

ULRR

The Limerick Framework for Action: Advancing the Global Health Promoting Campuses Agenda

Item Type	Report
Authors	International Health Promoting Campuses Network and University of Limerick
Rights	Attribution-NonCommercial-ShareAlike 4.0 International
Download date	2025-12-01 15:33:01
Item License	http://creativecommons.org/licenses/by-nc-nd/4.0/
Link to Item	https://hdl.handle.net/10344/31428

The Limerick Framework for Action: Advancing the Global Health Promoting Campuses Agenda

An outcome of the **2025 International Health Promoting Campuses Conference**, hosted by the University of Limerick





This illustration was produced by Leah O'Donoghue, Visual Note-taker and Illustrator, and is reproduced here with permission. © 2024 Leah O'Donoghue Trading.

The University of Limerick is acknowledged solely in its capacity as conference host. Authorship and intellectual contributions rest entirely with the authors and collaborators listed within this document. The views expressed do not necessarily represent the official position of the University of Limerick.

Thinking **Global**. Acting **Local**.

Acknowledgement

This framework was developed by Healthy UL, University of Limerick on behalf of the International Health Promoting Campuses Network (IHPCN), under the guidance of the international working group. It reflects the collective input of global experts, practitioners, higher education institutions, and their employees and students.



Suggested Citation

International Health Promoting Campuses Network and University of Limerick (2025)
The Limerick Framework for Action: Advancing the Global Health Promoting Campuses Agenda. Outcome of the 2025 International Health Promoting Campuses Conference.
Limerick: University of Limerick, 2025.

Available: <https://doi.org/10.34961/18941>

A full-page photograph of a person riding a bicycle away from the camera down a paved path. The path is lined with tall trees whose leaves are in various stages of autumn, showing shades of orange, red, and yellow. The sun is low in the background, creating a warm, golden glow and long shadows. Other people are visible further down the path. The text is overlaid in the upper left quadrant.

Driving
transformative,
measurable changes
for the **planet**,
places, and **people**.

Table of Contents

04	Executive Summary
06	Vision
07	Purpose
08	Pillars
10	Principles
12	Actions
22	Journey to Limerick
26	The Development of the Limerick Framework for Action
28	Acknowledgments
30	Reference List
36	Annex 1. Glossary of Terms
45	Annex 2. Rationale

Executive Summary

Rationale

Building on the vision of the Okanagan Charter*, that ignited a global movement for Health Promoting Campuses*^a (HPCs), the world now faces profound shifts that demand different ways of thinking and engaging to advance health*, well-being*, and sustainability* in higher education institutions* (HEIs). The Limerick Framework for Action responds to this call, reaffirming HEIs as vital catalysts for transformative health promotion* and sustainability. By embedding health promotion into the core mandate of higher education, the Framework provides a strong foundation for HEIs worldwide to address urgent challenges to health and well-being while shaping the future of HEIs and global health.

Vision

By embedding health, well-being, and sustainability across all aspects of higher education we can:

- Promote a healthy planet, healthy places, and healthy people.
- Empower students and employees^b to reach their full potential.
- Strengthen local and global communities.
- Support the United Nation's Sustainable Development Goals*.

Purpose

Provides a roadmap for collective, setting-based health promotion actions across the entire higher education system, driving systemic change. Encourages all HEIs to become HPCs to meet the emerging and future challenges of a rapidly changing world.

Pillars and Principles:

The Framework is grounded in the interconnected and interdependent pillars of *planet*, *places* and *people*. For healthy *people*, we need a healthy *planet* and well-cared-for *places*. The pillars are supported by the principles of *partnership*, *participation*, and *progress*. To achieve meaningful progress, we must collaborate and include everyone.

Actions:

The Framework sets out ten transformative actions that empower HEIs to deliver on the Okanagan Charter's core calls. It blends global vision with local adaptability, urging institutions to reorient health promotion beyond individual behaviour to embrace the interconnected roles of planet, places, and people. These actions champion resources, foster collaborative leadership, build partnerships, advance inclusion and empowerment, extend health promotion beyond campus* boundaries, and embed data-driven accountability. Together, they ignite a global movement for health, equity, across higher education and its communities.

Long-term impact:

Anticipated impacts include systemic and cultural transformation. Together, we can achieve collective impact at local, regional, national, and global levels. In doing so, HEIs can be transformed into catalysts for healthier, more just, and sustainable futures.

Developed by the University of Limerick, in partnership with International Health Promoting Campuses Network (IHPCN), this framework builds on the work and recommendations of the World Health Organization (WHO), International Union for Health Promotion and Education (IUHPE), United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Pan American Health Organization (PAHO).

***Note.** Terms marked with the asterisk (*) symbol are defined in the glossary in Annex 1. The asterisk appears only at the first mention of the term in the document.

^a Note. The terminology "Health Promoting Universities and Colleges" will be referred to as "Health Promoting Campuses (HPCs)" in this document. This reflects a broader, more inclusive framing, but continues to refer to all higher education institutions, including universities, colleges, institutes, postsecondary, and polytechnics. HPCs is an evolving term that has not yet been fully standardised globally, and variations in interpretation and application still exist in different regions.

^b Note. The term 'employees' in this document refers to all community members employed within the university including staff, faculty, instructors etc.



Vision

Our vision is for everyone in higher education to promote health, well-being, and sustainability to tackle the challenges of a changing world.



Building on the Vision of the Okanagan Charter (1), the Limerick Framework for Action envisages that: By embedding health, well-being, and sustainability across all aspects of higher education, Health Promoting Campuses (HPCs) empower students and employees to thrive, to strengthen surrounding communities, and advance the United Nation's Sustainable Development Goals (2) leading to a healthy *planet*, healthy *places*, and healthy *people*. Through a whole-campus approach, HPCs drive action-oriented implementation, foster inclusive *participation* and *partnerships*, and document *progress* to address current and future challenges in a rapidly changing world.

The Limerick Framework for Action is a flexible guide for transformative change.

The Framework serves as a guiding tool, empowering action rather than prescribing it, so all actors, regardless of location or stage of development, can take meaningful steps forward.

Purpose

Through this Framework, we aim to empower Health Promoting Campuses to translate strategies into action, creating healthier environments for the planet, places, and people.



The Limerick Framework for Action provides a roadmap for the collective implementation of health promotion efforts across the whole higher education system. Rooted in a settings-based approach to health promotion*, it supports HPCs and their communities to implement practical strategies, and empower active participation and partnerships, and recognise and document progress.

The Framework equips HEIs to address emerging and future challenges in a rapidly changing world. Recognising diverse contexts, it is designed for local interpretation, allowing HEIs and communities to prioritise issues most relevant to their cultural, structural, and geographic realities^c. Thus, the Framework serves as a guiding tool, empowering action rather than prescribing it, so all actors, regardless of location or stage of development, can take meaningful steps forward. By uniting around this Framework for Action, the IHPCN invites collective action for healthier campuses, communities, and planet.

The *Limerick Framework for Action* is structured around *pillars* and *principles* that together provide a practical Framework for HPCs to go from intention into action. These elements guide HEIs in assessing readiness, building partnerships, creating health-enabling environments, and tracking progress ensuring that the *Limerick Framework for Action* is a flexible guide for transformative change.

^c **Note.** We acknowledge that some concepts (e.g. decolonising) are critically important in many contexts. However, we also recognise that such terms can be interpreted differently—and are at times contested—across regions.

Pillars

The Framework is built on the pillars of:

- Healthy Planet** Finding practical ways to support the earth.
- Healthy Places** Developing safe, supportive, and inclusive places for all.
- Healthy People** Making all our systems support people.

A healthy planet and well-cared for places are essential for healthy people.



Figure 1.
Limerick Framework for
Action: pillars.

Aligning with the Rockefeller Foundation-Lancet Commission on Planetary Health* (3), Lancet Commission on One Health* (4), and the One Health Joint Plan of Action (5), a healthy *planet* is necessary for healthy *places*, which are in turn necessary for healthy *people*. Placing “planet” first acknowledges that a healthy planet is foundational to human health and societal prosperity. These pillars are part of a socioecological approach in which a systems change in any pillar impacts systems in others.

*A healthy planet is necessary for healthy places,
which are in turn necessary for healthy people*

HPCs should extend beyond addressing health at the individual level by taking a whole-person and community approach to advancing all dimensions of well-being.

Healthy Planet

Human health is deeply connected to the health of the *planet* (3). HPCs should take practical steps to reduce depletion of planetary resources and instead support their flourishing. It is important to recognise that not all communities have equal resources or opportunities to act. Environmental action should be equitable and supportive, meeting people where they are. Where transformation is needed, an equitable transition should be delivered to ensure that change is enacted fairly. This should include skill development for students, employees, and communities. This pillar honours Indigenous* knowledge systems and long-standing relationships with land, which offer meaningful models of stewardship, interconnection, and sustainability rooted in respect and care for all living systems.

Healthy Places

Healthy *places* encompass the physical, social, cultural, digital, and natural settings and environments that shape how people learn, work, play, love, and live (6). HPCs should be safe, inclusive, and supportive spaces for all. By fostering physical, emotional, and cultural safety, a health promoting place unlocks its potential for well-being, ensuring that students, employees, and communities experiences respect, dignity, connection, and compassion. HPCs should take a whole-systems approach* to actively tackle systemic barriers and overlapping inequalities. Collaborative leadership and working should be encouraged to promote human connectedness and social integration, while acknowledging and supporting individual needs (7).

Healthy People

Healthy *people* are central to the success and sustainability of HPCs. HPCs should extend beyond addressing health at the individual level by taking a whole-person and community approach to advancing all dimensions of well-being. They should also recognise the intersecting impact of determinants of health* for example social, cultural, environmental, economic, gender, and commercial*. To provide a relationship-rich experience HEIs should facilitate regular, positive social interactions between students, employees, and communities, while addressing prejudice and conflict (8). Healthy *people* encompass cultivation of dignity, sense of belonging, and care among students, employees, and communities. This includes attending to health inequities, rights of Indigenous Peoples and other equity-deserving groups, and intergenerational health* and epigenetics*. Healthy *people* also experience a strong sense of coherence characterised by comprehensibility, manageability, and meaningfulness as outlined in the Salutogenic* Model of Health (9).

Principles

The Framework is based on the principles of:

Partnership	Working together at local, regional, national, and global levels.
Participation	Involving everyone especially in decision making.
Progress	Taking action that can be measured and celebrated.

To achieve meaningful progress, we must collaborate and include everyone in the effort.

Partnership



HPCs should move beyond isolated efforts and siloed initiatives. A whole-campus approach built on coordinated and inclusive collaboration within and beyond HPCs enables greater collective impact. This includes acting locally, while contributing to national and global networks that advance health, equity, and sustainability (10). *Partnerships* built on trust, transparency, mutual respect, and shared purpose are a powerful force for collective action, shared learning, and lasting impact. Governments, socially responsible businesses, and an engaged public all play an important role in such partnerships. Importantly, partnerships must be ethical and health promoting. This means preventing and managing collaboration with industries or entities that are known to harm health and/or the environment, including but not limited to those producing and marketing harmful commodities.

Actions should be measurable, adaptive, and accountable.

Participation



Genuine engagement and involvement at all levels including students, employees, and communities is essential to strengthen action across the higher education system. Health promotion strategies should be co-created and inclusive, and empower and amplify the voices of diverse students, employees, and communities through principled leadership and participatory processes. It affirms the rights of individuals (students, employees, and communities) to actively contribute and influence all aspects of the systems, policies, and practices that impact their health and well-being, allowing them to live fully, love authentically, and work meaningfully. This active *participation* ensures that their voices are elevated in decision-making, fostering a supportive and inclusive environment.

Progress



Progress indicates that work on the actions within this Framework have advanced, and the actor undertaking the action is closer to realising the outlined vision than they were at the outset. To drive whole-campus transformation, actions should be measurable, adaptive, and accountable. Measuring *progress* can take many forms. HPCs are encouraged to define and assess impact in ways that reflect their unique cultural, structural, and contextual realities, recognising that there is no single way to measure impact. When evaluating *progress* using original research, it is important to consider not only the outcomes but also the journey of inquiry. Continuous qualitative and quantitative data-driven evaluation across the process and outcome domains is an important part of measuring *progress* on key outcomes. Publishing and sharing successes and challenges will enrich our understanding of how the vision for HPCs can be achieved and can be disseminated locally, regionally, nationally, and globally through various channels such as conferences, academic publications, and media outlets.

Actions

Limerick Framework for Action: 10 Actions

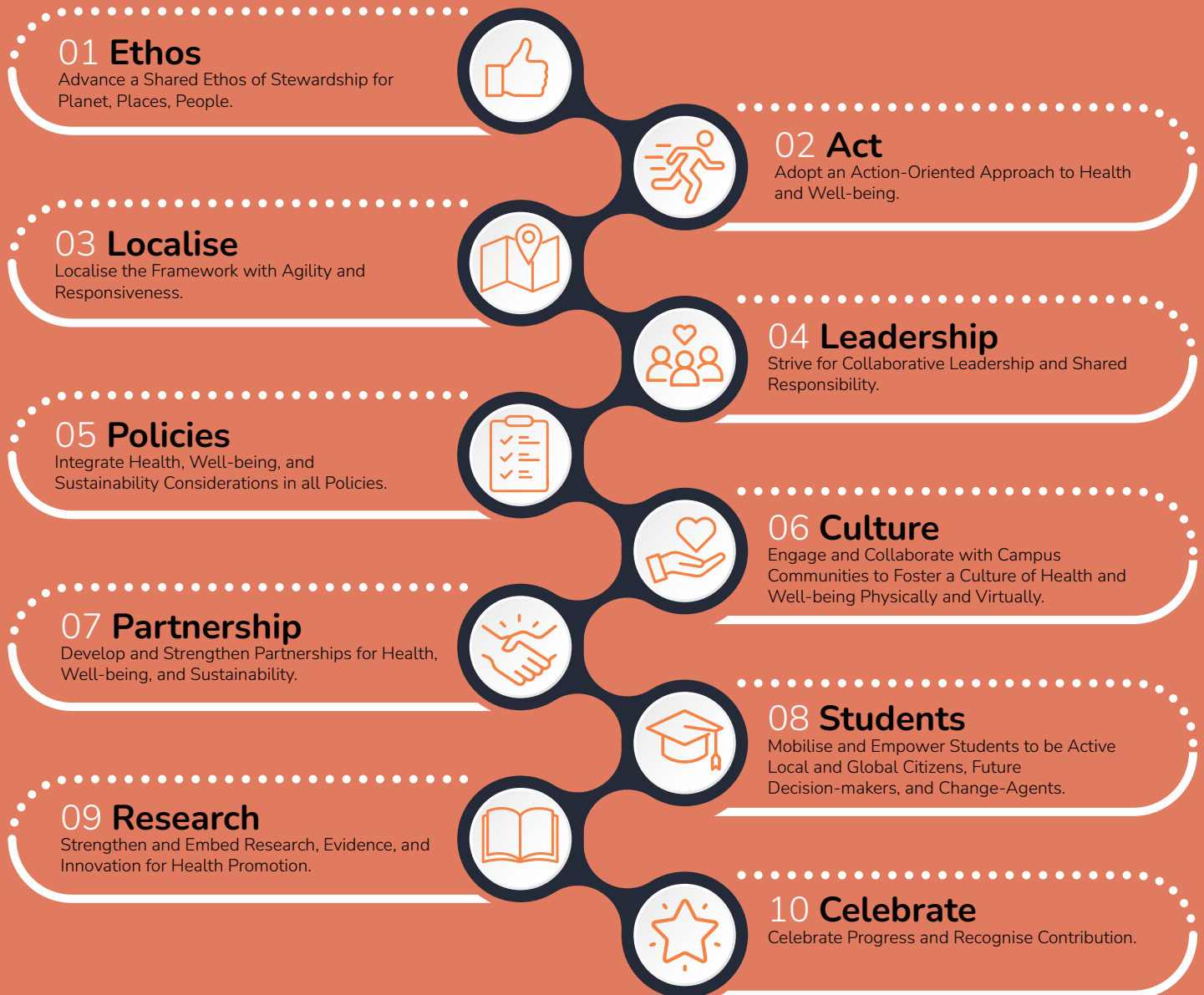


Figure 2: Limerick Framework for Action: 10 Actions

The ten actions outlined in the Limerick Framework for Action operationalize the Okanagan Charter's two core calls to action: (1) embed health into all aspects of campus life and (2) lead health promotion action globally and locally. Each action provides practical guidance for higher education institutions to translate these calls into measurable, context-sensitive strategies that advance health, well-being, and sustainability for people, places, and planet.



Advance a Shared Ethos of Stewardship for Planet, Places, People

To support HEIs in the implementation of the Okanagan Charter (1), the actions identified below offer practical, high-level guidance on how to advance the implementation of the global HPCs agenda* (Figure 2). They are not prescriptive but serve to empower and can be adapted based on local context and resource availability (Table 1). To this end HPCs are encouraged to:

- What:** Align governance, planning, education, research, and partnerships, with a commitment to equity, inclusion, and solidarity, intergenerational responsibility, gender equality, planetary health (3), and One Health (22) agendas.
- Why:** HPCs' missions should be guided and informed by ethical leadership, the United Nation's Sustainable Development Goals (2), and WHO's Global Framework on Well-being (11).
- How:** Assess your HEI's readiness and level of commitment to advance a shared HPC ethos. Make these values and priorities foundational in curriculum, infrastructure, strategic vision, and inter-agency partnership working. Include health equity and sustainable development in education and curriculum to help students build agency to apply these principles in their personal and/or professional lives.



Adopt an Action-Oriented Approach to Health and Well-being

- What:** Develop and implement an action-focused, inclusive, and accessible approach to promoting the well-being of planet, places, and people (12) in all working modalities including physical and virtual. This approach should be embedded across all areas of HEIs including teaching, learning, research, knowledge exchange, operations, campus development, strategies, and service provision.
- Why:** HEIs with action-focused approaches that are informed by evidence and systems thinking are more likely to succeed in embedding health and well-being into all aspects of campus life and achieving meaningful impacts.
- How:** Conduct salutogenic systems analysis, apply implementation science*, employ participatory methods*, and seek to continuously improve, guided by the priority actions of the Ottawa Charter* (6).



Localise the Framework with Agility and Responsiveness

What: Translate the global Framework into a tailored, locally owned action plan. The HPCs agenda can be strengthened when leaders within HEIs seek to ensure that it is integrated into national education, social security, and other relevant policy frameworks.

Why: HEIs have unique assets, barriers, and cultural nuances that should be considered when implementing the Framework to ensure its success.

How: Use participatory processes to develop context-specific goals and continuously monitor progress meaningfully. Provide guidance on how to implement in contexts with access to varying levels of resources. Encourage national education and health systems to support HEIs' transformation. Apply learnings from other countries, e.g., adapt and adopt models like the 5Cs Framework* used by the Higher Education Authority of Ireland (13).



Strive for Collaborative Leadership and Shared Responsibility

What: Secure high-level executive leadership for the HPCs. Identify and establish leadership opportunities distributed across cohorts of students, employees, and communities. Ensure leadership is inclusive of diverse social identities, backgrounds, and disciplines*, including those not traditionally associated with health promotion.

Why: Values-driven, collaborative leadership accelerates cultural change. Health and well-being require a collective effort, with every individual and organisational unit playing its role to be change-agents for health promotion.

How: Identify allies, strive for champions at all levels, including senior level for collaborative leadership commitment. Implement development programmes, mentorship schemes, and recognition mechanisms. Model ethical, inclusive decision-making. Embed leadership of HPCs within multiple roles and job descriptions.



Integrate Health, Well-being, and Sustainability considerations in all Policies

- What:** HEIs' policies provide the framework through which their organisational, curriculum, programme and environmental initiatives are financed, developed, implemented, and evaluated.
- Why:** HEIs should take a whole-campus approach in integrating health, well-being, and sustainability in their functions and embedding them in their beliefs, goals, structures, events (53), education, processes, and practices. A "health in all policies" (14) approach is crucial to HEIs' transformation and to achieving intersectoral impact.
- How:** Audit HEIs' existing policies, procedures, rules, and guidelines to explicitly address health, well-being, sustainability, equity, and inclusion, to assess and improve their alignment with the HPCs agenda. For example, apply the Policies, Opportunities, Initiatives and Notable Topics Audit Tool (15). Use this review of your local policies, procedures, rules, and guidelines to support health, well-being, and sustainability across teaching, learning, research, leadership, operations, organisations of work, cultural life, campus development, strategies, and services. Ensure it is integrated in a resource stratified manner, for students, employees, and communities. Once aligned, seek to translate these policies into practice by embedding health, well-being, and sustainability goals into HEI's planning, decision-making, and accountability processes. Establish mechanisms (e.g., dedicated taskforces or working groups) to oversee policy implementation and foster collaboration across disciplines and units. Ensure policies are resourced appropriately, phased for feasibility, and evaluated regularly to assess progress. Build capacity through training and interdisciplinary education and integrate contingency planning to avoid education disruption, to ensure policies remain responsive to emerging health and sustainability challenges, and work to prevent threats to the health of planet, places, and people.





Engage and Collaborate with Campus Communities to Foster a Culture of Health and Well-being Physically and Virtually

What: Promote a relationship-rich culture amongst students, employees, and communities. Enable shared learning, foster collaboration, and nurture innovation through engagement with broader networks relevant to HPCs.

Why: Cultural transformation and innovation in health promotion is strengthened through a whole-campus approach. Inclusion, visibility, honest voices, safer spaces, and collaborative learning all contribute to cultural change. Active involvement in the HPCs networks amplifies effectiveness, fosters shared responsibility, and drives sustained social change in HEIs. Higher education increasingly operates in physical and/or virtual, and globally dispersed environments. Action is needed to take account of these shifts, anticipate risks, and optimise opportunities.

How: Work collaboratively across services, faculties, and departments to co-create sustainable and inclusive living, learning, and working spaces in both physical and virtual environments of HEIs. This includes empowering students to participate in HPCs efforts through leadership, advocacy, and representation in cross-institutional partnerships. Implement awareness campaigns, training programmes, leadership opportunities, and wider cross-cutting initiatives that elevate diverse narratives and promote well-being. Facilitate the active participation of students, employees, and communities in institutional, local, regional, national, and global HPCs networks and communities of practice. Build alliances within the institution and with other HEIs to build mutual benefit, collective action, and shared progress in health promotion.

Support peer-learning exchanges and communities of practice across higher education and health systems using digital and asynchronous platforms. Design inclusive digital strategies, strengthen digital (health) literacy, foster online care communities, and integrate with online learning management systems. Consider how best to realise the potential of artificial intelligence (AI) for promoting the health and well-being of students, employees, and communities while also adequately managing its risks including threats to liberty, privacy, peace, safety, work, and livelihoods (16).



Develop and Strengthen Partnerships for Health, Well-being, and Sustainability

What: Support existing and foster new change-focused partnerships with organisations. Apply knowledge and learning for the co-benefit of students, employees, and communities. Identify the key external policy levers available; *globally* (e.g., WHO, UNESCO, and other United Nations bodies), *nationally* (e.g., government departments) and *locally* (e.g., local government, health services, non-governmental organisations). Combine these external policy levers with funding mechanisms, and collaborative networks to strengthen capacity, broaden impact, and advocate for adequate resources to advance the HPCs agenda inside and outside HEIs.

Why: Harness your HEI's wisdom and influence, accumulated through research and learning, to advocate for human and planetary health. HEIs have a civic responsibility to be active partners and good corporate citizens in the places in which they are located and the world at large. They can make a significant contribution to the pursuit of well-being of local to global communities. The achievement of lasting impact by HPCs requires sustained efforts to align HEIs actions with relevant local, national, and international policies, and social movements*. Structural transformation is most effective when HEIs actively engage with external stakeholders to address the wider determinants of health, amplify advocacy efforts, and build environments, societies, and economies that support collective well-being beyond campus boundaries.

How: Connect cross-sectoral* approaches to lever meaningful change and create an ecosystem for settings-based initiatives like HPCs. For example, in Ireland a partnership between two Government Departments 'Health' and 'Further and Higher Education' led to the development of a national framework for a whole-campus approach to health and well-being with implementation by HEIs overseen by the state regulator for higher education (13). Participate in, and co-lead local partnerships including Healthy Cities* (17) and Municipality programmes. Support and nurture community-led initiatives. Empower communities to be agents of their own health and change, particularly those who are structurally disadvantaged, through advocacy, self-determination, and celebration of diversity. Align HEI's goals with national and global frameworks for health, well-being, and sustainability. Encourage participation by students, employees, and communities.



Mobilise and Empower Students to be Active Local and Global Citizens, Future Decision-Makers, and Change-Agents

What: Develop a critical and values-based understanding in students so that they are enabled to inspire, advocate, and mediate for human and planetary health. Develop students' critical appraisal, decision-making, negotiation, leadership, advocacy, and other relevant skills.

Why: Through a focus on developing core graduate attributes, HEIs have a long-standing commitment to developing students as engaged and competent local and global citizens. The impact of HPCs lies not only in securing and improving the health of students during their time at HEIs, but in enabling them to promote health, well-being, and sustainability outside the campus and beyond the time they spend at HEIs.

How: Identify and foster opportunities to build relevant knowledge, values, skills, and competencies across disciplines, curricula, campus culture, the physical environment, and the broader student experience. Mobilise the student voice as a powerful catalyst for change, recognising students not only as beneficiaries but as active agents in shaping healthy, sustainable, and more equitable systems and societies (e.g., through student engagement and activism in local partnerships and social movements).





Strengthen and Embed Research, Evidence, and Innovation for Health Promotion

What: Encourage inter- and transdisciplinary research that values lived experiences and evaluates the effectiveness of complex, systemic interventions. HEIs should create participatory, supportive work structures, and embed lived experience in all elements of design to support health. Efforts should also focus on utilising and analysing existing data, use evidence informed actions, and monitoring progress.

Why: Advancing health promotion requires inclusive, evidence-based research, and innovation enabling achievement of our goals and needs for human and planetary health.

How: Fund the management, coordination, and conduct of community-engaged research, elevate student and employee-led inquiry, and prioritise knowledge translation. Develop and implement evidence-based campaigns to counter disinformation* and build trust around public health and sustainability topics. Request time for conducting this research, evaluate and document progress and outcome changes achieved. Many tools have been developed to document progress (e.g., Association of Southeast Asian Nations (ASEAN) Healthy University Rating System (18), Irish Healthy Campus Self-Evaluation Tool (19), UK Healthy Universities Network Self-Review Tool (20), University of British Columbia Activate Well-being Toolkit (21)).



Celebrate Progress and Recognise Contribution

What: An invitation to establish platforms (institutional, regional, national, global) to highlight leadership, case studies, and achievements. Continue to build on previous successes. Coordinate, elevate, and celebrate contributions.

Why: Recognition nurtures ongoing commitment and supports innovation and momentum. Acknowledgement of activity emboldens HEIs to move from intention to implementation. Catalysing a global, inclusive, and dynamic movement for health, well-being, equity, and sustainability.

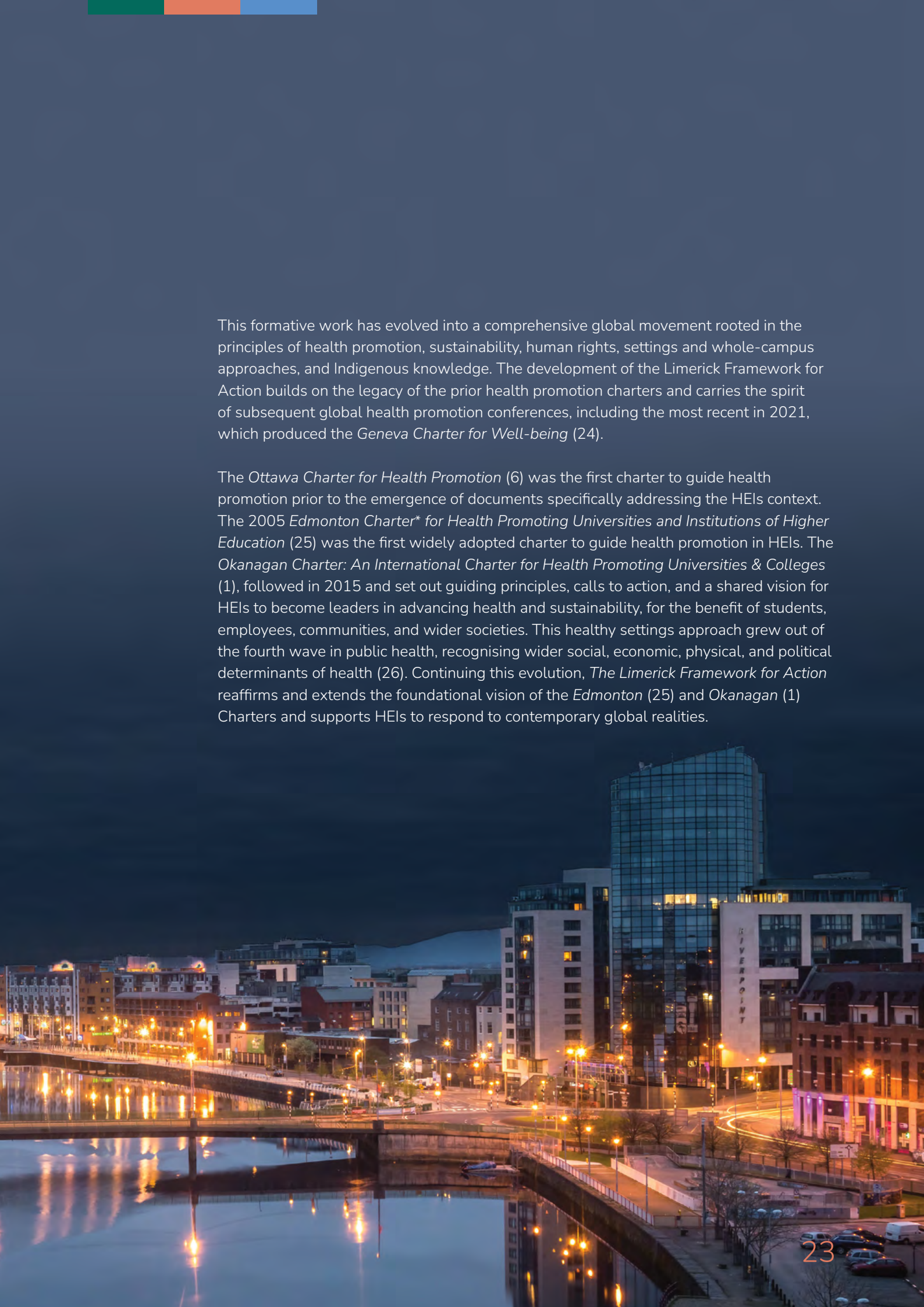
How: Incorporate ongoing evaluation data to share process and outcome findings. The local, regional, national, and global HPC networks may create awards, publish impact stories, host annual reflection forums, produce progress reports and disseminate using digital platforms for interaction.

Table 1. Summary of Actions

No.	Action	
01	Ethos	Advance a Shared Ethos of Stewardship for Planet, Places, People.
02	Act	Adopt an Action-Oriented Approach to Health and Well-being.
03	Localise	Localise the Framework with Agility and Responsiveness.
04	Leadership	Strive for Collaborative Leadership and Shared Responsibility.
05	Policies	Integrate Health, Well-being, and Sustainability Considerations in all Policies.
06	Culture	Engage and Collaborate with Campus Communities to Foster a Culture of Health and Well-being Physically and Virtually.
07	Partnership	Develop and Strengthen Partnerships for Health, Well-being, and Sustainability.
08	Students	Mobilise and Empower Students to be Active Local and Global Citizens, Future Decision-makers, and Change-Agents.
09	Research	Strengthen and Embed Research, Evidence, and Innovation for Health Promotion.
10	Celebrate	Celebrate Progress and Recognise Contribution.

Journey to Limerick

The HPCs movement originated in the mid-1990s, building on the seminal 1986 *Ottawa Charter for Health Promotion* (6). Pioneered by Lancaster University and University of Central Lancashire in the UK, the first guidance was developed in collaboration with the WHO Regional Office for Europe (23).



This formative work has evolved into a comprehensive global movement rooted in the principles of health promotion, sustainability, human rights, settings and whole-campus approaches, and Indigenous knowledge. The development of the Limerick Framework for Action builds on the legacy of the prior health promotion charters and carries the spirit of subsequent global health promotion conferences, including the most recent in 2021, which produced the *Geneva Charter for Well-being* (24).

The *Ottawa Charter for Health Promotion* (6) was the first charter to guide health promotion prior to the emergence of documents specifically addressing the HEIs context. The 2005 *Edmonton Charter* for Health Promoting Universities and Institutions of Higher Education* (25) was the first widely adopted charter to guide health promotion in HEIs. The *Okanagan Charter: An International Charter for Health Promoting Universities & Colleges* (1), followed in 2015 and set out guiding principles, calls to action, and a shared vision for HEIs to become leaders in advancing health and sustainability, for the benefit of students, employees, communities, and wider societies. This healthy settings approach grew out of the fourth wave in public health, recognising wider social, economic, physical, and political determinants of health (26). Continuing this evolution, *The Limerick Framework for Action* reaffirms and extends the foundational vision of the *Edmonton* (25) and *Okanagan* (1) Charters and supports HEIs to respond to contemporary global realities.



The HPCs Network

The first HPCs Network was established in 1995 in Germany by the Lower Saxony Association for Health and the Lower Saxony Association for Research in Health Sciences.

In the 2000s, numerous national and international networks were created in countries such as the United Kingdom, Switzerland, and the Ibero-American network (RIUPS), which facilitated collaboration across Spain, Portugal, and Latin America. Since then, the ASEAN network with ten member nations, alongside national efforts in Australia, Canada, China, Ireland, New Zealand, and the United States have flourished^d. In 2016, the International Health Promoting Universities and Colleges Network was established to foster collaboration across networks and inspire coordinated global action. Today, the HPCs movement encompasses hundreds of HEIs across approximately 40 countries on all regularly inhabited continents. The movement regularly convenes around international conferences to share knowledge and mobilise action including the **2025 International Health Promoting Campuses Conference**, which brought together global leaders, researchers, and practitioners to advance the field.

^d **Note.** Further information on each network can be found on the [International Health Promoting Campuses Network Website](#).

Limerick Framework for Action

Developed following a collective process of global consultation, research and shared learning, the Limerick Framework for Action identifies actions to implement across the whole-campus community, serving as a guide to integrate health, well-being, and sustainability related actions into the fabric of HEIs worldwide. It advances the HPCs agenda in several ways:

Evolving action to address contemporary needs:

The *Okanagan Charter* (1) emphasised embedding health into all aspects of campus life and the role of HEIs in leading health promotion action and collaboration. The *Limerick Framework for Action* provides **ten actions** to advance implementation of these two overarching calls to action in a global context that has changed dramatically in the past decade.

Global-local synergy:

The *Okanagan Charter* (1) advocated for local and global collaboration which resulted in the establishment of the IHPCN in 2016. The *Limerick Framework for Action* emphasises leveraging this network, encouraging collaborative effort for collective impact locally, regionally, nationally, and globally.

Deeper focus on planetary health and climate action:

While sustainability was central to the *Okanagan Charter* (1), the *Limerick Framework for Action* intensifies this by framing health within the **climate crisis and planetary boundaries**, calling for shared responsibility for the environment among current and future generations.

The *Limerick Framework for Action* recognises the importance of **intersectionality, anti-discrimination, Indigenous knowledge, and accessibility for all**, aligning with global movements for social justice and HEIs reform. It highlights the significance of participatory governance and leadership in achieving our vision and ambitions for HPCs.

The voice of students, employees, and communities are now **central to decision-making and co-creation** processes. Leadership is reframed as collaborative, ethical, and driven by guiding principles. Recognising the foundational work of the *Okanagan Charter* (1) to change hearts and minds, the *Limerick Framework for Action* calls for **data-informed decision-making, institutional transparency, and iterative evaluation** to ensure progress and impact are recognised and recorded.

The Development of the Limerick Framework for Action



Background:

The 2025 IHPC conference marks 10 years since the development of the *Okanagan Charter* (1), 20 years since the *Edmonton Charter* (25), and nearly 40 years since the *Ottawa Charter* (6). Over the last decade, the landscape of higher education has undergone significant transformations in response to global health-related challenges and technological advancements.

Aim:

To ensure that recent and ongoing transformations and advancements were appropriately reflected in the guidance available to HEIs, the aim of this work was to advance the HPCs movement through a globally co-created and evidence-informed process.

Methods:

The process began with the IHPCN convening a committee alongside the 2025 International Health Promoting Campuses conference. Firstly, an international survey capturing perspectives from diverse stakeholders was conducted. This was followed by a series of semi-structured interviews and focus groups with global experts and student representatives to explore key themes in depth. The findings informed the initial drafting phase, led by a core writing team at the University of Limerick, in close collaboration with the committee. An iterative review process ensued, incorporating multiple rounds of feedback and revisions through broad consultations that took place prior to, during, and post the 2025 International Health Promoting Campuses conference.

Results:

Approximately 2000 open-text box suggestions from almost 500 survey respondents across 49 countries, in-depth consultations with 38 participants in interviews and focus groups and a conference delegation of over 400 individuals from 33 countries shaped the *Limerick Framework for Action*'s structure, language, and action-oriented focus. Notable themes included the need for implementation guidance, stronger accountability mechanisms, expanded attention to planetary health and equity, and inclusive leadership models. The resulting draft was refined to reflect these priorities while ensuring adaptability across varied HEIs. Feedback on the draft suggested framing the document identity as a framework that would offer structured and actionable guidance for implementation and act as a companion to the *Okanagan Charter* (1) and drive operationalisation.

Conclusion:

Following consultations, it was determined that a Framework for Action was necessary to advance the global HPCs agenda. This co-creation process demonstrates a rigorous, participatory approach to the development of such. The *Limerick Framework for Action* is not only grounded in current evidence and lived experience but is also positioned for global relevance and local adaptability.

Acknowledgements

The Limerick Framework for Action is the result of participatory research and consultation with global experts, higher education institutions, and their employees and students, as part of the 2025 International Health Promoting Campuses Conference, held at the University of Limerick (UL) in Ireland in June 2025.

It reflects the collective insight and experience of the Framework development team including International Health Promoting Campuses Network (IHPCN), the international working group, the Healthy UL team, and stakeholders from around the world.

The development and drafting of the Limerick Framework for Action was led by the University of Limerick on behalf of IHPCN, under the guidance of an international working group. We gratefully acknowledge the contributions of almost 500 survey respondents from 45 countries, 38 interview and focus group participants, and over 400 delegates during the 2025 International Health Promoting Campuses conference and additional contributors that participated remotely. This work was supported by funding from the Higher Education Authority (HEA), Department of Health, Ireland, and the University of Limerick.

Framework development team

Name	Role and Affiliation
Ms. Kathleen McNally	Working group and core writing team member University of Limerick
Ms. Aoife Noonan	Working group and core writing team member University of Limerick
Dr. Catherine Norton	Working group, core writing team member and Chair of 2025 International Health Promoting Campuses Conference University of Limerick
Prof. Audrey Tierney	Working group and core writing team member University of Limerick
Prof. Catherine Woods	Chair of the working group and core writing team member University of Limerick
Ms. Sarah Kennedy	Core writing team member University of Limerick
Ms. Caroline Mahon	Core writing team member Higher Education Authority, Ireland
Ms. Biddy O' Neill	Core writing team member Department of Health, Ireland
Ms. Kristen Venianakis	Core writing team member Higher Education Authority, Ireland
Dr. Faten Ben Abdelaziz	Working group member World Health Organization (WHO) is Health Promotion Technical Lead, WHO-HQ
Prof. Catherine Darker	Working group member Trinity College Dublin
Ms. Melissa Feddersen	Working group member University of British Columbia's Okanagan Campus
Dr. Xavier Hospital	Working group member United Nations Educational, Scientific, and Cultural Organization
Ms. Trinette Lee	Working group member World Health Organization
Dr. Vicki Squires	Working group member University of Saskatchewan
Dr. Patricia Taylor	Working group member Deakin University, Institute for Health Transformation
Dr. Hazel Wright	Working group member Teesside University
Dr. Matt Dolf	Working group member and developmental oversight Co-chair of the International Health Promoting Campuses Network University of British Columbia
Prof. Mark Dooris	Developmental oversight Expert Adviser to and Former Chair of the International Health Promoting Campuses Network University of Lancashire
Dr. Rebecca Kennedy	Developmental oversight Co-chair of the International Health Promoting Campuses Network University of Alabama at Birmingham

We also sincerely thank the leaders of national and regional Health Promoting Campuses networks worldwide for sharing draft materials, disseminating surveys and feedback sheets, facilitating discussions within their networks, and providing valuable feedback throughout the development process.

HEA

An tÚdarás um Ard-Oideachas
The Higher Education Authority

IHPCN

INTERNATIONAL
HEALTH PROMOTING
CAMPUSES NETWORK



Healthy UL



Reference List

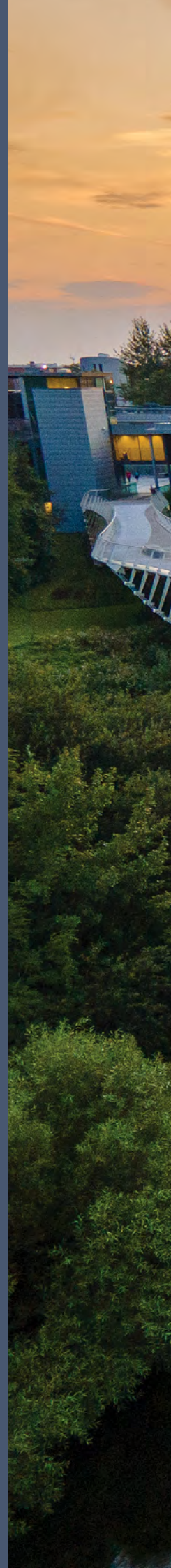
1. Okanagan Charter: An international charter for health promoting universities & colleges [Internet]. 2015 [cited 2025 Apr 2]. Available from: <https://open.library.ubc.ca/cIRcle/collections/53926/items/1.0132754>
2. United Nations. United Nations: Department of Economic and Social Affairs. 2015 [cited 2025 Jun 30]. THE 17 GOALS | Sustainable Development. Available from: <https://sdgs.un.org/goals>
3. Whitmee S, Haines A, Beyrer C, Boltz F, Capon AG, Dias BF de S, et al. Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–Lancet Commission on planetary health. *The Lancet*. 2015 Nov 14;386(10007):1973–2028.
4. Winkler AS, Brux CM, Carabin H, Neves CG das, Häsler B, Zinsstag J, et al. The Lancet One Health Commission: harnessing our interconnectedness for equitable, sustainable, and healthy socioecological systems. *The Lancet*. 2025 Jul 16;406(10502):501–70.
5. Food and Agriculture Organisation of the United Nations, United Nations Environment Programme, World Health Organisation, World Health Organisation for Animal Health. One health joint plan of action (2022–2026): working together for the health of humans, animals, plants and the environment [Internet]. Rome; 2022 [cited 2025 Sep 4]. Available from: <https://www.who.int/publications/i/item/9789240059139>
6. World Health Organisation. Ottawa Charter for Health Promotion. *Health Promot Int*. 1986 Jan 1;1(4):405.
7. Jones E, Priestley M, Brewster L, Wilbraham SJ, Hughes G, Spanner L. Student wellbeing and assessment in higher education: the balancing act. *Assess Eval High Educ*. 2021 Apr 3;46(3):438–50.
8. Priestly M, Hall A, Wilbraham SJ, Mistry V, Hughes G, Spanner L. Student perceptions and proposals for promoting wellbeing through social relationships at university. *J Furth High Educ*. 2022;46(9):1243–56.
9. Eriksson M. The Sense of Coherence in the Salutogenic Model of Health. In: Mittelmark MB, Sagy S, Eriksson M, Bauer GF, Pelikan JM, Lindström B, et al., editors. *The Handbook of Salutogenesis* [Internet]. Cham: Springer International Publishing; 2017 [cited 2025 Aug 27]. p. 91–6. Available from: https://doi.org/10.1007/978-3-319-04600-6_11
10. Abdelaziz FB, Krech R, Valentine N, Al Rand HA, Koivisto T, Pultharsi W, et al. Advancing the Geneva Charter for well-being—Practical strategies for change. *Health Promot J Austr*. 2024;35(1):3–6.

11. World Health Organisation. Achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach [Internet]. World Health Organisation; 2023 [cited 2025 Aug 26]. Available from: <https://iris.who.int/handle/10665/376200>
12. World Health Organisation. Well-being and Health Promotion [Internet]. World Health Organisation; 2023 [cited 2025 Jul 6] p. 1–5. (Executive Board, 154th Session, Provisional agenda item 21). Available from: https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_23-en.pdf
13. Higher Education Authority. Healthy Campus Charter and Framework Ireland: Supporting Health and Wellbeing [Internet]. Government of Ireland; 2022. Available from: <https://hea.ie/assets/uploads/2023/03/Healthy-Campus-Charter-and-Framework.pdf>
14. World Health Organisation, Finland Ministry of Social Affairs and Health. Health in all policies: Helsinki statement. Framework for country action [Internet]. World Health Organisation; 2014 [cited 2025 Sep 12]. Available from: <https://iris.who.int/handle/10665/112636>
15. Horacek TM, Simon M, Dede Yildirim E, White AA, Shelnut KP, Riggsbee K, et al. Development and Validation of the Policies, Opportunities, Initiatives and Notable Topics (POINTS) Audit for Campuses and Worksites. *Int J Environ Res Public Health*. 2019 Jan;16(5):778.
16. Federspiel F, Mitchell R, Asokan A, Umana C, McCoy D. Threats by artificial intelligence to human health and human existence. *BMJ Glob Health* [Internet]. 2023 May 9 [cited 2025 Aug 26];8(5). Available from: <https://gh.bmj.com/content/8/5/e010435>
17. World Health Organisation. Healthy cities effective approach to a rapidly changing world [Internet]. World Health Organization; 2020 [cited 2025 Sep 15]. Available from: <https://iris.who.int/handle/10665/331946>
18. Asean University Network-Health Promotion Network. Healthy University Rating System (HURS) [Internet]. Mahidol University; 2024. Available from: [https://aihd.mahidol.ac.th/aunhpn-aihdforum/pdf/Healthy%20University%20Rating%20System%20\(HURS\).pdf](https://aihd.mahidol.ac.th/aunhpn-aihdforum/pdf/Healthy%20University%20Rating%20System%20(HURS).pdf)
19. Higher Education Authority Ireland. Higher Education Authority. 2024 [cited 2025 May 15]. Healthy Campus Self-Evaluation Tool. Available from: <https://hea.ie/policy/health-and-wellbeing-landing-page/healthy-campus-landing-page/healthy-campus-self-evaluation-tool/>

20. UK Healthy Universities Network. UK Healthy Universities Self-Review Tool. 2012.
21. University of British Columbia. Activate Wellbeing Toolkit. 2023.
22. Gibbs EPJ. The evolution of One Health: a decade of progress and challenges for the future. *Vet Rec.* 2014;174(4):85–91.
23. Tsouros AD, Dowding G, Thompson J, Dooris M. Health promoting universities: concept, experience and framework for action [Internet]. Copenhagen: World Health Organisation. Regional Office for Europe; 1998 [cited 2025 Aug 28]. Available from: <https://iris.who.int/handle/10665/108095>
24. World Health Organisation. The Geneva Charter for Well-being [Internet]. World Health Organisation; 2021 [cited 2025 May 26]. Available from: <https://www.who.int/publications/m/item/the-geneva-charter-for-well-being>
25. The Edmonton Charter for Health Promoting Universities and Institutions of Higher Education. 2005.
26. Hanlon P, Carlisle S, Hannah M, Reilly D, Lyon A. Making the case for a ‘fifth wave’ in public Health. *Public Health.* 2011 Jan 1;125(1):30–6.
27. World Health Organisation. Health Promotion Glossary of Terms 2021 [Internet]. Geneva: World Health Organisation; 2021 [cited 2025 May 26]. Available from: <https://www.who.int/publications/i/item/9789240038349>
28. World Health Organisation. WHO community engagement framework for quality, people-centred and resilient health services. Geneva: World Health Organisation; 2017.
29. Chandra A, Acosta JD, Carman KG, Dubowitz T, Leviton L, Martin LT, et al. Fostering Cross-Sector Collaboration to Improve Well-Being. In: Background, Action Framework, Measures, and Next Steps [Internet]. RAND Corporation; 2016 [cited 2025 Apr 2]. p. 62–81. Available from: <https://www.jstor.org/stable/10.7249/j.ctt1b67wjh.14>
30. Starkey L, Yates A, de Roiste M, Lundqvist K, Ormond A, Randal J, et al. Each discipline is different: teacher capabilities for future-focused digitally infused undergraduate programmes. *Educ Technol Res Dev.* 2023;71(1):117–36.
31. Biglan A. The characteristics of subject matter in different academic areas. *J Appl Psychol.* 1973;57(3):195–203.
32. Posetti J, Ireton C, Wardle C, Derakhshan H, Matthews A, Abu-Fadil M, et al. Journalism, “Fake News” and Disinformation: A Handbook for Journalism Education and Training [Internet]. Ireton C, Posetti J, editors. France: UNESCO; 2018 [cited 2025 May 26]. Available from: <https://webarchive.unesco.org/web/20230926213448/https://en.unesco.org/fightfakenews>

33. Bohak Adam T, Metljak M. Experiences in distance education and practical use of ICT during the COVID-19 epidemic of Slovenian primary school music teachers with different professional experiences. *Soc Sci Humanit Open*. 2022 Jan 1;5(1):100246.
34. Wu C t., Morris JR. Genes, Genetics, and Epigenetics: A Correspondence. *Science*. 2001 Aug 10;293(5532):1103–5.
35. World Health Organisation. The Bangkok Charter for Health Promotion in a Globalised World [Internet]. 2005 [cited 2025 Jun 10]. Available from: <https://www.who.int/teams/health-promotion/enhanced-wellbeing/sixth-global-conference/the-bangkok-charter>
36. Tsouros AD. Health Promoting Universities: concept and strategy. In: Sonntag U, Gräser S, Stock C, Krämer A, editors. *Gesundheitsfördernde Hochschulen: Konzepte, Strategien und Praxisbeispiele*. Weinheim: Juventa-Verlag; 2000. p. 15–24.
37. Mitchell SA, Chambers DA. Leveraging Implementation Science to Improve Cancer Care Delivery and Patient Outcomes. *J Oncol Pract*. 2017 Aug;13(8):523–9.
38. Afonso H, LaFleur M, Alarcón D. Concepts of Inequality. Development Strategy and Policy Analysis Unit in the Development Policy and Analysis Division of United Nations/Department of Economic and Social Affairs; 2015. (Development Issues No.1).
39. Sustainability Directory. Intergenerational Health, Definition [Internet]. 2024 [cited 2025 Aug 25]. Available from: https://sustainability-directory.com/area/intergenerational-health/?lean_cache_revalidate=true&lean_cache_lock_path=%2Fhome%2Fflorneck%2Fwww%2Fwp-content%2Fcache%2Flean-cache%2F9a5dd48d7011f3d08c83e98249c54b04.html.gz.lock
40. Asselt MBA van, Mellors J, Rijkens-Klomp N, Greeuw SCH, Molendijk KGP, Beers PJ, et al. Building Blocks for Participation in Integrated Assessment: A Review of Participatory Methods. Maastricht, The Netherlands: International Centre for Integrative Studies (ICIS); 2001. (101-E003).
41. Antonovsky A. The salutogenic model as a theory to guide health promotion. *Health Promot Int*. 1996 Mar 1;11(1):11–8.
42. Roundtable on Population Health Improvement, Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities, Board on Population Health and Public Health Practice, Institute of Medicine. Lessons from Social Movements. In: *Supporting a Movement for Health and Health Equity: Lessons from Social Movements: Workshop Summary* [Internet]. Washington DC: National Academies Press (US); 2014 [cited 2025 May 26]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK268722/>
43. World Commission on Environment and Development. *Our common future*. Oxford University Press; 1987.

44. World Health Organisation. A Global Health Strategy for 2025-2028 advancing equity and resilience in a turbulent world: Fourteenth General Programme of Work. Geneva: World Health Organisation; 2025.
45. United Nations Educational, Scientific and Cultural Organisation. AI and education: guidance for policy-makers [Internet]. Paris: United Nations Educational, Scientific and Cultural Organisation; 2021 [cited 2025 May 23]. 1–50 p. Available from: <https://unesdoc.unesco.org/ark:/48223/pf0000376709>
46. Wilbraham S, Jones E, Priestley M, Simpson J. Staff wellbeing and the impact of remote and hybrid working [Internet]. Vol. HBW008. UK Parliament; 2025 May [cited 2025 Jul 7] p. 1–19. Available from: <https://committees.parliament.uk/committee/771/homebased-working-committee/publications/written-evidence/?page=2>
47. World Health Organisation. Global Strategy on Digital Health 2020-2025. Geneva: World Health Organisation; 2021.
48. Liu Q, Lin D. The impact of distance education on the socialization of college students in the Covid-19 era: problems in communication and impact on mental health. BMC Med Educ. 2024 May 24;24:575.
49. Wilbraham SJ, Jones E, Brewster L, Priestley M, Broglia E, Hughes G, et al. Inclusion or Isolation? Differential Student Experiences of Independent Learning and Wellbeing in Higher Education. Educ Sci. 2024 Mar;14(3):285.
50. World Health Organisation. Commercial determinants of health [Internet]. 2023 [cited 2025 Apr 2]. Available from: <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health>
51. Jamieson KH. Crisis or self-correction: Rethinking media narratives about the well-being of science. Proc Natl Acad Sci U S A. 2018 Mar 13;115(11):2620–7.
52. United Nations. Shaping our Future: Shifting Demographics [Internet]. United Nations; n.d. [cited 2025 May 23]. Available from: <https://www.un.org/en/un75/shifting-demographics>
53. Nobles JD, Radley D, Mytton OT. The Action Scales Model: A conceptual tool to identify key points for action within complex adaptive systems. Perspect Public Health. 2022 Nov 1;142(6):328–37.
54. Hill R, Adem Ç, Alangui WV, Molnár Z, Aumeeruddy-Thomas Y, Bridgewater P, et al. Working with Indigenous, local and scientific knowledge in assessments of nature and nature's linkages with people. Current Opinion in Environmental Sustainability. 2020 Apr 1;43:8–20.
55. Dooris M. Healthy settings: challenges to generating evidence of effectiveness. Health Promotion International. 2006 Mar 1;21(1):55–65.





Annex 1

Glossary of Terms

Note. Definitions of these terms vary widely across disciplines and in their application on campus settings, and largely ignore the knowledge held by Indigenous Peoples for millennia.

Table 1.

A Shared Language for Health Promoting Campuses: The Limerick Framework for Action Glossary of Terms

Term	Definition	Source
5Cs Framework	The Higher Education Healthy Campus Ireland outlines their framework for a Healthy Campus Process (13) using 5Cs; (1) Commit, (2) Co-ordinate, (3) Consult, (4) Create, (5) Celebrate and Continue.	Higher Education Authority (2022) 'Healthy Campus Charter and Framework Ireland: Supporting Health and Well-being'. Government of Ireland https://hea.ie/assets/uploads/2023/03/Healthy-Campus-Charter-and-Framework.pdf .
Agenda	In the context of this document, the term 'agenda' implies the overarching strategic direction and shared ambitions of the global health promoting campuses movement.	
Campus	Central place where students, employees, and communities come together. It includes both physical buildings of a higher education institution and the land that surrounds them and virtual space.	
Commercial determinants of health	Activities of the private sector – including strategies and approaches used to promote products and choices that affect the health of populations (27).	World Health Organisation (2021) <i>Health Promotion Glossary of Terms 2021</i> . Geneva: World Health Organisation. Available at: https://www.who.int/publications/i/item/9789240038349 (Accessed: 26 May 2025).
Community engagement	A process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes (28)	World Health Organisation (2017) <i>WHO community engagement framework for quality, people-centred and resilient health services</i> . Geneva: World Health Organisation.

Term	Definition	Source
Cross-sectoral	Cross-sectoral collaboration to improve health and well-being is to optimize the contributions of multiple sectors by linking more traditionally health-focused sectors (e.g., public health, health care, social services) with sectors whose contributions to health and well-being have come into focus more recently (e.g. education) (29).	Chandra, A. et al. (2016) 'Fostering Cross-Sector Collaboration to Improve Well-Being', in <i>Background, Action Framework, Measures, and Next Steps</i> . RAND Corporation, pp. 62–81. Available at: https://www.jstor.org/stable/10.7249/j.ctt1b67wjh.14 (Accessed: 2 April 2025).
Determinants of health	The range of personal, social, economic, and environmental factors that determine the healthy life expectancy of individuals and populations (27).	World Health Organisation (2021) <i>Health Promotion Glossary of Terms 2021</i> . Geneva: World Health Organisation. Available at: https://www.who.int/publications/i/item/9789240038349 (Accessed: 26 May 2025).
Disciplines	Learning in higher education is typically discipline based (30). Higher education settings organise academic departments according to subject matter (31). Examples of disciplines in higher education include Arts, Humanities, Social Sciences, Business, Education, Health Sciences, Science and Engineering.	Starkey, L. et al. (2023) 'Each discipline is different: teacher capabilities for future-focussed digitally infused undergraduate programmes', <i>Educational Technology Research and Development</i> , 71(1), pp. 117–136. Available at: https://doi.org/10.1007/s11423-023-10196-2 . Biglan, A. (1973) 'The characteristics of subject matter in different academic areas', <i>Journal of Applied Psychology</i> , 57(3), pp. 195–203. Available at: https://doi.org/10.1037/h0034701 .
Disinformation	Deliberate (often orchestrated) attempts to confuse or manipulate people through delivering dishonest information to them (32).	Posetti, J. et al. (2018) <i>Journalism, 'Fake News' and Disinformation: A Handbook for Journalism Education and Training</i> . Edited by C. Ireton and J. Posetti. France: UNESCO. Available at: https://webarchive.unesco.org/web/20230926213448/https://en.unesco.org/fightfakenews (Accessed: 26 May 2025).

Term	Definition	Source
Distance learning	Also called distance education, e-learning, and online learning, is a form of education in which the main elements are the physical separation of teachers and students during instruction and the use of various technologies to facilitate effective communication between students and teachers and between students and students (33).	Bohak Adam, T. and Metljak, M. (2022) 'Experiences in distance education and practical use of ICT during the COVID-19 epidemic of Slovenian primary school music teachers with different professional experiences', <i>Social Sciences & Humanities Open</i> , 5(1), p. 100246. Available at: https://doi.org/10.1016/j.ssaho.2021.100246 .
Edmonton Charter	The Edmonton Charter was for Health Promoting Universities and Institutions of higher education. In October 2005, the University of Alberta in Edmonton, Alberta, Canada hosted the second international conference, where delegates were asked to participate in development of this Charter. The Charter provided goals, beliefs, principles, commitments etc. This was the first charter specific for health promotion in higher education settings (25).	The Edmonton Charter for health promotion universities and institutions of higher education (2006).
Epigenetics	The study of changes in gene function that are mitotically and/or meiotically heritable and that do not entail a change in DNA sequence (34).	Wu, C. and Morris, J.R. (2001) 'Genes, Genetics, and Epigenetics: A Correspondence', <i>Science</i> , 293(5532), pp. 1103–1105. Available at: https://doi.org/10.1126/science.293.5532.1103 .
Health	A state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity (27).	World Health Organisation (2021) <i>Health Promotion Glossary of Terms 2021</i> . Geneva: World Health Organisation. Available at: https://www.who.int/publications/i/item/9789240038349 (Accessed: 26 May 2025).
Health promotion	Health promotion is a process of enabling people to increase control over their health and it's determinants and thereby improve their health (35).	World Health Organisation (2005) 'The Bangkok Charter for Health Promotion in a Globalised World'. Available at: https://www.who.int/teams/health-promotion/enhanced-wellbeing/sixth-global-conference/the-bangkok-charter (Accessed: 10 June 2025).

Term	Definition	Source
Health promoting campuses	Higher education institutions that design their working, studying, and living conditions in such a way that they contribute to the well-being and health of all campus members and integrate health into their culture, processes, and structures (36).	Tsouros, A.D. (2000) 'Health Promoting Universities: concept and strategy.', in U. Sonntag et al. (eds) <i>Gesundheitsfördernde Hochschulen: Konzepte, Strategien und Praxisbeispiele</i> , Weinheim: Juventa-Verlag, pp. 15–24.
Healthy Cities	Healthy Cities is a values and partnership based political project and multi-level movement. It provides a platform and mechanism for engaging and working with local/municipal governments and communities on issues impacting health and well-being. Healthy Cities is considered as being well-positioned and recognised as an effective strategic vehicle for reaching out to local and municipal governments and local leaders and community stakeholders across multiple sectors (17).	World Health Organisation (2020) <i>Healthy cities effective approach to a rapidly changing world</i> . World Health Organization. Available at: https://iris.who.int/handle/10665/331946
Higher education institutions	Includes universities, colleges, institutes, post-secondary, and polytechnics.	
Implementation science	Focused on understanding and accelerating the integration of research findings and research-based innovations into everyday practice settings to improve health (37).	Mitchell, S.A. and Chambers, D.A. (2017) 'Leveraging Implementation Science to Improve Cancer Care Delivery and Patient Outcomes', <i>Journal of Oncology Practice</i> , 13(8), pp. 523–529. Available at: https://doi.org/10.1200/JOP.2017.024729 .

Term	Definition	Source
Indigenous	Indigenous peoples include communities, tribal groups and nations, who self-identify as indigenous to the territories they occupy, and whose organisation is based fully or partially on their own customs, traditions, and laws. Indigenous peoples have historical continuity with societies present at the time of conquest or colonisation by peoples with whom they now often share their territories. Indigenous peoples consider themselves distinct from other sectors of the societies now prevailing on all or part of their territories (54).	Hill, R. et al. (2020) 'Working with Indigenous, local and scientific knowledge in assessments of nature and nature's linkages with people', <i>Current Opinion in Environmental Sustainability</i> , 43, pp. 8–20. Available at: https://doi.org/10.1016/j.cosust.2019.12.006 .
Inequality	The state of not being equal, especially in status, rights, and opportunities (38).	Afonso, H., LaFleur, M. and Alarcón, D. (2015) <i>Concepts of Inequality</i> . Development Strategy and Policy Analysis Unit in the Development Policy and Analysis Division of United Nations/ Department of Economic and Social Affairs.
Intergenerational health	Intergenerational health quantifies the cumulative well-being of a population across successive generations, intrinsically linked to the sustained capacity of ecological and social systems to support life (39).	Sustainability Directory (2024) <i>Intergenerational Health, Definition</i> . Available at: https://sustainability-directory.com/area/intergenerational-health/?lean_cache_revalidate=true&lean_cache_lock_path=%2Fhome%2Fforneck%2Fwww%2Fwp-content%2Fcache%2Flean-cache%2F9a5dd48d7011f3d08c83e98249c54b04.html.gz.lock (Accessed: 25 August 2025).
Misinformation	Misinformation is generally used to refer to misleading information created or disseminated without manipulative or malicious intent (32).	Posetti, J. et al. (2018) <i>Journalism, 'Fake News' and Disinformation: A Handbook for Journalism Education and Training</i> . Edited by C. Ireton and J. Posetti. France: UNESCO. Available at: https://webarchive.unesco.org/web/20230926213448/https://en.unesco.org/fightfakenews (Accessed: 26 May 2025).

Term	Definition	Source
Okanagan Charter	An outcome of the 2015 International Conference on Health Promoting Universities and Colleges / VII International Congress, signals a challenge to universities and colleges to create healthier campuses and healthier communities. People from 45 countries drafted the Charter, an indication of a global desire to confront increasingly complex issues related to the health, well-being, and sustainability of people and the planet. The Okanagan Charter puts higher education at the forefront of this movement. The Okanagan Charter followed the Edmonton Charter as an international charter for health promoting universities and colleges (1).	<i>Okanagan Charter: An international charter for health promoting universities & colleges</i> (2015). Available at: https://open.library.ubc.ca/cIRcle/collections/53926/items/1.0132754 (Accessed: 2 April 2025).
One Health	One Health is an interdisciplinary, transdisciplinary, and multisectoral approach to addressing global health and sustainability challenges and to advancing equitable, sustainable, and healthy socioecological systems. The foundation of the One Health approach is the fundamental interconnectedness of humans, other animals (terrestrial, aquatic, domesticated, and wild), plants, other biological kingdoms (including fungi), and all other biotic and abiotic entities in the ecosystems that we are part of and share (including soil, water, air) (4).	Winkler, A.S. et al. (2025) 'The Lancet One Health Commission: harnessing our interconnectedness for equitable, sustainable, and healthy socioecological systems', <i>The Lancet</i> , 406(10502), pp. 501–570. Available at: https://doi.org/10.1016/S0140-6736(25)00627-0 .
Ottawa Charter	The Ottawa Charter for Health Promotion is an international consensus statement from the First WHO International Conference on Health Promotion, held in Ottawa, Canada, in November 1986 (6).	World Health Organisation (2021) <i>Health Promotion Glossary of Terms 2021</i> . Geneva: World Health Organisation. Available at: https://www.who.int/publications/i/item/9789240038349 (Accessed: 26 May 2025).

Term	Definition	Source
Participatory methods	Participatory methods are methods to structure group processes in which non-experts play an active role and articulate their knowledge, values, and preferences for different goals (40).	Asselt, M.B.A. van et al. (2001) <i>Building Blocks for Participation in Integrated Assessment: A Review of Participatory Methods</i> . Maastricht, The Netherlands: International Centre for Integrative Studies (ICIS) (101-E003).
Planetary health	The achievement of the highest attainable standard of health, well-being, and equity worldwide through judicious attention to the human systems—political, economic, and social—that shape the future of humanity and the Earth’s natural systems that define the safe environmental limits within which humanity can flourish (3).	Whitmee, S. et al. (2015) ‘Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–Lancet Commission on planetary health’, <i>The Lancet</i> , 386(10007), pp. 1973–2028. Available at: https://doi.org/10.1016/S0140-6736(15)60901-1 .
Salutogenic	A salutogenic orientation directs both research and action efforts to encompass all persons, wherever they are on the continuum, and to focus on salutary factors (41).	Antonovsky, A. (1996) ‘The salutogenic model as a theory to guide health promotion’, <i>Health Promotion International</i> , 11(1), pp. 11–18. Available at: https://doi.org/10.1093/heapro/11.1.11 .
Settings-based approach to health promotion	Settings are the place or social context where people engage in daily activities. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure. Action to promote health through different settings can take many different forms, often through some form of organizational development, including change to the physical environment, organisational structure, administration, and management (27).	World Health Organisation (2021) <i>Health Promotion Glossary of Terms 2021</i> . Geneva: World Health Organisation. Available at: https://www.who.int/publications/i/item/9789240038349 (Accessed: 26 May 2025).

Term	Definition	Source
Social movements	An organized effort to change laws, policies, or practices by people who do not have the power to effect change through conventional channels (42).	Institute of Medicine (2014) <i>Supporting a Movement for Health and Health Equity: Lessons from Social Movements: Workshop Summary</i> , in Supporting a Movement for Health and Health Equity: Lessons from Social Movements: Workshop Summary. Washington DC: National Academies Press (US). Available at: https://www.ncbi.nlm.nih.gov/books/NBK268722/ (Accessed: 26 May 2025).
Sustainability	Meeting the needs of the present without compromising the ability of future generations to meet their own needs (43).	World Commission on Environment and Development (1987) <i>Our common future</i> . Oxford University Press.
Sustainable development goals	The Sustainable Development Goals (SDGs) are a call for action by all countries – developed and developing – in a global partnership. They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests (27)	World Health Organisation (2021) <i>Health Promotion Glossary of Terms 2021</i> . Geneva: World Health Organisation. Available at: https://www.who.int/publications/i/item/9789240038349 (Accessed: 26 May 2025).
Well-being	Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic, and environmental conditions (27).	World Health Organisation (2021) <i>Health Promotion Glossary of Terms 2021</i> . Geneva: World Health Organisation. Available at: https://www.who.int/publications/i/item/9789240038349 (Accessed: 26 May 2025).
Whole-systems approach	A whole-systems approach means, highlighting the value of understanding the interrelationships, interactions, and synergies with regard to different groups of the higher education institution population, different components of the university system, and different 'health' issues (55).	Dooris, M. (2006) 'Healthy settings: challenges to generating evidence of effectiveness', <i>Health Promotion International</i> , 21(1), pp. 55–65. Available at: https://doi.org/10.1093/heapro/dai030 .



Annex 2

Rationale

Since the launch of the Okanagan Charter (1), the global context has shifted dramatically with significant impacts on global health and well-being (44). In this evolving context, HPCs within higher education play a vital role in creating supportive settings that influence the health and well-being of students, employees, and surrounding communities.

They are places for leading inquiry, learning, innovation, and social and cultural development through long-term thinking. HPCs, as part of a network when viewed as interconnected systems, can foster improved learning and working environments, employee and student retention, academic success, and broader societal benefits. These include economic gains, local development, and contributions to national and global health and well-being strategies.

Technological advances are transforming HEIs, expanding learning, teaching, and research (45) by facilitating a digital ecosystem. Digital spaces extend campus boundaries beyond physical walls. Remote and hybrid approaches make working more accessible by removing physical barriers and allowing asynchronous engagement, providing opportunities that can support the well-being of students and employees with disabilities, cognitive differences, and chronic health conditions (46). The flexible nature of online work can also support those with care responsibilities or other commitments (46). Technology can advance human development, boost productivity, and enhance access to information and services (44). Digital transformation of health care has potential to enhance health outcomes (47). AI offers powerful innovations in education however it can have social, environmental, and ethical implications (45). These advances also bring social and environmental consequences including gaps in access to technology, exacerbated inequalities, disinformation, exclusion, unemployment (44), high energy use, and waste. Students engaging in self-directed distance learning* may also face loneliness and low psychological well-being (48) and they may require support with social interaction, goal setting for tasks, and scaffolding of learning (49). Needs of employees should also be addressed, including the right to disconnect.

The **United Nation's Sustainable Development Goals** (2), published in 2015, have challenged HEIs to rethink their roles, positioning them as key drivers of societal transformation through education, research, operations, and community engagement*, aligned with global priorities.



Climate change (44), biodiversity loss, resource depletion, and other interconnected challenges presents existential threats to planetary and human health. HPCs have a responsibility to co-lead action for change. These threats have challenged HPCs to imminently rethink their roles, positioning them as key drivers of societal progress both within and beyond the higher education context.

Global inequality*, political polarisation, and misinformation* have undermined access to supportive environments for health and well-being and intensified health and education inequities (44). These factors challenge HPCs to consider their contributions to creating supportive environments and learning opportunities for all.

Social movements are progressing to promote, provide, and protect health and well-being for all people, everywhere (44). However, they also encounter challenges. HPCs need to navigate the complexities of social movements, and enable engagement of all in policy, with greater focus on health and well-being.

Commercial determinants of health (50) are reshaping higher education, prompting HPCs to reassess their relationships with entities by managing conflicts of interest. HPCs should leverage interests for health promoting and social and environmental change and centre well-being within decision making. HPCs have an opportunity to have a progressive curriculum that advances social enterprise and other forms of health promoting companies.

The undermining of, and public loss of confidence in, scientific knowledge (51) means that HPCs need to consider what makes evidence-informed approaches credible, and how they can be applied to inform their health promotion work and enable and monitor progress. This also highlights the need for HPCs to demonstrate progress in their health promotion work.

Shifting demographics are occurring, and HPCs should evolve to serve as a public resource that supports the needs and well-being of all types of changes in demographics among the population (52). Change is a universal constant- the transient nature and global growth of students undertaking higher education requires HPCs to continually develop, implement, and evaluate this work.



Learning from the coronavirus pandemic and the possibility of future diseases, HEIs can be a trusted partners coordinating with governments to conduct research, report essential data, and advise on evidence-informed actions to curb the spread locally. Amid global shifts, HEIs face increasing responsibility to promote the health, well-being, and resilience of their communities. Building on the *Edmonton* (25) and *Okanagan* (1) charters, which brought health promotion to the forefront of higher education and inspired global networks, there is a need for a coordinated framework for action to advance the global HPCs agenda to meet today's interconnected challenges. This global framework for action provides structured guidance for implementing health promotion in higher education, while remaining flexible to allow for local adaptation and context-specific application.

Now is the time

to build on achievements, align efforts, and scale up impact.

With global collaboration and local leadership, HPCs can drive transformative, measurable changes for the **planet, places, and people.**



Quick-Start Roadmap Checklist

Goal: Embed health, well-being, and sustainability across your campus.

Step 1: Assess Readiness

- ☐ Use self-evaluation tools (Irish Healthy Campus, ASEAN HURS or others).
- ☐ Identify gaps in policy, culture, and resources.

Step 2: Build Partnerships

- ☐ Form a cross-campus taskforce.
- ☐ Engage students, employees, and community stakeholders.

Step 3: Localise the Framework

- ☐ Adapt the 10 Actions to your context.
- ☐ Prioritise equity, Indigenous knowledge, and sustainability.

Step 4: Embed Health in Policy

- ☐ Apply “Health in All Policies” approach.
- ☐ Audit and align governance, curriculum, and operations.

Step 5: Activate Culture & Leadership

- ☐ Launch awareness campaigns.
- ☐ Empower student leadership and employee champions.

Step 6: Measure & Share Progress

- ☐ Define indicators for Planet, Places, People.
- ☐ Publish annual progress reports and celebrate achievements.

