

# Health

the SDGs.<sup>1</sup>

The SDGs consist of 17 goals and 169 targets under these goals. The 17 goals are as follows:

- Goal 1: End **poverty** in all its forms everywhere
- Goal 2: End **hunger**, achieve **food security** and improved **nutrition** and promote **sustainable agriculture**
- Goal 3: Ensure **healthy lives** and promote **well-being** for all at all ages
- Goal 4: Ensure inclusive and equitable **quality education** and promote **lifelong learning** opportunities for all
- Goal 5: Achieve **gender equality** and empower all women and girls
- Goal 6: Ensure availability and sustainable management of **water and sanitation** for all
- Goal 7: Ensure access to affordable, reliable, sustainable, and modern **energy** for all
- Goal 8: Promote sustained, inclusive, and sustainable **economic growth**, full and productive employment, and **decent work** for all
- Goal 9: Build resilient **infrastructure**, promote inclusive and sustainable **industrialization**, and foster innovation
- Goal 10: Reduce **inequality** within and among countries
- Goal 11: Make **cities and human settlements inclusive, safe**, resilient, and sustainable
- Goal 12: Ensure sustainable **consumption and production** patterns
- Goal 13: Take urgent action to combat **climate change** and its impacts
- Goal 14: Conserve and sustainably use the **oceans, seas, and marine resources** for sustainable development
- Goal 15: Protect, restore and promote sustainable use of **terrestrial ecosystems**, sustainably manage **forests**, combat **desertification**, and halt and reverse **land degradation** and halt **biodiversity loss**
- Goal 16: Promote **peaceful and inclusive societies** for sustainable development, provide access to justice for all, and build effective, accountable and inclusive institutions at all levels
- Goal 17: Strengthen the means of implementation and revitalize the **global partnership for sustainable development**

The terms in bold in the list of 17 goals are those that are discussed in this textbook in relation to health and well-being, safety, and hygiene. They show that school health is not just about health education in schools, but that it plays a vital role in working towards the SDGs and can make a significant contribution to Cambodian society. Furthermore, as stated in the Cambodian School Health Policy (2016, 2019)<sup>2,3</sup>, university students, pupils, and teachers who have studied school health are expected to become human resources who can contribute to a Cambodian society that grows sustainably and is peaceful and healthy.

## References

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- 2 Ministry of Education, Youth and Sport. SCHOOL HEALTH POLICY. 2006.
- 3 Royal Government of Cambodia. National Policy on School Health. 2019.

## Learning objectives

You will be able to gain proper understanding and explain:

- The definition and aspects of health.
- The importance and benefits of health education programs in schools.
- The significance of implementing school health activities.
- School health policies and initiatives adopted in Cambodia.

This chapter provides basic knowledge necessary to understand human health and school health initiatives. First, we introduce basic health concepts and a few new ideas, and underscore that health is a basic human right. Next, we explain the concept of child health based on the characteristics of child development. We also outline the global trend towards health promotion and building healthy societies, and describe the importance of school health initiatives, their four pillars, and school health policy in Cambodia.

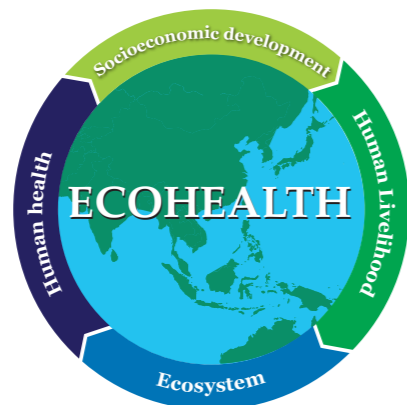
## 1. Aspects of health

“Health” is a term that encompasses the physical, mental, psychological, and social state of human beings in a single word.

The constitution of the **World Health Organization** (WHO), signed by representatives of 61 nations in 1946, describes the most desirable and ideal conditions for health with the following statement: **“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”**<sup>1</sup> The WHO Constitution also declares that “enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.”<sup>1</sup> This right must be guaranteed regardless of race, ethnicity, religion, political belief, or socioeconomic status.<sup>1</sup>

The WHO Constitution warns that inequalities exist in the areas of health promotion and infectious disease control, depending on respective levels of socioeconomic development among nations. Such conditions are described as a threat shared worldwide, not just among developing nations.<sup>1</sup>

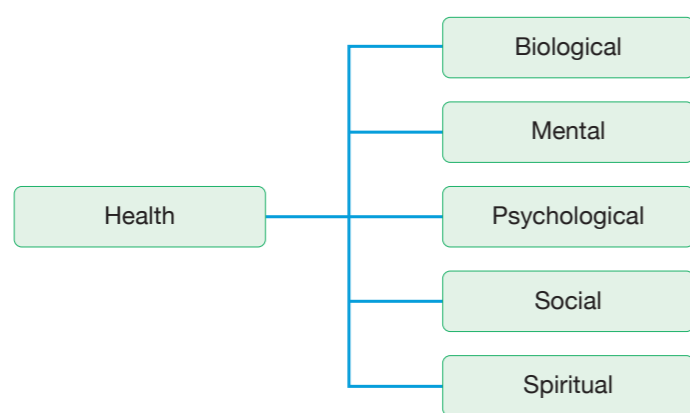
More recently, global climate change as well as the spread of lifestyle-related diseases accompanying changes in people’s ways of life and the rise in average human life expectancy have had a conspicuous impact, prompting new ideas about health. One such example is to seek lifestyles that are in harmony with the environment and ecosystem. For instance, the **Ecohealth** concept is rooted in awareness that human beings are also part of the ecosystem (**Figure 1.1**). This approach to human health stresses the importance of maintaining a balance among the environment, the ecosystem, socioeconomic development, peoples’ livelihoods, production activities, and lifestyles.<sup>2</sup>



**Figure 1.1** Ecohealth is a health concept that says socioeconomic development influences the ecosystem and human livelihood, and thus human health

With the advancing age of populations in many nations, the world is moving into an era in which most people will have to deal with lifestyle-related diseases and physical, cognitive, psychological, and social dysfunction. Such trends have encouraged people to accept and deal with health challenges. Rather than eliminating disease and impairment, for example, greater emphasis is being placed on the ability to achieve decent living conditions despite illness or impairment, which involves controlling the lifestyle impact of such negative conditions while receiving the social support necessary to cope with such circumstances.<sup>3</sup>

In 1998, the WHO Executive Board approved a proposal to add “**spiritual health**” to the categories of **physical health** (e.g., physiology, morphology, and body structure and function), **mental health** (e.g., intellectual and cognitive function), **psychological health** (e.g., emotional, behavioral, and psychological development), and **social health** (e.g., participation, engagement in activities, and social role).<sup>4</sup> While that proposition has yet to be officially adopted, spirituality is a vital dimension in the health and happiness of the people in the Buddhist nation of Cambodia. Spirituality has no ties to specific religions. Rather, it describes the universal spiritual nature surrounding our origins as human beings. It is the state of mind in which we experience sensations, such as harmony, goodness, beauty, sacred tranquility, and eternity beyond life and death. That inner state is brought about by feeling a connection with entities that transcend human beings through our mental activity, such as praying or expanding our minds to connect with nature and the universe.



**Figure 1.2** Multidimensionality of health

Therefore, **health is a multidimensional concept** including at least five aspects (**Figure 1.2**), which are often interdependent.

**Column: What is the WHO?**

The WHO was established as the directing and coordinating authority on international health within the United Nations system in 1948. The WHO mission is to promote health, keep the world safe, and serve the vulnerable. Now more than 7,000 people from over 150 countries work in 150 national offices, 6 regional offices, and at our headquarters in Geneva.

(Cited from: <https://www.who.int/about/who-we-are/our-values>, and <https://www.who.int/about/who-we-are> )

## 2. Health is a human right

Health is considered a basic right for all people, regardless of their race, ethnicity, religion, political beliefs, or socioeconomic status.<sup>1</sup> True to this principle, it is vital for the nation of Cambodia to ensure that all of its citizens enjoy access to the highest attainable standard of health.

**Healthy development**, particularly for children, is a fundamental right in all nations. With that goal in mind, the WHO Constitution emphasizes the importance of nurturing children who can live harmoniously in a changing total environment.<sup>1</sup> In this regard, **school health initiatives** play a vital role in efforts to ensure that children attain sound development within the changing environment.

## 3. Health during the developmental period

Human growth and development commence from encounters between sperm from a male and an ovum (egg) in the female, with the fertilized egg(s) growing in the woman’s womb. The growth and development cycle follow a process of maturation that continues after a child is born, with various capacities and characteristics peaking during adulthood. After attaining this peak, human beings experience the natural phenomenon of aging. This phase is characterized by gradual decline and loss of capacities, eventually resulting in death.

Within the course of human life, kindergarten, elementary, junior high, and high school students—the targets of school health education—are in an age bracket defined by steady growth and development. As they mature into adults, their minds, bodies, and social relationships evolve and change daily. The term “**developmental health**” is used to express the changing reactions of such children during this period to various experiences, the surrounding environment, and other factors.<sup>5</sup>

“Developmental health” is thus a term used to express the process leading toward maturity that schoolchildren follow. They experience various things (e.g., friendship, commitment to learning, leisure activities, support from others, and mutual help) within social environments (e.g., school, family, and community) and acquire numerous qualities (e.g., indulgence, honesty, trust, collaboration, curiosity,

sense of justice, and aspiration) through interactions with their environment that steadily increase their intellectual, physical, and emotional capacities to their full potential.

## 4. Health promotion

### 1) Background to the concept of health promotion

Research in the 1970s and 1980s made it increasingly clear that certain aspects of personal lifestyles and daily habits—including diet, exercise, rest, sleep, smoking, alcohol consumption, and work styles—are primary factors in causing disease. The first work to bring about this change was *A New Perspective on the Health of Canadians* by Marc Lalonde, published in 1974 and often referred to as the “Lalonde report”.<sup>6,7</sup> Lalonde also emphasized the role of physical and social environments as determinants of health that are out of individuals’ control. However, this evidence strengthened the trend towards viewing disease as a matter of personal responsibility, and efforts to both prevent disease and improve health have focused on individuals, with little attention paid to social elements or social environments that influence people’s daily habits.

Naturally, not everyone can freely determine their own daily habits, lifestyle choices, and other aspects of life. Key factors in this context include the quality of education received, work performed and level of income earned, quality of housing and co-habitants, foods consumed, and how leisure time is spent. Such factors are heavily affected by circumstances such as the communities in which people live, their workplaces, cultural and economic conditions at provincial, district, and national levels, and social stability and policies. Thus it is essential for communities and nations to collectively support the health of their citizens.<sup>8</sup> The concept of health promotion evolves from this background.

### 2) The Ottawa Charter for Health Promotion

The First International Conference on Health Promotion took place in Ottawa, Canada, on November 21, 1986. The conference featured the declaration of **the Ottawa Charter for Health Promotion**. This charter contained the following definition: “Health promotion is the process of enabling people to increase control over, and to improve, their health.”<sup>8</sup> Health, meanwhile, was defined as follows: “Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”<sup>8</sup> As stated, health was clearly perceived as a resource and capacity for pursuing everyday life, rather than being defined as an objective.

The charter also mentions the following eight areas as prerequisites serving as a foundation for realizing good health.<sup>8</sup>

1. peace
2. shelter
3. education

4. food
5. income
6. a stable eco-system
7. sustainable resources
8. social justice and equity

To inspire good health, it is vital for society to fulfill each of these conditions.

Six areas are identified as pillars of the health promotion movement.<sup>8</sup> The key points of these pillars are summarized below.

#### 1. **Build Health-focused Public Policy**

Health promotion puts health on the agenda of policymakers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for the people’s health.

#### 2. **Create Supportive Environments**

Health promotion creates living and working conditions that are safe, stimulating, satisfying, and enjoyable.

#### 3. **Strengthen Community Actions**

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies, and implementing them to achieve better health.

#### 4. **Develop Personal Skills**

Health promotion supports personal and social development through providing information, health education, and enhancing life skills.

#### 5. **Reorient Health Services**

The role of the health sector must move in a health promotion direction, beyond its responsibility for providing clinical and curative services.

#### 6. **Moving into the Future**

Caring, holism, and ecology are essential issues in developing strategies for health promotion. Holism is the idea that every part of a whole is intimately intercorrelated.

### 3) The Bangkok Charter for Health Promotion in a globalized world

**The Bangkok Charter for Health Promotion** emerged from a meeting of WHO member states convened in Bangkok, Thailand, in August 2005. The meeting was held as globalization advanced around the world, and reflected the growing impact of that trend on human health.<sup>9</sup> The following declaration was issued at that time: “Health promotion is based on this critical human right and offers a positive and inclusive concept of health as a determinant of the quality of life and encompassing mental and spiritual well-being.”<sup>9</sup> This charter emphasizes that health promotion must be the focus of development planning worldwide, with health also to incorporate spiritual aspects.

## 5. School health initiative

According to the WHO, approximately 2.3 billion school-age children worldwide spend about a third of their time each day at school. **Schools are environments unique in their ability to foster a positive outlook on life and establish healthy lifestyles.**<sup>10</sup> To achieve these objectives, schools work to independently formulate various types of health services (e.g., health education, health check-ups, first aid, mental health counseling, and school lunches). It is also their mission to collaborate with social resources available in their communities to contribute to the health not only of children, but also of school personnel, children’s guardians, and local residents. The types of health services that schools furnish and the approaches they use to supply those services—as well as the laws, policies, and ideas regulating them—differ from country to country.

### 1) School health objectives and initiatives

Let us look at the examples of the United States and Japan. Below is a summary of the seven school health approaches and services supplied in the US, as presented by the American School Health Association.<sup>11</sup> School health support in the United States consists of three pillars: the environment, services, and teacher training.

- **Environment:**  
A **healthy and safe environment**, including the physical, psychosocial, and learning environments
- **Services:**  
**Services and opportunities**, including meals, physical activities, and health education as well as counseling, social work, and nursing
- **Teacher training:**  
**Knowledgeable teachers and competent staff** for health education and health services

In Japan, the Ministry of Education, Culture, Sports, Science and Technology defines the objectives of school health activities as follows: ensuring that schools strive to maintain and improve the health of students and other parties (e.g., teachers and school office staff); giving careful consideration to the health and safety requirements for school education activities as a form of group learning; and cultivating abilities needed to maintain and improve the health of oneself and others.<sup>12</sup> To achieve these goals, schools provide on-site **health administration** and **health education**.

Health administration comprises health initiatives such as conducting health checkups and improving school environments based on the School Health and Safety Act. Health education aims to instill knowledge and capabilities necessary for healthy living through all school education activities, including subjects such as physical education and special activities.

## 2) Significance and importance of health education in schools

There are various interpretations of the significance of school health education. Dr. Didier Jourdan (Professor, Dean of the Faculty of Education at the University Blaise Pascal of Clermont-Ferrand, France) offers two distinctive perspectives.<sup>13</sup> The first has to do with security, and the second with the well-being of the individual and society.

In the first perspective, “security” signifies concern when increasing numbers of young people engage in unhealthy lifestyles and risky behavior due to inadequate knowledge about health. Such a trend could result in damage to one’s own health, injuries to others, and behaviors that raise the economic burden on society. Public order could also deteriorate, leading to societal instability. In the interest of maintaining the security of society and avoiding such risks, providing young people with health education at their schools is therefore believed essential.

Dr. Jourdan’s second perspective on the significance of school health education, “well-being,” reflects the moral and ethical obligations of modern nation-states.<sup>13</sup> This refers to expectations and demands for a heightened sense of well-being by the individual and society. In other words, because the health of individuals and society in general amounts to well-being, it is vital to make concerted efforts to maintain and improve the health of both individuals and society through school-based health education and health promotion.

### 3) The link between education and health

According to Dr. Fiona Brooks (Professor, the Faculty of Health, University of Technology Sydney, Australia), “research evidence shows that education and health are closely linked. So promoting the health and wellbeing of pupils and students within schools and colleges has the potential to improve their educational outcomes *and* their health and wellbeing outcomes.”<sup>14</sup>

In the “Annual Report of the Chief Medical Officer 2012” issued by the Department of Health, UK, Dr. Brooks also mentioned that promoting physical and mental health in schools creates a virtuous circle, reinforcing children’s attainment and achievement, which in turn improves their wellbeing, enabling children to thrive and achieve their full potential.<sup>15</sup>

## 6. Cambodian initiatives Focusing Resources on Effective School Health

The Cambodian government has set four goals in its quest for school health: 1) improve the health of all people; 2) improve the capacities and skills needed to prevent sickness and avoid the dangers of accidents in everyday life; 3) supply and encourage opportunities for school health promotion; and 4) ensure equal access to health education services. These goals cannot be achieved through the efforts of the health and education sectors alone; they also require the cooperation of numerous related organizations (e.g., the private sector, community organizations and women’s groups, and non-government organizations).

Based on that understanding, the program has been advanced through the **Focusing Resources on Effective School Health (FRESH) framework**.<sup>16</sup>

FRESH was first proposed in 2000 as a framework for addressing comprehensive school health. The program was based on the results of deliberations by the **WHO**; the **United Nations Educational, Scientific and Cultural Organization (UNESCO)**; the **United Nations International Children's Emergency Fund (UNICEF)**; and the **World Bank**. Those discussions addressed how best to integrate the effects of human, financial, and other resources in activities that would have positive effects on school health.<sup>17</sup>

Under FRESH, the following four areas are considered core components for integrating such activities:

1. **Health-related school policies**  
Strategic positioning of health in school administrative policies
2. **Safe water and sanitation—the essential first steps toward a healthy physical and learning environment**  
The true foundation of safe and healthy school environments lies in safe water and sanitation
3. **Skills-based health education**  
Health education positioned to cultivate the attainment of specific skills
4. **Access to health and nutrition services**  
Supply of outstanding health and nutrition services

As described above, FRESH serves as a framework for effectively achieving Cambodia's drive to realize better, more child-friendly schools by prioritizing the aspects of school health expected to produce positive effects.

## 7. The future of school health in Cambodia

Since 2006, the School Health Policy has enabled fundamental understanding of Cambodia's pillars of school health.<sup>17</sup> It consists of the **four pillars** listed below, which are shared with school health schemes adopted in the US and Japan. Pursuing better school health initiatives in keeping with these schemes is therefore likely to lead to a brighter future for school health in Cambodia.

### - **Basic healthcare services**

Supplying basic healthcare services that children need to equitably attain physical, mental, spiritual, and social development

### - **Health education**

Promoting behavioral changes in children to achieve well-being and safety (via information supply, knowledge, skills, and changes in attitude to this end)

### - **Environment**

Pursuing initiatives to improve facilities and equipment that support learning environments and

physical health, while promoting sanitation, cleanliness, and comfort in the interests of greater safety and peace of mind in schools, communities, and public spaces

### - **Participation, collaboration, and coordination** of wide-ranging groups, organizations, and agencies

Participation and collaboration by all concerned parties (e.g., schools, local governments, health workers, community groups, religious groups, and NGOs) to advance school health promotion programs

In 2019, the Cambodian government introduced a new policy setting out future vision based on the School Health Policy 2006.<sup>18</sup> Achieving effective school health in Cambodia based on the new policy requires all students, teachers, guardians, and other concerned parties to actively participate and collaborate in healthcare services, health education, and environmental enhancement, and to join in efforts to help schools serve as health promotion hubs.

### Column: National School Health Policy 2019 is promulgated

Under School Health Policy 2019, by improving the quality of education, the government will engage in the following challenges; providing health knowledge based on scientific knowledge of mental and physical development, providing basic health services, encouraging the learning of skills for preventing infectious and non-infectious diseases, fostering values and behaviors for attaining full health (mind, body, and spirituality), and enhancing a sense of responsibility for behaviors. Furthermore, the new school health policy has the goal of creating an inclusive learning environment and fostering a culture of care in school personnel, family, and community.

The new policy has the following eight pillars, of which we list some examples.

#### ① **Improve fundamental health of learners and educational personnel**

- equipping health rooms
- providing health examinations and physical measurements, first aid, and vaccination  
--preventing infectious diseases, food poisoning, and mental health insufficiency

#### ② **Promote nutrition provision**

- implementing a school vegetable garden
- setting environmental hygiene standards
- monitoring food sales in educational facilities
- setting food safety and hygiene standards
- providing nutrition education for parents

#### ③ **Improve supply of clean water, sanitation, and hygiene**

- setting the guidelines of the minimum requirements for water, hygiene, and cleanliness
- enhancing facility cleanliness and hygiene, and sanitary behavior
- strengthening the concept of cleanliness, safety, and hygiene behavior

#### ④ **Improve safe, inclusive, comfortable and friendly learning environment**

- creating an environment to support health, happiness, and comfort of children and personnel,

including exhibiting educational materials and works

- equipping garbage disposal
- holding school events
- providing education to prevent tobacco, alcohol, and illegal drug use
- as accident prevention, setting up signs to inform of danger, traffic signs, and teaching traffic safety rules

⑤ **Promote security and order in educational institutions**

- setting “One School, One Harmonious zone” principle
- prohibited bring in dangerous materials and weapons
- strengthening traffic safety education
- installing school fence to ensure safety
- teaching accident prevention (drowning accident)
- appointing a vice-principal in charge of school health
- implementing extracurricular activities for children and teachers in collaboration with health organizations and communities

⑥ **Promote health education**

- making a health education curriculum to introduce health education into teacher training and ordinary education
- training health education specialists at teacher training institutions
- providing in-service training to school teachers and training to teacher training institutions
- disseminating information on disease/risk prevention
- appointing health education managers
- fostering a health education role model

⑦ **Promote the implementation of health skills**

- changing behavior for health, environmental health, and social well-being
- learning first aid skills
- building a gymnasium
- implementing systematic hygiene and cleanliness measures

⑧ **Promote the participation of all stakeholders in improving school health**

- promoting engagement of relevant agencies, parents, communities, aid partners, monks, and community leaders in school health

(Source: Royal Government of Cambodia. National Policy on School Health. 2019)

### Exercises for further thought and research

- [1-1] Think about what health and the conditions for being healthy mean to you.
- [1-2] Consider why school programs need to teach children about health and diseases.
- [1-3] Examine how Cambodian society views diseases.
- [1-4] Conduct group discussions on what Cambodian schools can do to promote children’s health, reflecting on your own experiences.

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