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*(Information)***COUNCIL****RESOLUTION****of the Council and of the Ministers of Education meeting within the Council****of 23 November 1988****concerning health education in schools**

(89/C 3/01)

THE COUNCIL AND THE MINISTERS OF EDUCATION
MEETING WITHIN THE COUNCIL,

Having regard to the Treaties establishing the European
Communities,

Having regard to the resolution of the Council and of
the Ministers of Education meeting within the Council
of 9 February 1976 comprising an action programme in
the field of education ⁽¹⁾,

Having regard to the conclusions of the European
Council (London, 5 to 6 December 1986) on the fight
against cancer and on Aids, to the resolution of the
Council and of the Ministers of Health meeting within
the Council on alcohol abuse (29 May 1986) ⁽²⁾, and to
their conclusions on the fight against cancer and Aids
(31 May 1988) ⁽³⁾,

Having regard to the resolution of the Council and of
the Ministers of Education meeting within the Council
(9 June 1986) on consumer education in primary and
secondary schools ⁽⁴⁾,

Emphasizing that certain eating habits, the uncontrolled
use of some chemical substances and medicines, drug
abuse, smoking, environmental pollution, etc. not only
have a harmful effect on health but in the long term may
threaten our very existence;

Concerned at the increase of drug abuse including
alcohol and tobacco, as well as the high incidence of
heart disease, cancer and Aids;

Bearing in mind the related problems of safety and
accident prevention;

Noting that, while many health problems are created by
social and economic factors over which the individual
has little or no direct control, certain illnesses of the 20th
century are linked to the life-style and behaviour of each
individual, and are to a large extent preventable;

Emphasizing that health education is first delivered
within the family setting but that the school, which
brings together young people who constitute the
age-group most easily educated in healthy forms of
behaviour, has an important supportive role to play;

Considering that schools at all stages, in conjunction
with health authorities and other specialized services and
in consultation with parents, should fulfil this role by
implementing health education programmes;

Recognizing the gradual evolution of activity at
European level in the field of school health education
resulting from the initiatives taken by the various
European institutions and individual Member States;
noting that a number of Commission activities have
already been undertaken and welcoming the joint
initiatives which are now taking place between the
Commission of the European Community, the European
Office of WHO, the Council of Europe and the Interna-
tional Union for Health Education;

Emphasizing that, while health education remains the
responsibility of the Member States, the many positive
initiatives in each of these could be usefully
supplemented by an exchange of experiences and
expertise at European Community level related to school
health education,

⁽¹⁾ OJ No C 38, 19. 2. 1976.

⁽²⁾ OJ No C 184, 23. 7. 1986.

⁽³⁾ OJ No C 197, 27. 7. 1988.

⁽⁴⁾ OJ No C 184, 23. 7. 1986.

HEREBY ADOPT THIS RESOLUTION:

I. General principles

Health education has been broadly defined as a process based upon scientific principles which employ planned learning opportunities in order to enable individuals, acting separately or collectively, to make and act upon informed decisions about matters relating to health.

It is a comprehensive teaching process for which responsibility has to be taken by the family, as well as the educational and social community.

Within schools:

- the daily life of the school should in a general way encourage a health-promoting style of teaching, of learning, of human relationships, of eating habits, etc.,
- the whole of the subjects taught should implicitly contribute to the acquisition of health-promoting attitudes and knowledge,
- in certain thematic areas health education should form a specific part of the curriculum.

II. Action

A. AT THE LEVEL OF THE MEMBER STATES

Within the limits of their own specific educational policies and structures and taking into account what has already been achieved in individual Member States, the Member States will make every effort:

- (a) to develop and intensify multidisciplinary measures of health education at all stages and in the different sectors of school education;
- (b) to ensure that current plans take into account and in the long-term strengthen health education measures and facilitate the participation of representatives of parents as well as those from the education, health and other related sectors;
- (c) to make appropriate arrangements for coordinating health-promoting measures between schools, families, health institutions and services and the community, so that health education can

be seen by children as a practical and not only a theoretical part of their lives;

- (d) to develop teacher training for health education both at initial and in-service levels, so that:
 - teachers from all disciplines are sensitized to their potential role as promoters of health education,
 - teachers in particularly relevant disciplines receive adequate specialized training,
 - those responsible for the management of schools are made aware of the need to promote health education concepts in practice in schools;
- (e) to make available suitable printed and audiovisual teaching material for the abovementioned activities. In this connection teaching material in the various Member States which is already successful should be put to the widest possible use;
- (f) to prepare or back up the measures mentioned in sub-paragraphs (a) to (e) as appears necessary by research or pilot-project programmes. These could be organized with a view to exchanging information and experiences with other Member States.

B. AT EUROPEAN COMMUNITY LEVEL

In support of the activities of the Member States and with the assistance of the working party mentioned below, the Commission is invited:

- (a) to encourage and support the exchange of information through organizing meetings and seminars on health education. Specific seminars for teachers from the Member States could give an opportunity for exchanging experiences and knowledge and lay the foundations for broader cooperation;
- (b) to examine health education curriculum guidelines and teaching methods in the Member States, with a view to disseminating examples of good practice;
- (c) to encourage and support the exchange of teaching materials on health education;
- (d) to assist the Member States in planning and implementing research and pilot-project programmes as mentioned in part A, sub-paragraph (f) and facilitate cooperation and the exchange of programme results at Community level;
- (e) to support various activities to promote awareness among those involved in the educational process, such as competitions, exchanges, festivals, etc.;

- (f) to make use of possibilities offered by the Community's Arion, Erasmus, Comett and Youth for Europe programmes, as well as Community public health programmes, for greater cooperation in the health education sector at both pupil and teacher level.

In planning, implementing and exploiting the above-mentioned measures and in order to achieve cooperation in this sector, the Commission will be assisted by a working party composed of representatives of the Member States who will be appointed by the Commission on a proposal from the Member States.

III. Report on the implementation of the resolution

The Council and the Ministers of Education meeting within the Council call upon the Education Committee to prepare within three years of the adoption of this resolution an initial report on progress made with the measures and policies being implemented in the field of health education both in the Member States and at Community level.

IV. Financing

Community financing of the measures referred to in part II B will be decided on in accordance with Community procedures and rules.
