from environmental risk factors, such as environmental management, cleanliness management, waste management, surveys for *Aedes aegypti* larvae habitats, haze protection, etc.
 - Establish a system for supervising, monitoring, and evaluating the environment and safety both inside and outside the school. This includes coordination with parties responsible for environmental risk factors and reporting to relevant agencies involved in problem-solving, as well as following up on the results of implemented solutions.
2. Promoting safety measures and protecting students by:
 - Prohibit violence, including bullying, physical abuse, psychological abuse, and carrying weapons.

- Monitor student health and maintain records of accidents, injuries, or illnesses related to the student's environment. This information is used for planning, prevention, and improvement. Establish communication channels with hospitals for student referrals in cases of emergencies or severe symptoms.
- Implement measures or activities to prevent injuries from accidents, such as volunteer activities, wearing helmets, and ensuring a safe environment within the school.
- Mitigate accident/injury hazards, including falls, collisions, drowning, exposure to toxins, animal and insect bites, scalding, electrical accidents, and traffic accidents.

3. Conducting extracurricular and educational activities to train students on traffic rules, wearing helmets, water safety, disaster preparedness, waste sorting, the 3R principles (reduce, reuse, recycle), as well as self-care and protection from environmental risk factors like PM2.5 haze and excessive heat due to climate change.

4. Developing plans to prevent and mitigate public disasters, such as fires and floods. Conducting incident response drills at least once a year.

5. Providing first aid and resuscitation training for school personnel and establishing a referral system to nearby facilities/hospitals.

6. Collaborating with the community to promote campaigns aimed at reducing and preventing health impacts from environmental risk factors, as well as preventing accidents and injuries both within and outside the school.

3. Tools for the implementation such as

- 3.1 Record or report of accidents/injuries or illnesses from student's environment.
- 3.2 Report on student's infirmary service use.
- 3.3 Security and environment improvements record.
- 3.4 Report on school environmental health assessment (48 items).

Indicator 6 Students with appropriate health behaviors

1. Importance

Appropriate health behaviors are behaviors that individuals practice, resulting in a positive impact on their own health. These behaviors are important and necessary for shaping health behaviors and encouraging individuals to develop their capacity for sustainable well-being.

Definition of indicator

Appropriate health behaviors refer to appropriate behaviors related to food consumption, physical activity, dental health, hygiene, sexuality, and the environment.

Dietary/eating behaviors refer to the consumption of food as recommended in the nutrition flag for school-aged children, considering both quantity and diversity as follows:

- Eat three meals every day (breakfast, lunch, and dinner).
- Consume an appropriate amount of rice or starch, typically 2-3 rice scopes per meal.
- Consume enough meat in the recommended proportions (only lunch for 2-3 rice spoons)
- Consume enough vegetables in the recommended proportions (only lunch for 4 rice spoons)
- Consume fruits at least once or more meals a day
- Drink two glasses of milk a day
- Reduce consumption of snacks, sweetened drinks, fried foods, and excessive seasoning.

It is also important to read nutrition labels before purchasing food products and ensure that the sugar, oil, and salt content does not exceed 4:4:1 teaspoons, respectively.

Appropriate dental care behaviors refer to brushing your teeth thoroughly throughout your mouth using fluoride toothpaste for 2 minutes, twice a day (with a focus on brushing before bedtime). It is recommended not to eat anything for 2 hours after brushing your teeth to allow the fluoride in the oral cavity to stimulate the return of minerals, which helps prevent tooth decay.

Appropriate physical activity (PA) for children aged 5-17 years old refers to engaging in enjoyable activities that make you feel exhausted for at least 60 minutes a day, continuously for 10 minutes or more. Examples of such activities include running, chasing, jumping, basketball, cycling, kangaroo dancing, FUN for FIT, etc. Additionally, practicing muscle-strengthening exercises for 20 minutes every other day, such as floor exercises, sit-ups, squash, planking, lifting dumbbells, and chair exercises, is recommended. Furthermore, practicing muscle flexibility for 20 minutes a day, every day, through activities like yoga poses, gymnastics, kangaroo stretching, and stretching specific muscles, is beneficial.

Sleep refers to a complex basic physiological process that corresponds to biological rhythms and involves physiological changes in the organs, resulting in body relaxation. Sleep is characterized by a decrease in consciousness level, reduced or no response to stimuli, calm behaviors with eyes closed, and the body taking a break with lower heartbeat and slower breathing. It is a temporary and easily changeable condition that can be awakened by appropriate stimuli. School-aged children (ages 6-14) should aim for 9-11 hours of good sleep per day, while adolescents (ages 15-17) should strive for 8-10 hours of good sleep per day.

Personal hygiene behavior refers to practices or expressions that contribute to good health, such as maintaining cleanliness. This includes bathing twice a day, washing hair at least twice a week, washing hands before eating and after using the toilet, wearing clean clothes without dampness, keeping nails short and clean, and ensuring socks and shoes are clean and odor-free.

Pregnancy and sexually transmitted disease prevention behaviors refer to the students being taught the necessary skills for preventing pregnancy and sexually transmitted diseases. These skills align with the curriculum on sexuality education and age-appropriate life skills as recommended by the Ministry of Education, in accordance with the Teenage Pregnancy Prevention and Resolution Act, 2016 (B.E. 2559).

Sexuality study and age-appropriate life skills refer to the learning process that covers various aspects of gender, including its development at each age, establishing relationships with others, personal skill development, sexual behavior, sexual well-being, and the socio-cultural dimensions that influence sexuality. It also emphasizes the right to information and knowledge about reproductive health, with a focus on gender diversity and equality.

Environmental health behavior refers to the actions that individuals practice appropriately, following hygiene recommendations, which result in good physical, mental, and social health, and help prevent diseases caused by personal health behaviors, favorable environments, and pathogens. Such behaviors include:

- Eating freshly-cooked food, using serving spoon, and washing hands cleanly.
- Using the toilet appropriately and avoiding defecation on the ground or in water sources.
- Protecting the environment by reducing waste and sorting it before disposal.
- Regularly cleaning the house to reduce dust and germs.
- When coughing or sneezing, wearing a mask to protect oneself and others, and washing hands properly.
- Washing hands properly (following 7 steps) before eating, after using the toilet, and after touching dirty objects.
- Avoiding handling ready-made and packaged food with bare hands.
- Checking the safety of equipment and playthings to ensure good condition before playing.

Assessment Criteria

Students have appropriate health behaviors for 50%

2. How to

2.1 The school organizes the process of creating health literacy (V-Shape).

2.2 Encourage and promote the communication of health information in schools, such as through voice broadcast activities and gatherings, important events in school such as Children's Day, Teachers' Day, Science Day, etc., including online channels (Facebook, YouTube, Line). This provides students, personnel, families, and communities with access to health information and helps them understand diseases and health management.

2.3 Encourage health model student to be role models and health communicators in schools and communities, including organizing healthy activities.

2.4 For students in Grade 4-6 and/or Grade 1-3, the school conducts appropriate assessments of health behaviors according to global standards for the health promoting school assessment system.

3. Tools for the implementation such as

3.1 Knowledge set for holistic health care for school-aged children (NuPETHS)

3.2 School Health Literacy Assessment Program

3.3 Health Literacy Process (V-shape)

3.4 Assessment of students' appropriate behavior

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Appendix



Cumulative of Standard Component and Indicator Report Forms for Global Standards for Health Promoting School (GSHPS)

<https://hp.anamai.moph.go.th/th/manuals-of-official/211663>
or <https://bit.ly/3sYfnYk>



Elevating/Comparing to Global Standards for Health Promoting School 2022

<https://hp.anamai.moph.go.th/th/manuals-of-official/211724>
or <https://bit.ly/3sYOUiB>



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List of the Critics for Global Standards for Health Promoting School, 2022 (GSHPs)

23-24 February 2022 at TK Palace Hotel & Convention Bangkok

via Online Video Conference: Cisco WebEx

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Dr. Yomonporn Ekpatcha	Supervisor, Senior Professional Level Regional Office of Elementary School, Yala Province Region 3
Dr. Suvej Klubkri	Director of Regional Office of Primary Education, Nakhon Si Thammarat Region 4
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Mrs. Wilawan Palee	Director of Rajaprachanukroh School 24, Phayao Province
Mr. Wannarat Leuasiri	Nong Mai Kaen Wittaya School, Chachoengsao Province
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Dr. Pattamaporn Aksornchu	Bureau of Nutrition, Department of Health
Ms. Tipradee Kongsuwan	Bureau of Nutrition, Department of Health
Ms. Priyanit Maicharoentri	Bureau of Environmental Health, Department of Health
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Ms. Supavadee Phongfung	Regional Health Promotion Center 8 Udon Thani
Mrs. Rusnanee Khamnurak	Regional Health Promotion Center 12 Yala



Best Practices

1. Buriram Provincial Education Center of Buriram Province (School for Children with Special Needs).

- Received the Best Practice Award for Promoting Physical Activity for Thai Children towards having Appropriate Height and Shape, Strong, Good IQ and EQ for the Year 2020.

2. Watkhod Timtaram Municipality School, Rayong Province.

- Received the Best Practice Award for Promoting Physical Activity for Thai Children towards having Appropriate Height and Shape, Strong, Good IQ and EQ for the Year 2017.

- Received the Award for Health Literate Organization for Thai Children towards Having Appropriate Height and Shape, Strong, Good IQ and EQ for the Year 2018.

