Introduction
Adolescents, youth, and young; these terms are sometimes used interchangeably. The definition of adolescence varies across countries and cultures, but generally begins with and implies the biological changes of puberty and ends with the adoption of adult responsibilities and social roles. The World Health Organization (WHO) defines adolescents as those people between 10 and 19 years of age [1]. The great majority of adolescents are, therefore, included in the age-based definition of “child”, adopted by the Convention on the Rights of the Child, as a person under the age of 18 years. However, in general, adolescence is the period between childhood and adulthood. Adolescence is described as a period of significant physical, emotional, and social changes, presenting new health risks as well as unique opportunities for health promotion.

Today’s generation of children and adolescents is the largest in history. Over one-quarter of the world’s population is between the ages of 10 and 24 [2]. Despite its importance and magnitude, adolescent health has historically received limited attention, and progress has been slow especially in developing and less developed countries. Indeed; greater understanding of and investment in the overall health of society; as today’s children and adolescents have a major impact on the health, attendance, concentration and academic performance; as well as personal development.

Adolescence is generally seen as the healthiest time of a person’s life, but young people make up a significant portion of the worldwide disease burden. Patton and colleagues in their comprehensive study analysis found that the leading causes of death are injuries; maternal causes; communicable, nutritional, and perinatal diseases, non communicable diseases; and mental health disorders increase substantially during adolescence [4]. Many of today’s and tomorrow’s leading causes of death, disease and disability (injuries, nutritional deficiencies, cardiovascular disease, cancer, chronic lung diseases, depression, violence, substance abuse, STI and other infections) can be significantly reduced by preventing six interrelated categories of behaviour, that fostered by social and political policies and conditions [5]:

• dietary and hygienic practices that cause disease
• sedentary lifestyle
• tobacco use
• behaviour that results in injury and violence
• alcohol and substance use
• sexual behaviour

Various global initiatives acknowledge the critical role of schools in providing the foundation for ensuring a healthy growth of children and adolescents; including the World Health Organization (WHO) Global Action Plan for the Prevention and Control of NCDs 2013-2020 [6], Global Strategy for Women’s, Children’s and Adolescents’ Health [7]; and Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development [8].

An effective school health program can be one of the most cost effective investments a nation can make to simultaneously improve education and health [5]. School is a unique sitting for health promotion for many reasons. First; nowadays, the majority of children is registered and goes through schooling system. Second; on average, children spend 6-8 hours of their day in schools. Third, schools host and gather many children from different background in a same place. Unhealthy school environments can affect children’s health, attendance, concentration and academic performance; as well as personal development.

There is wide variation in the health services offered by schools. First; in well developed countries, there is a full-time certified health professional (e.g. school nurse, trained public health, etc.) who spends most of his or her day handling health issues, dealing with health problems, and performs health assessments and screenings as well as special procedures ordered by a child's personal doctor; also play a central role in promoting a healthy and safe school environment. Second; in some communities, a full-time school health professional is responsible for several schools and thus spends only a limited time in each school. However, unfortunately, many countries still underinvest in school health, and not meeting their children and adolescents needs.

Children and adolescents are better equipped to reach their full potential when they are healthy and well educated. With appropriate support to achieve their potential, defined by decisions rooted in their participation, they can be immense source of productivity, innovation and creative dynamism that accelerates development [2]. The health and well-being of children and adolescents have a major impact on the overall health of society; as today’s children and adolescents
are tomorrow’s workforce and parents. Also, good health is essential for learning and cognitive ability. Ensuring good health when children and adolescents are of school age can boost attendance and educational achievement.

Adolescence represents a unique period in the life cycle that brings both challenges and opportunities. No longer children and not yet adults, adolescents make significant choices about their health and develop attitudes and health practices that continue into adulthood. In this period of exploration, adolescents also start to make critical choices about their health and future. And because many behaviors that start in this period have long-term health implications; promoting healthy behaviours during childhood and adolescence, and taking steps to better protect them from health risks are critical for the prevention of health problems in adulthood, and for countries’ future health and ability to develop and thrive [9]. Therefore, creating safe and nurturing environments for today’s children and adolescents is great investment for healthy community, sustainable development and better future.

Addressing the public health problems facing children and adolescents are challenging. Investing in meeting children and adolescents’ needs through school health is a cornerstone for better public health for any country. Also, and most importantly, strengthen the collection of health information and baseline data (e.g. conducting systematic surveys, such as the Health Behaviour in School-aged Children survey and the Global school-based student health survey), and make better use of data in decision-making.

References:
7. WHO. Every Woman Every Child. Global Strategy for Women’s, Children’s and Adolescents Health 2016-2030. 2015;
8. WHO. Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. 2016.