



IS PROMOTION OF CHILD HEALTH ENSURED

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SUMMARY

The Relevance of the Audit

Lithuania, when joining the United Nations Convention on the Rights of the Child¹, has committed itself to taking all necessary measures to implement the rights of the child, including promotion of the health of children and teenagers, making it accessible to every child and young person.

According to the World Health Organisation, health promotion includes lifestyle, health and well-being, risky behaviour, social environment. The key determinants of children's health whose skills can be shaped in educational institutions include work/rest (sleep) patterns, healthy eating, physical activity, prevention of consumption of tobacco, alcohol and other psychoactive substances, stress and ability to overcome it and sexual behaviour.

In order to increase the number of healthy, capable and happy people and increase the well-being of society, children's health and healthy lifestyle habits need to be enhanced in the future. Only 44% of population report of being in good health, which is the lowest proportion in the EU².

Cardiovascular diseases³ account for the highest rates of morbidity and mortality, whereas the number of people with type 2 diabetes and obesity⁴ is rapidly increasing.

¹ Law on ratification of the United Nations Convention on the Rights of the Child.

² EU and OECD Survey on the State of health in the EU - Lithuania, 2019.

³ Cardiovascular diseases are the leading cause of death and account for 56 % of all deaths. Lithuanians are three times more likely to die from heart attacks than a statistical European. Progress in reducing deaths in Lithuania is lower than in other countries.

⁴ Lithuania: Country Health Profile 2017 - OECD: between 2002 and 2014, the prevalence of obesity among 15-year-old kids more than tripled – it increased from 3 to 4 times up to 13%. According to the rates of obesity among adults Lithuania is in the 5th place in the EU ES. Internet access: http://www.euro.who.int/__data/assets/pdf_file/0010/355987/Health-Profile-Lithuania-Eng.pdf?ua=1

Taking above into consideration, we distinguish three of the 6 areas of the World Health Organisation: physical activity, healthy eating, working and rest patterns. Based on the opinion⁵ of specialist doctors, preventive measures in these areas would generate the greatest benefit.

Attention to these areas and to the development of habits should be given in pre-school and general education, where children spend a significant part of their time. Children are particularly susceptible to new knowledge and skills, learn rapidly, intercept and try to apply the information they receive, and develop their beliefs and attitudes towards fundamental values, including health.

Children's attitudes towards healthy lifestyles and health promotion should be shaped through the educational process and additional activities/events in an effort to involve parents and the whole community of educational institution.

Entities responsible for promoting children's health are: Ministry of Health and Ministry of Education, Science and Sports, Centre for Health Training and Disease Prevention, municipalities, public health offices of 47 municipalities, 1562⁶ educational institutions. The area of improving children's health (physical activity, healthy eating and work/rest patterns) between 2016 and 2018 was allocated EUR 90.4 million, of which EUR 35.2 million for measures (events, projects) and EUR 55.2 million for the infrastructure.

Aware of the impact of healthy lifestyle habits on the prevention of the most common diseases, and in order to assess the effectiveness of child health promotion and the funds invested into it, the Supreme Audit Institution has carried out a performance audit of child health promotion.

The Audit Objective and Scope

The audit objective - assessing the effectiveness of promotion of physical activity, healthy eating, and work/rest patterns.

Key audit questions:

- Are pro-active actions carried out in promotion of child health including physical activity, healthy eating, work/rest patterns and shaping these habits;
- Are conditions provided to promote physical activity, healthy eating, rest/work patterns for children;
- Are the analysis and assessment of physical activity, healthy eating, rest/work patterns for children carried out and proper priorities identified.

Audited entities:

- Ministry of Health – shaping state policy in the area of assurance of public health care, organising, coordinating and monitoring its implementation;
- Ministry of Education, Science and Sports – shaping state policy in the area of education, coordinating and monitoring its implementation.

⁵ During the audit, the Lithuanian Paediatric Society was consulted.

⁶ According to the information of Education Information System of the 1st quarter of 2019.

Evidence and data were obtained at all the state pre-school and general education institutions (except private ones), all municipalities, their health offices; in cooperation with researchers and experts; by carrying out analysis of international and national surveys.

Audited period – 2016–2018 years. In some cases data of earlier years and the year 2019 were used in order to obtain evidence.

The audit was carried out in accordance with the Public Auditing Requirements and the International Standards of Supreme Audit Institutions. A more detailed description of the scope and methodology of the audit is provided in Annex 2, Audit Scope and Methods (Page 33).

Key Results of the Audit

The country has recently seen an increasing focus on improving children's health, the introduction of new arrangements for the organisation of school feeding, the implementation of an active school project and the introduction of a third class of physical education. The results of the audit show that investment measures can bring benefits. However, we found that children's daily physical activity is not ensured; integration of comprehensive child health promotion into general education and professional development of teachers on this topic are insufficient. There is a lack of conditions for the pro-active participation of public health professionals in educational institutions; the impact of the measures is not measured.

EUR 35.2 million have been allocated between 2016 and 2018 to educational establishments for prevention measures related to promotion of physical activity, healthy eating, work/rest patterns. As a result of cost/benefit analysis we have identified that return could be expected when investing in children aged 3-11. Improving healthy eating, physical activity and work/rest patterns could reduce the rates of morbidity in cardiovascular diseases, type 2 diabetes and obesity, as these diseases occur as a result of unhealthy lifestyle. This would save EUR 58.8 million in costs for the Compulsory Health Insurance Fund and State Social Security Fund and generate added value created by healthy people. The auditors estimate that investing 1 EUR in promotion of health of children of this age would yield a return of EUR 1.3. The estimated return could be expected if the preventive measures taken were effective. (Section 1.1).

1. The impact of measures in children's physical activity, healthy eating, work/rest patterns is not sufficient

Almost half of educational institutions do not monitor whether children are physically active and most of them lack measures to develop work/rest habits

The World Health Organisation recommends a minimum of 60 minutes of physical activity a day for children, however the audit results show that 7% of pre-school and general school children are physically active for less than 60 minutes and 44% of schools do not monitor this at all. During the 2018-2019 school year, 33% of schools did not provide 3 hours a week to a physical education in any class, and 44% did not organise a single event

on work/rest patterns. Institutions, when giving little attention to physical activity and work/rest patterns, do not motivate children to strengthen their health and do not shape these habits (Sub-section 1.1).

Insufficient involvement of parents (adoptive parents, guardians) into organised activity, and lack of conditions for productive performance of public health professionals

96% of educational establishments organise measures to which parents are invited, however they are not sufficiently involved. Parents of upper-secondary pupils participate up to 10%⁷. By contrast, parents whose children are learning according to pre-school, pre-primary and primary education programmes participate in between 50% and 80%. The involvement of parents is particularly low in small rural schools with a statistically less favourable socio-economic and cultural environment. The study reveals a lack of cooperation between parents and school management, a lack of parental interest; teachers consider this to be an obstacle to the education process. In the view of institutions, the involvement of parents could be encouraged by sports events, project activities, lectures, competitions and quizzes. Greater parental involvement would lead to more effective health promotion measures and would continue to shape healthy lifestyle habits within the family.

Not all educational institutions allow public health professionals to participate in at least one health promotion event per year: 6% of the institutions do not have a specialist, 85% of the professionals are part-time (between 0.25 and 0.5 posts). The 35 educational institutions visited reported a fragmentation and lack of coherence in their activities. Specialists in public health offices in 41 out of 47 municipalities face difficulties in combining their activities with the school scheduling. Enabling public health professionals to become more involved in the promotion of children's health would improve the quality and accessibility of their services and could increase their contribution to the promotion of children's health (1.1 Sub-section).

2. Insufficient conditions to promote children's physical activity, healthy eating, work/rest patterns

Lack of professional development programmes for teachers and their participation in the organised courses is low

98% of general schools include physical activity, healthy eating, and shaping of work/rest patterns habits into different subjects of the general education curricula: almost all (97%) schools include healthy eating and at least 61% - work/rest patterns.

The lack of training for teachers in promotion of children's health makes it difficult to fully integrate it into general education. Only 0.7% of professional development programmes⁸ include child health promotion. 31% of educational establishments do not

⁷ Public audit report "Could Lithuanian Students Perform Better?", 2017-11-28 No. VA-2017-P-501-20.

⁸ An expert-assessed and recognised programme fulfilling the assessment criteria laid down in the Procedure for the accreditation of professional development programmes for school leaders, deputy school leaders, educational heads, teachers and student support (description 2019-03-12, Order No V-198) has expired, but

include training on shaping habits for children in physical activity, healthy eating, and work/rest patterns into their professional training plans. 11 out of the 48 educational institutions visited did not qualify for health promotion in the last 3 years. Professional training for teachers would improve the quality of integration and ensure development of healthy lifestyle habits within the entire process of general education (1.2 Sub-section).

Improper infrastructure and measures do not provide for access to physical education and possibility to rest for all children

Institutions cannot anticipate the activities they want in their curricula, as most of them lack adequate physical education infrastructure and measures: 10.3% of them do not have their own sports hall, 28.6% of institutions deliver their physical education classes in multi-purpose hall, which is only partially suitable for physical education, and 19.4% of general education schools and 25% of pre-school educational institutions visited do not provide the necessary measures for children. Out of 36 schools visited, as many as 11 do not have their own stadium and 7 of them are located in rural areas. The provision of child work/rest patterns is not possible, as the rest spaces in 37.7% of educational establishments are insufficient, 8.6% have no such spaces at all, and in 25% of schools the spaces are inadequate. Better infrastructure and appropriate measures would help to encourage children to be physically active and enable them to rest if needed (Sub-section 1.2).

While introducing the new arrangements in school feeding more than half of the institutions faced difficulties

All educational establishments have healthy eating arrangements, with at least half of the children eating in 84% of the establishments. During the school year 2018-2019, 59% of them encountered difficulties in implementing the scheme: 29% of institutions' food professionals lacked training or it was untimely organised, 16% of institutions did not have an opportunity to consult nutritionists, in 36% institutions the number of children eating in the institutions decreased and 19% of institutions received parental resistance. All institutions have made it possible for parents to familiarise themselves with the changes in meals, but parental activity is low. This shows that efforts are still needed to promote healthy food consumption. As of October this year, the Ministry is launching a training (project) on cooking. The proper implementation of the food organisation and the maximum number of children eating in educational establishments would, by way of practical example, contribute to the development of healthy eating habits (Sub-section 1.2).

3. Analysis of children's physical activity, healthy eating, work/rest patterns and assessment of the impact of the measures are not carried out

accreditation of professional training programmes for school leaders, deputy school heads, educational heads, teachers and student support is valid until the end of the accreditation period).

For the first time in 2019, the Ministry of Health⁹ set priorities¹⁰ for municipal public health offices, including the development of healthy eating skills and the promotion of physical activity, but the analysis of the operational plans for these offices for the period 2016-2019 shows different objectives, measures and evaluation criteria. The Ministry's Strategic Activity Plans do not set criteria for the assessment of some measures. The measures of the Ministry of Health, the Ministry of Education, Science and Sports, and the Ministry of Agriculture involved in the promotion of children's health remain broadly unchanged in the period between 2016 and 2019. The impact of the measures is not assessed, except for the programme to promote the consumption of fruit in children's educational institutions. Policies in this area need to be planned and implemented in a coherent manner in order promotion of children's health be effective and benefit from investment (Section 2).

Changes during the Audit

During the audit, the Ministry of Health and the Ministry of Education, Science and Sports took action on the organisation of training in the field of healthy eating and on the introduction of a third class of physical education, so we do not make any recommendations in the light of on-going changes.

- The Ministry of Health provided recipes and technology cards for health-friendly dishes, issued recommendations for the implementation of the buffet principle and measures to reduce food waste, approved a training procedure¹¹ for school chefs, teachers, parents, municipal staff participating in public tenders for food procurement and municipal staff in public health offices, and introduced training on healthy eating and health-friendly cooking following as a result of which training was launched in the framework of the project.
- As of 1 January 2019, the Ministry of Education, Science and Sports introduced a transitional period with the entry into force of the Law on Sports¹² on mandatory three hours of physical education per week: starting with the sixth class, a third class of physical education per week will be introduced each year. In May 2019, the Government anticipated the implementation of an active school project with the following main objectives: motivating children to be active for 60 minutes or more a day, deliver high-quality physical education in physical education classes, and to create a favourable culture of physical activity for all.
- In May 2019, Description¹³ of Procedure for the Implementation of the Active School Project was approved.

⁹ Commission for the Supervision of Public Health Care Functions of the State (transferred to municipalities) approved by the Decree No V-453 of the Minister of Health of 2019-04-23.

¹⁰ Priority activities of municipal public health offices: Improving the organisation of healthy eating and reducing food waste; The development of health-enhancing schools/the development of schools implementing the Active School measure; In-service training for public health professionals working in school; Organising training on healthy eating and healthy cooking for target groups.

¹¹ Decree No V-1088 of the Minister of Health of 2019-09-20.

¹² Law on Sports, Art 12(2).

¹³ Approved by the Decree No V-651/V-665 of the Minister of Health and Minister of Education, Science and Sports, 2019-05-31.

- In October 2019, Description¹⁴ of Procedure for the Measurement of Physical Capacity of Pupils in Primary, Basic and Secondary Education was approved, which will allow the monitoring of the physical capacity of all Lithuanian pupils on an annual basis, raise awareness among parents of the physical health of the child and, through school and family cooperation, promote physical activity of children via targeted measures.

Recommendations

For the Ministry of Health

1. In order to properly formulate and implement public policies in the field of child health promotion and to ensure the benefits of investment in this field by reducing future morbidity and increasing the added value generated by employed healthy people:
 - 1.1. establish evaluation criteria to assess the compliance of measures taken by municipal health offices with children's health promotion priorities and ensure the implementation of these measures (Key audit result 3);
 - 1.2. establish a system to measure the effectiveness of child health measures implemented in the area of health, linking it with the monitoring of lifestyle and child health indicators (Key audit result 3);
 - 1.3. coordinate the relevant measures implemented by other ministries by collecting information, analysing and submitting proposals (Key audit result 3).

For the Ministry of Education, Science and Sports

2. In order to find the most effective way to promote children's health in educational institutions together with the Ministry of Health:
 - 2.1. when analysing good practices in our country and internationally, extend the integration of children's health promotion into general education (Key audit result 2);
 - 2.2. when assessing which programmes of professional development for teachers are lacking in the field of promotion of children's health, ensure that training programmes are developed and assess whether teachers develop qualifications in this field (Key audit result 2).

For Municipalities

Municipalities should contribute to the implementation of the recommendations of the public audit by the Ministry of Health and the Ministry of Education, Science and Sports in improving child health promotion processes by: instructing educational establishments to monitor whether all children spend at least 60 minutes of everyday physical activity or participate in organised events; promoting the networking of health-enhancing schools and striving to achieve the status an active school; providing rest spaces. Municipalities

¹⁴ Approved by the Decree No V-1153 of the Minister of Health

should disseminate various practices concerning the implementation of healthy eating arrangements and the involvement of parents in the implemented activities; ensure the necessary number of professionals, taking into account the standards applicable to the job of public health specialist; ensure the quality of physical activity development in early childhood education.

In order to increase the impact of the audit, we presented the results to the municipal administrations, the municipal control and audit services, the Lithuanian Association of Municipalities.

The measures and deadlines for the implementation of recommendations are set out in the “Recommendation implementation plan” section of the report (Page 32).