

Annual Report 2023–2024

No charitable donations were received or distributed by the AHI during the period covered by the 2024 annual report. AHI does not accept donations, does not have assets and does not fund the implementation of the intervention. “Trustees’ unanimously decided on “the AHI is a campaigning charity organisation with no funds or employees.”

The current strategy is to advocate for “Making Every School a Health Promoting School” through the promotion of Global Standards for Health Promoting Schools (see: <https://www.who.int/health-promotingschools/en/>). Schools may fundraise for themselves and accept donations to enable the school to run the AHI HPS model. Any money raised will be managed locally, which includes construction of low-cost sinks, refurbishment of toilets, and consumables.

For this purpose, the AHI developed an HPS model firmly embedded within the broader tradition of health promotion established by the Ottawa Charter (WHO, 1986), which emphasised the need for supportive environments, strengthened community action, and reorientation of health services toward prevention and equity. These principles were reinforced in the document “Health Promoting Schools Framework,” WHO/UNESCO 2021 global standards publication, which calls for the integration of health into all aspects of school life, including governance, curriculum, services, and community engagement.

Furthermore, the AHI HPS model includes an intervention addressing the huge global burden of tooth decay and dental pain by launching a campaign to “Eradicating tooth decay and dental pain in schoolchildren worldwide.” Oral health is part of the set of interventions included in the full model. The oral health component of the AHI HPS model addresses the 74th World Health Assembly resolution on “recognizing that oral diseases are highly prevalent, with more than 3.5 billion cases of untreated dental diseases causing suffering in nearly half of the world’s population, and that oral diseases are closely linked to noncommunicable diseases (NCDs), leading to a considerable health, social and economic burden.” The Resolution urges Member States to address key risk factors of oral diseases shared with other noncommunicable diseases, such as high intake of free sugars, and a shift from the traditional curative approach towards a preventive approach that includes the promotion of oral health within the family, schools, and workplaces, and includes timely, comprehensive, and inclusive care within the primary healthcare system.

To our knowledge, the AHI HPS model is the most comprehensive intervention to date that translates the Ottawa Charter into practice by integrating a full suite of interdependent, school-based communicable and non-communicable disease interventions within one coherent framework. Importantly, it incorporates metrics capable of assessing the implementation, the combined impact of all interventions, and the specific contribution of each component individually. This dual-evaluation approach strengthens accountability, enables fine-tuning of programme design, and provides a robust evidence base for policy adoption and scale-up.

We are cautious and ambitious. “Trustees’ unanimous decided on the need to demonstrate the effectiveness of the AHI HPS model before starting to implement it on a large scale.”

Implementation research methodologies were adopted to test the implementation strategy. Implementation research seeks to identify and address the wide range of challenges associated with translating evidence-based interventions into practice. It can examine any aspect of implementation, including the factors that facilitate or hinder adoption, the processes through which interventions are introduced, and the strategies required to promote their large-scale use and long-term sustainability. Implementation research is particularly suited to answering what, why, and how interventions work in “real-world” settings and to testing approaches for improving them.

Schools adopting the AHI HPS model are using our public domain protocols to assess the implementation and the impact of the AHI novel school intervention. Results of implementation research in three different extremely challenging contexts demonstrated that the AHI HPS intervention is appropriate for schools serving low-income communities (appropriateness domain), agreeable to stakeholders (acceptability domain), and adopted at the institutional level (adoption domain). In addition, the assessment of the school facilities demonstrated that all schools satisfied the basic facilities necessary to implement the AHI HPS model, i.e.: clean water and toilets. Therefore, it was concluded that its potential for scaling up as a school-based health promotion intervention in challenging is feasible. Ongoing yearly follow-up studies will continue assessing the implementation and impact of the AHI HPS intervention.