

別添資料1 国際ワークショップ報告書パート1



Healthy and Safe Schools for the Post-COVID-19 Era in the Asia-Pacific Islands

EDU-Port Japan supported by MEXT Japan

Online Consultation Workshop
Report

Table of Contents

- Background 3**
 - Objectives and Organization of the Meeting..... 4
- Agenda of the Online Consultation Workshop..... 6**
 - Expected Outputs..... 6
- Workshop Participants 7**
- Results 13**
 - Matrix Summary of Results in Each Country 15
- Call to Action..... 18**
 - Preamble 18
 - The Joint Call for Action 18
- Way Forward..... 19**
- Acknowledgements 20**
 - Research Team 20
 - International Partners 20
- References 22**

Background

The COVID-19 pandemic, beginning in 2019, has been defined as a global public health crisis, affecting both health and socioeconomic aspects. In the aspect of health, studies have shown that the general population had increased levels of distress and symptoms of depression and anxiety during the early stages of the pandemic.^{1,2} Preventive measures implemented to control the virus included social distancing, wearing of face masks, and lockdowns, forcing previous face-to-face activities to transition into working and learning remotely and online. This affected the mental health of children, adolescents, and students.¹

There are multiple domains in which the COVID-19 pandemic has affected the socio-economic aspect globally. Investigating the global preventive measures taken to reduce the transmission of COVID-19, this study analyzed the ecological domain, energy sector, society, and the economy. They found that a 72-hour delay of collecting and disposing wastes from infected households and quarantine facilities is crucial to control the spread of the virus. In addition, the study reported that energy projects will be delayed and may cause uncertainty in the future.³ Researchers have reported that after analyzing the world economy, the COVID-19 pandemic has caused reduced workforces, closed schools, reduced the need for commodities and manufactured products, and increased need for medical supplies and food production. With this, it is evident that good governance and policies should be made to rebuild and build resilience from the impacts of COVID-19 pandemic.⁴

Aside from its socioeconomic impacts, the COVID-19 pandemic has also severely impacted the health and education of learners globally. At the start of the pandemic in early 2020, as many as 148 countries were forced to close schools to curb the transmission of the virus, affecting more than 700 million learners in the process.⁵ It has been more than one year since the pandemic started and approximately 55 million learners worldwide are still affected by these school closures. It has exacerbated the gap between low- and high-income families – children from high-income families have the means to sustain an online learning environment, whereas children from low-income families struggle due to limited access to digital devices, unstable or unavailable internet connection, and a home environment that is not conducive to online learning.^{6,7}

The effect of prolonged school closures due to the pandemic is not only confined to worse educational outcomes but it also has detrimental consequences to children's health. Due to school closures, children from low-income families cannot access healthy food that had been provided by schools prior to the pandemic, leading to poor physical and mental health outcomes.^{6,7} The physical distancing and community quarantine measures that were implemented to curb transmission of the virus also meant that children had lesser opportunities for physical activity, leading to a sedentary lifestyle and potential weight gain. More time spent indoors and the shift to online learning during the pandemic also translated to longer screen time for children,⁸ which has also been linked to childhood obesity.⁸ School closures have also significantly affected the well-being and mental health of school children. Anxiety, depression, and psychological distress were also reported,^{9,10} and children with attention deficit hyperactivity

disorder were documented to have worsening behavior during the pandemic.¹¹ In addition, the important link between child abuse victims and school personnel has been disrupted by schools abruptly closing and ending the school year, leading to decreased reports of child abuse cases.¹²

EDU-Port Japan is a public-private initiative to introduce Japanese-style education overseas that is gaining attention worldwide. (www.eduport.mext.go.jp/en/about-en/summary-en/). Japan has always been implementing the Japanese-style educational system that is recognized globally for its holistic approach to education that is grounded on a strong academic ability, with emphasis on humanity and maintaining a healthy body throughout their entire school life through curricular and extracurricular activities. The teachers are also provided with a continuous support system through systematic teacher training. Their graduates have been recognized by OECD because of their reading literacy and achievements in mathematics and science. EDU-Port Japan has successfully implemented projects which benefited pre-school and primary education children in low and middle-income countries such as Vietnam, Cambodia, Indonesia, and the Philippines.

The COVID-19 pandemic has drawn special attention to school health such as handwashing, daily health checks, and health education on accurate information on COVID-19 as well as educational technology. However, prior to the application of the said concept to school health and education technology, there is a need to analyze the policy environment in the education sector during the COVID-19 pandemic vis-a-vis the implementation of the K-12 curriculum.

Objectives and Organization of the Meeting

The University of Ryukyus and EDU-Port Japan, supported by MEXT Japan, held an Online Consultation Workshop on Healthy and Safe Schools for the Post-COVID-19 Era in the Asia-Pacific Islands last January 26, 2022. The objectives of the meeting was to (1) to share and document the experience and impact of school health policies, curriculum, and educational strategies issued before and during the COVID-19 pandemic, and (2) to identify successful evidence-based policies and programs that have been used to promote healthier and safer schools for the post-COVID-19 era at the country level and in different contexts. One of the goals is for representatives of the member states to level off and find a common ground towards the expansion of the implementation of the research on, “Healthy and Safe Schools for the Post-COVID-19 Era in the Asia-Pacific Islands.”

In partnership with the University of the Philippines - Manila, Mataram University from Indonesia, and the University of Guam, the workshop was graced with the presence of leaders from the health and education sectors in Japan, Indonesia, Philippines, Guam, Fiji, Marshall Islands, Micronesia, Palau, and Tonga.

This event was held in line with the countries’ commitment to the Sustainable Development Goals, specifically, Goal 3 - Good Health and Well-being, 4 - Quality Education, and 17 - Partnership for the Goals.

The Welcoming Remarks were delivered by Kazuhiro Kogure, the Executive Director and the Vice President of Planning and Research of the University of the Ryukyus. Messages of Support were then given by Takahisa Murakami, Director of the Office for International Strategy Planning, International Affairs Division, Minister's Secretariat of the Ministry of Education, Culture, Sports, Science and Technology Government of Japan (MEXT-Japan), Naoko Nakama, the Program Officer of the Japan International Cooperation Agency (JICA Okinawa), and Elli Sugita, the Associate Professor of the Osaka University, UNESCO Chair in Global Health and Education Osaka University Center for Infectious Disease Education and Research (CIDER).

The Aim of the Workshop was presented by Jun Kobayashi, the Project Leader from the University of Ryukyus and EDU-Port Japan supported by MEXT Japan. Then came the presentation of Regional Guidelines on School Health by Josaia Tiko, the Medical Officer of the NCD Surveillance and Prevention of the Division of Healthy Environments and Populations of the World Health Organization Regional Office for the Western Pacific (WRPO-WHO). The Proposed Levels of Policy Analysis was presented by Calvin S. de los Reyes, from the University of the Philippines - Manila, and Hanae Okamoto, both from the University of the Ryukyus. The Proposed Standard of Curriculum was presented by Akihiro Nishio, a Professor from the Gifu University and the University of Ryukyus. All presentations can be seen in **Appendices 1-1, 1-2, 1-3, and 1-4**.

This was followed by the Consultation with Participating Countries which were led by the following: 1) Paul Dacanay (Micronesia), 2) Akio Nishio (Marshall Island), 3) Calvin de los Reyes (Palau), 4) Josaia Tiko (Fiji), 5) Margaret Hattori-Uchima (Guam), 6) Ernesto R. Gregorio, Jr. (Philippines), 6) Cut Waraini (Indonesia), and 7) Jun Kobayashi (Tonga).

After sharing the feedback from participants, the workshop ended with the Joint Call for Action, wherein participants of this consultation workshop recognized and committed to their roles and obligations of ensuring healthy and safe schools in the post COVID-19 Era.

Each island country in the Western Pacific Region was called on to set up a mechanism to strengthen the school health and nutrition program by allocating resources towards a healthy and safe school in the Post COVID-19 scenario.

Lastly, school health and nutrition policymakers and other stakeholders were then called on to support collaboration and vertical partnership in health and education research to guide the development/enhancement of school health policies, programs, and services that will benefit the learners, teachers, school administrators, and their surrounding communities.

Agenda of the Online Consultation Workshop

1. Introduction of Research Project (EDU-Port Japan)
2. Presentation of the analysis the contents of the K-12 curriculum related to hygiene, mental health, nutrition/oral health, and ESD
3. Presentation of desk review of school health policies related to hygiene, mental health, nutrition/oral health, and ESD during the COVID-19 pandemic
4. Getting a consensus among participants from member states on the implementation of the “Study on Healthy and Safe Schools for the Post-COVID-19 Era in the Asia-Pacific Islands.”

Expected Outputs

It is expected that the online consultation workshop will contribute to:

1. The report will be incorporated in the overall findings that will inform the development of a collection of scientific articles on the topic of school health and safety;
2. Development of website that will map the school health-related policies in the region;
3. Identification of gaps in the evidence-based policies and programs needed to promote healthier and safer schools for the post-COVID-19 era at the country level and in different contexts; and,
4. Concrete recommendations for the improvement of school health policies, curriculum, and educational strategies to minimize future school closures and for a post-COVID-19 scenario in the region.

The workshop guide for all facilitators can be found in **Appendix 1-5**.

Workshop Participants

The invited participants are listed below. Consultation was divided into 7 groups: Fiji, Guam, Indonesia, Marshall Islands, Micronesia, Palau, Philippines. This was done through breakout sessions. The list of participants in each breakout session is listed at **Appendix 3-1**.

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Results

The reports from each country can be found at **Appendices 2-1, 2-2, 2-3, 2-4, 2-5, 2-6, 2-7**, listed in alphabetical order of the country. The poster and the pictures from the workshop can be seen at **Appendices 3-2 and 3-3**.

The participants believed that school health promotion is necessary in their respective country. The answer was a unanimous “yes”. School health promotion should be expanded to the secondary level in areas when it’s offered in the primary level. There should be a focus on COVID-19, mental health, obesity, and topics that impact the youth such as physical and sexual abuse. Health promotion should be integrated in the school health system. Non-communicable disease prevention should start at an early age. Children are catalysts of change and health promotion in schools will also have a positive impact in the community.

The preliminary results of the research endeavor entitled, “Study on Healthy and Safe Schools for the Post- COVID-19 Era in the Asia-Pacific Islands: Japan, Indonesia, Philippines, and Guam” were generally well-received by the participants. They are clear and precise and can be implemented in other countries in the island countries in World Health Organization, Western Pacific Region (WPRO). When using the experience of the three countries, however, policy differences among states must be considered. For example, COVID-19 vaccines may be allowed for adolescents, but not for younger children. In addition to this, the WHO framework is interesting to the participants who are looking forward to the finished project. Guam can be one of a good example for its neighbors in the Pacific, who need to address weaknesses in their education and health laws.

The participants believed that research on school health policy development and implementation during the COVID pandemic is needed in their respective countries. While nurses and doctors are busy, research is needed. Research on school health policy will check if policies are implemented properly. It will also determine if further policies are needed or if they are appropriate to the state where they are being enforced.

To extend the research endeavor, “Study on Healthy and Safe Schools for the Post- COVID-19 Era in the Asia-Pacific Islands” in other states in the Western Pacific Regions, a few research institutions were identified. Permission must be secured from the Ministries of Health and Education. There is a need for document reviews and ethics clearances, depending on the breadth of the research. The MoH will handle issues on staffing, ethics and the required clearances.

However, due to the limited number of human resources in their country, a few recommendations were cited. A research company or agency may be required as well as a consultant who can assist on the research. In Micronesia, the FSM has no capacity to conduct research that’s why other countries must provide the resources.

In addition to this, the following research partners/collaborators were identified:

In Fiji, get in touch with Prof. Vanualailai of the University of South Pacific and Prof. Doland Wilson of the Fiji National University.

In the Marshall Islands, get in touch with Ms. Sandy Davis, coordinator of school health training at the Ministry of Education and Prof. Florence Peter of the College of Marshall Islands, who could serve as the key contact person.

In Micronesia, get in touch with UNICEF, the WHO and the National Education body.

In Palau, get in touch with the Palau Institutional Review Board; Gaafar J. Uherbelau, Minister of Health and Human Services.

The participants identified training program/s on school health in Japan that could be developed and conducted. There should be COVID-19 management at the school level, for personnel from the Ministries of Health and Education who handle COVID1-9 cases. Students and parents must be educated on the risks of getting COVID-19 in the school setting and how to prevent infection. In addition, there should be training on how to help students take care of their mental health, sexual health, as well as WASH and diabetes. Non-communicable diseases must also be tackled.

There should be training on how to implement the research as well as capacity training to implement it. In the end, there should be measures in place to ensure that Pacific neighbors continue to share knowledge and best practices on how to initiate, implement and establish policies.

More specifically, how the curriculum should stress the importance of health and nutrition, even after the students have graduated from school. As well as training on life skills such as self-awareness, empathy, decision-making, problem-solving, critical thinking, effective communication, interpersonal relationships, emotional control, and stress management. The training should also include educators and school personnel. More pressing issues such as bullying, internet addiction and suicide must be tackled.

The participants mentioned support needed from JC-GSHR for school health other than research and training. Facilities and infrastructure in school are needed such as school health kits, youth care health kits, proper tools for gathering and keeping medical records, screening facilities and a pilot project for a healthy canteen. Hospitals need support managing mental health cases, particularly ADHD. JICA volunteers can be on the ground to help teach proper nutrition in schools. Participants cited the example of Colgate International in supporting the health curriculum through oral health promotion.

The summary of each country report can be seen in the next section.

Matrix Summary of Results in Each Country

	Q1	Q2	Q3	Q4	Q5	Q6	Q7
Question Summary	Need for school health promotion?	Comments on Japan, Indonesia, Philippines, Guam Report	Need for research?	Necessary research process	Contact Persons	Training needs, target participants	Support needs
Fiji	Yes. 1) Currently focusing on primary school level; need to expand to secondary; 2) Need to identify issues during COVID-19 (mental health, WASH, diabetes)	1) Clear and precise 2) Implementation from government to school level [will be helpful in Fiji]	Yes. Nurses and doctors are busy in COVID-19 treatment, but research is needed.	MoH or MoE ethics (depending on research) approval necessary even for document reviews	1) Prof. Vanualailai, University of the South Pacific 2) Prof. Donald Wilson, Fiji National University	1) COVID-19 management at school level, community level (for MoH, MoE staff in charge of COVID-19) 2) Health education curriculum (National level staff or MoE in charge of curriculum development) 3) Handling mental health issues during COVID-19, online consultation with students, how to take good care of mental health among students (National level staff from, MoH, MoE, MSW) 4) Risk communication (fear of sending children to school due to COVID-19) 5) Mental health, WASH, diabetes	1) Capacity training after Japanese government introduce school facilities (e.g. toilets) and training for sustainable maintenance 2) Implementation research (e.g. monitoring of implementation, evaluation of the impact of implementation)
Guam	N/A	-	Yes. Pandemic has interrupted learning, even at its third year. Misunderstanding about policies and procedures create learning gaps.	1) For curricular policy change it needs to be adopted by the board. Courses get approved by a Joint Board committee that includes teachers/board members. [There is a need to] do a pilot. 2) Research goes through the Research Planning and Evaluation Division.	N/A	1) Nurses created slides for GDoE employees at the beginning of the school year, they used much WHO resources. Due to the constant changes during the pandemic and with many policy changes, we need to make sure it does not hamper operations and safety 2) Curriculum on all four of the research study topics is needed. Current curricula in Guam focuses on the core areas, but not enough on health or nutrition as priority is to prepare students for life after high school.	1) Structured curriculum in mental health domain is lacking, continuous curriculum is lacking for all grade levels 2) Specific courses are limited due to a available teachers who can teach the course 3) Colgate international provides a helpful health curriculum on oral health/health care package
Indonesia	N/A	(1) The policy implementation on school health especially in during the Pandemic have been carried out consistently and covers many aspects (dental health, nutrition, infection control, etc.) (2) In practice, the monitoring process is still inadequate. Sometimes, penalties for negligence are as far as a formality. (3) Suggestion: add data collection from schools that have implemented the latest prototype curriculum (focusing on life skills). (4) Currently, the elementary school curriculum is using a thematic approach where one part is interrelated with another. Both policy and curriculum analysis are considerably robust.	<i>Response not required but discussed.</i> (1) Research is necessary to evaluate policy implementation, effectiveness, and involvement of parents/communities in implementation.	<i>Response not required but discussed.</i> Letter of permission to conduct research must be sent to DoH or local health offices, addressed to the head of department. Research can be undertaken through BRIN schemes.	N/A	Life skills including self-awareness, empathy, decision making, problem solving, critical thinking, effective communication, interpersonal relationships, emotional control, and coping with stress [needs to be integrated into schools]. Target should be educators and school health personnel, to increase ability and capacity to understand school health.	Facilities and infrastructures such as School Health kit, Youth Care Health Service kit, Consultation and Education media, proper medical record tools to be used in youth or family , health rapport, screening facilities, and a pilot project on healthy canteen.

<p>Marshall Islands</p>	<p>Yes. 1) Integration of school health system (health policies, vaccination, COVID-19 prevention) is implemented in Marshall Islands. Serious problems include stunting and obesity</p>		<p>1) Marshall Island will be able to join.</p>	<p>1) MoH will handle ethical, staff, clearance issues.</p>	<p>1) Ms. Samdy Dismas at MoE is coordinating school health training with MoH this year to help deal with COVID-19 at schools. 2) Prof. Florence Peter of College of Marshall Islands could be keyperson (registered but did not attend workshop)</p>	<p>Training needs need to be confirmed, but should include NCDs in addition to COVID-19 (it may be good to involve doctors and nurses)</p>	<p>1) Not aware of JC-GSHR, not sure what support is needed. 2) Marshall Islands' school health issues include: COVID-19 prevention and information, diabetes and obesity control, nutrition. 3) As for mental health, there is not enough care for ADHD. The hospitals, who handle mental health, is not in collaboration in with schools. 3) Food and nutrition issues: not many schools have cafeterias, Vegetables are often imported and expensive. Closure of airports affected procurement of foodstuffs.</p>
<p>Micronesia</p>	<p>Yes. 1) COVID-19 related topics are not incorporated in curriculum. COVID-19 impact among the youth (obesity, physical/sexual abuse, addiction) [need] to be taught to youth. 2) NCD prevention should start at an early age. 3) Children are catalyst to change and can improve health not only in the school but also of the community 4) Before COVID-19, some students cut physical education [class] in order to pass other subject such as math and science, but become obese.</p>	<p>1) (Suggestion) Invite people knowledgeable in policy making 2) [In Marshall Islands], policies may be different from state to state; national government has a policy but states also have their own. Example, DoE of one of the states did not allow distribution of COVID-19 vaccines to children and adolescents at school sites.</p>	<p>Yes. 1) Policies are not implemented as it should 2) Lack of policies to address COVID-19 challenges 3) Umbrella policies is important, but uniqueness of each state should be considered. 4) Review of policies at each state needed</p>	<p>1) Items needed for research: -Research company/agency -Consultant that can assist in that type of research 2) FSM has no capacity to conduct research so other countries must provide.</p>	<p>1) UNICEF, WHO, National Education</p>	<p>1) Mental health, physical, mental, sexual abuse.</p>	<p>1) Connecting with other neighboring countries, knowledge sharing and management 2) How to initiate, implement, and establish policies 3) Continue this relationship and stay connect</p>

Palau	Yes. 1) Needs to be strengthened and maintained for the future.	1) Understandable. 2) (Suggestion) To hear it from more elaborately explained from each countries' representatives. 2) WHO framework was interesting; challenging [process] but admirable; looking forward to the finished product. 4) Palau MoH minister through the WHO Miniter of Health Meetings, will be part of approval process. 5) Guam is a well developed Pacific Island country, another less developed Pacific Island would demonstrate the Pacific-Island-wide weakness in school health laws, practices, etc.	Yes. 1) Evaluation or revision of existing policies is necessary.	1) Any research must be applied to (in writing): MAFE AND MoE 2) NIRB (for human related research) resides in IRB seated within MoH and research must go through board for approval. Not a difficult process if there is a national counter-part. (Dr. Dever was former IRB chairman) 3) Partnership of MHHS and MoE for such research is very possible. 4) Consent forms are part of the IRB review process for research application. 5) Palau's annual school health survey includes pediatrics, behavioral health. (Suggestion) It may be good to fund a facilitator (subject matter expert) to assist in the research methodology.	1) Palau Institutional Review Board: Gaafar J. Uherbelau, Minister of Health & Human Services, MHHS, Republic of Palau (g.uherbelau@gmail.com).	1) Evidence based policies on safety and health practices for schools. 2) MoE staff/teachers/principals' management 3) Production, practical consumption of local foods should be strengthened; In school health surveys, BMIs indicate 1/3 of students among grade 1 to 13 are overweight or obese 4) Bullying, internet addicition, suicide are equally important	1) JICA volunteers who are skilled in taching nutrition in school settings, and have experience in curriculum development and teacher training would be helpful in promoting nutrition learning in Palau schools.
Philippines	N/A	1) There is a consensus that the policy and curriculum analysis is helpful in creating a more comprehensive review of school health in the region. 2) There is need to emphasize timeline for desk reviews (new policies are not yet available online) - Joint Memorandum Circular (DepEd DOH) - Joint Initiative Order (CHED, DSWD, DepEd) for healthy learning institutions -Health Promotion Framework Strategy 3) There is a need to engage curriculum experts (DepEd) for curriculum analysis; there is a spiral implementation of curriculum 4) Include colleagues in the final validation in the school level (principal or teacher) to capture the challenges in the implementations of the grassroots	N/A	N/A	N/A	1) National/sub-national level have different capacity needs. -School Heads level: Managing Health Convergence Activities with DepEd -School Health personnel: Disease Prevention and Control, Health and Nutrition provision -Bureau level for DepEd/subnational level for DoH: Policy, Research, Monitoring, and Evaluation; 2) Food safety 3) Funding for existing training programs and portable hand washing facilities 4) Graduate school (MS, PhD) opportunities	

List of Questions

Q1: Do you think that school health promotion is necessary in your country in the future?				
Q2: Earlier you have seen the results of the analysis of the school health policies in Japan, Indonesia, Philippines and Guam by levels of implementation. Is the analysis clear and easy to understand? Is this something that will be helpful in decision making in your country? Do you have any comments or suggestions?				
Q3: Do you think that research on school health policy development and implementation during the COVID-19 pandemic is needed in your country?				
Q4: If the research is to be conducted, which research institutions in your country should we partner with? Please list the research institutions in your country and their contact person. If not, this research group will contact you directly.				
Q5: Please briefly describe the process involved in doing such research, e.g. permission from the ministry, consent taking, etc..				
Q6: If a training program on school health in Japan will be developed and conducted, what kind of content would your country need? Who should the training participants from your country be?				
Q7: Check if there is any other support needed from mainly JC-GSHR for school health other than research and training??				
For list of abbreviations, and participants during breakout sessions, please see next page.				
注1) To clarify sentence construction, words in "[]" brackets have been added but not included in the minutes.				

Call to Action

As a conclusion to the workshop, the following call to action was made for the participants.

Preamble

In support of our respective country's commitment to the Sustainable Development Goals particularly on Goals 3 - Good Health and Well-being; 4 - Quality Education; and 17 Partnership for the Goals;

We, the participants of the *Online Consultation Workshop on Healthy and Safe Schools for the Post- COVID-19 Era in the Asia Pacific Islands*; organized by the University of the Ryukyus, Edu-Port Japan

A diverse group of governments, United Nations agencies, academic institutions, and civil society organizations have come together to participate in the said workshop: **Hereby affirm** our commitment to the following issues:

- Health and education are fundamental human rights of school-aged children and their family members.
- The known beneficial impact of School Health and Nutrition programs on the well-being and educational achievement of children in a sustainable future;
- The importance of cross-sectional partnership in the design, implementation, and evaluation of **research-based** school health and nutrition policies, programs, and services towards healthy and safe schools;
- Each country has its own unique conditions and thus the need to contextualize research and training capacity building

The Joint Call for Action

Therefore, we the participants to this consultation workshops on Healthy and Safe Schools for the Post COVID-19 Era in the Western Pacific Islands held on January 26, 2022, recognize and commit to our roles and obligations of ensuring healthy and safe schools in the post COVID-19 era.

Moreover, we also call on...

Island Countries in the Western Pacific Region to set up a mechanism to strengthen the school health and nutrition program by allocating resources towards a healthy and safe school in the Post COVID-19 scenario.

School health and nutrition policy-makers and other stakeholders to support collaboration and vertical partnership in *health and education research* to guide the development/enhancement of school health policies, programs, and services that will benefit the learners, teachers, school administrators, and their surrounding communities.

Way Forward

We are starting the policy research on Micronesia, Marshall Islands, Palau and Fiji through literature review at first in collaboration with JC-GSHR, CPH, University of the Philippines and University of Guam. Japan Consortium for Global School Health Research (JC-GSHR) will also assist in obtaining permission from the ethics committees in each country for policy implementation studies.

JC-GSHR will submit a report to the Japanese Ministry of Education, Culture, Sports, Science and Technology (MEXT) in February, and apply for a continuation project after April. The continuing project will collaborate with WHO, WPRO and JICA Okinawa as official partners, aiming to finalize the level of policy formulation in the island countries and to clarify challenges in policy implementation. The development of the project in non-island countries in WRPO will be discussed with WPRO and other partners in the future.

Acknowledgements

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