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BEYOND WHAT DIVIDES US

THE POWER OF SOCIAL MOBILISATION IN DEFENCE OF LIFE AND SOLIDARITY TO COUNTER THE EFFECTS OF RADICALISATION AND POLITICAL TERROR IN LATIN AMERICA

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BEING A FATHER TODAY: THE CHANGES IN FATHERHOOD IN THE CONTEMPORARY WORLD

HEALTH IS BUILT WITH PEOPLE

BY **CRISTINA ALMEIDA**

Holder of the UNESCO Chair in Global Health and Education, **Didier Jourdan** argues that education, community participation and capacity building are key pathways to promoting health and reducing inequalities





In a world beset by health crises, misinformation, persistent inequalities and rapid technological change, it is becoming increasingly clear that health can no longer be understood as the result of the actions of health systems alone. The recent experience of the COVID-19 pandemic has reinforced a view that has been present for decades in the field of health promotion: the conditions that enable people to live healthier lives are also shaped at school, within the community, through social relationships and in various spaces for collective participation. Thus, education and health cease to be separate fields and are recognised as interdependent dimensions of social life.

It is from this perspective that Didier Jourdan, a professor at the University of Clermont Auvergne (France) and holder of the UNESCO (United Nations Educational, Scientific and Cultural Organisation) Chair in Global Health and Education, operates. An international authority in the fields of health promotion, health education and public health, Jourdan states that “it is not possible to promote health for people without the people themselves”.

During his visit to Brazil as a visiting professor at the Faculty of Public Health, University of São Paulo (FSP-USP), Jourdan gave this exclusive interview to **HUMANITAS**. Throughout the conversation, he discussed topics such as teacher training, cross-sectoral action, social inequalities, community participation and contemporary challenges for health promotion, as well as health literacy. Read on:

In the wake of the COVID-19 pandemic, health literacy has gained new prominence worldwide, highlighting the close relationship between health, education and public trust. Why is the interaction between health and education so important in contemporary societies?
For one very simple reason: it is not possible to promote health for people without the people themselves. For me, this is the central idea behind everything I do and everything I have done throughout my career. You cannot promote health for people without their participation. The pandemic has made this very clear. Governments and public health agencies have realised that if people are not willing to implement the proposed measures, they simply do not work. In fact, we already knew this before. We knew that health depends, to a large extent, on factors that lie outside the health system. The crisis has simply made this more visible. People need to be involved. They need to learn, understand and be able to make decisions about their own health. The challenge is to create the conditions for this to happen. My entire intellectual development has been deeply influenced by Paulo Freire. Health is not something that comes from hospitals. Health is created by people, collectively, in their daily lives. That is why popular education remains so important. If we truly wish to promote health, we need to develop the capacities of individuals and communities.

"HEALTH IS ALWAYS A COLLECTIVE ENDEAVOUR. SCIENTIFIC EVIDENCE CLEARLY SHOWS THIS: THE MAIN RESOURCE FOR A COMMUNITY'S HEALTH IS THE COMMITMENT OF THE COMMUNITY ITSELF"

It seems like a very simple idea…
Yes, because health cannot be achieved without people and without communities. For a long time, the prevailing view was that health was synonymous with doctors and hospitals. But this does not correspond to reality. The healthcare system influences only a small proportion of people's health — somewhere between 10 per cent and 20 per cent. The most important factors lie outside it: in the community, in social relationships, in the level of education, in the behaviours we develop throughout our lives, and in the conditions in which we live. When we adopt a life-course perspective, we realise that the fundamental determinants of health are precisely these elements, but there is a risk when we talk about health literacy. It is not a question of telling people what they should do. They need to decide for themselves. Our role is to create the conditions that enable them to make those decisions. In a world marked by *fake news* and misinformation, the first essential skill is the ability to assess the reliability of information, to distinguish between what is trustworthy and what is not. That is why, today, public health education has become a key priority for public health.

Could you give an example?
Let's consider the Ebola epidemics in African countries. The challenge is not merely to have

hospitals or advanced technologies. The challenge is to help people adopt behaviours that can protect them. In many regions, especially where there is a history of colonisation and mistrust of institutions, the solution depends on communities' ability to understand the disease and take action against it. Who makes the difference in these contexts? Community leaders, primary school teachers, and health professionals working locally. It is not the large hospitals that solve the problem. What makes the difference is the ability of communities to understand the situation and act collectively. This is, in essence, the mission of our chair: to help strengthen the capacities of communities and different social settings — such as schools and workplaces — so that they can foster good health. The pandemic has simply made this need impossible to ignore.

There is a well-known proverb that says 'it takes a whole village to raise a child', reminding us of the importance of cross-sectoral action. Today, what are the main challenges in bridging the gaps between educational strategies, public policies, capacity-building and multidisciplinary collaboration?

Before answering, I would like to say that this is probably the most important issue of our time. We all know that we continue to work in a fragmented way, but people cannot be divided into separate parts. And this particularly affects the most vulnerable groups. That is why the issue of cross-sectoral action is absolutely crucial. Perhaps the most obvious example is school. Firstly, because around 20 per cent of the world's population attends school every day. There is no other social space with such a wide reach. Furthermore, we are not just talking about 20 per cent of the population, but people who are at decisive stages of human development: childhood, adolescence and young adulthood. The question, therefore, is: how can we create the conditions for schools to become environments that promote health? Clearly, we need to build links between schools and health services. However, this does not happen automatically. Research carried out here in Brazil shows that the success of these initiatives does not depend solely on social determinants or the socio-economic conditions of the local areas. It depends, above all, on people. Do we have committed leaders? Do we have active associations? Do we have people capable of speaking the different languages involved? Is the language of the school the same as that of the health system? All these elements are fundamental. If you were to ask me what the main challenge is, I would say it is ensuring that, in every community, there are people capable of building this cross-sectoral coordination centred on the school.

Could you give an example?

Yes. Let's consider the professionals working in the SUS (Unified Health System) units. What do they need to develop? Firstly, they need to learn to speak the language of the school. If we tell a headteacher or a teacher that their main mission is to promote public health, that won't work. The school is neither a hospital nor a health centre. We need to understand the logic of education. From the school's perspective, health is important for two reasons. The first is that it is a prerequisite for educational success. If a pupil does not get enough sleep, suffers violence, faces health problems or lives in precarious conditions, their learning will be impaired. The second is that health is part of citizenship education. Every day, the media talk about health, wellbeing and quality of life. Therefore, preparing citizens to understand

these issues is also part of the school's mission. For cross-sectoral collaboration to take place, health professionals need to understand what is at stake in education. They need to be able to engage in dialogue with schools and recognise that many of the factors that determine health lie outside the health sector. The real determinants of health are, to a large extent, social, environmental and educational. They are found in sports clubs, community associations, families, social networks and, of course, schools.

But that means making a long-term commitment…

Exactly. During the pandemic, public health turned its attention to schools. However, in many places, this interest faded once the crisis was over. That won't work. Cross-sectoral action requires continuity. It requires the ability to view problems from the perspective of the other sector and offer solutions, rather than new demands. Education professionals are already working under enormous pressure. There is overload, burnout and multiple responsibilities. If we approach schools merely to propose new programmes, they will see this as yet another task to be added to the list. The approach must be different. We need to approach them by offering concrete solutions to real problems. If a school is facing situations of violence, for example, health professionals can contribute knowledge, resources and specialist support. When we offer solutions, we build relationships. When we merely shift responsibilities, we create resistance. The same reasoning applies to workplaces and any other social setting. Health promotion only works when we are able to understand our partners' needs, develop joint responses and maintain a lasting commitment.

And what is the role of civil society?

We cannot limit this discussion to professionals alone. Civil society plays a decisive role. When we look at successful initiatives, we realise that they do not depend solely on health or education professionals. They also depend on volunteers, activists, community leaders and committed citizens. In our work at the UNESCO Chair and the WHO Collaborating Centre, we always seek to involve these stakeholders. Let us consider, for example, ageing. What will help us to age healthily? Doctors and health services are certainly important, but so too are neighbours, friends, local associations and all those who help to build social ties. That is why, in many of our projects, we provide training for professionals as well as for volunteers and community leaders. Health is always a collective endeavour. Scientific evidence clearly shows this: the main resource for a community's health is the community's own commitment.

School environments and curricula play a central role in the physical and mental health, wellbeing and holistic development of children and young people. In your view, what are the key changes that schools need to undergo today to address these broader challenges?

"WE CANNOT TRANSFORM SCHOOLS WITHOUT INVESTING IN THE PROFESSIONAL DEVELOPMENT AND WELL-BEING OF EDUCATORS. TEACHERS ARE THE MAIN RESOURCE OF THE EDUCATION SYSTEM"

The first of these is to understand that health cannot be viewed as an additional subject within the school. It must be integrated into the educational mission itself. For a long time, health education was understood as the transmission of messages or recommendations regarding certain behaviours. Today we know that this is insufficient. The role of the school is not simply to tell pupils what to do. The school's role is to help them develop the skills that will enable them to understand the world, make decisions and act independently throughout their lives. When we talk about health, we are not just talking about the absence of illness. We are talking about well-being, social relationships, emotional skills, the ability to face challenges and to build life plans. Therefore, the first step is to view the school as a holistic environment. It is not enough simply to include health-related content in the curriculum. The school environment itself must be consistent with the values it aims to convey. If we wish to teach respect, participation and well-being, these principles must be present in the day-to-day running of the school, in the relationships between teachers and pupils, in the institutional organisation and in the way decisions are made.

Where does the curriculum fit into this context?

The second transformation relates specifically to the curriculum and the way we understand it. Traditionally, curricula have been organised around the transmission of subject-specific knowledge. Such knowledge remains fundamental, but we now know that it is not enough. Students need to develop skills that will enable them to tackle complex situations throughout their lives. These include critical thinking, communication skills, social and emotional skills, collaboration and decision-making. These skills are essential for both health and citizenship. Another important aspect is recognising that teachers and education professionals play a central role in this process. We often expect teachers to respond to increasingly complex challenges without offering the necessary support. We cannot transform schools without investing in the professional development and well-being of educators. Teachers are the education system's most important resource. We also need to move beyond the idea that there is a conflict between academic success and health promotion. The evidence shows exactly the opposite. Pupils who feel safe, supported and integrated into the school environment learn better. Health and education do not compete with one another; they reinforce each other.

Another challenge is preparing young people for a world profoundly transformed by digital technologies...

We live in an environment characterised by the constant flow of information. This requires new skills relating to the critical analysis of information, an understanding of scientific evidence, and the ability to distinguish reliable information from misleading content. This is why I consider the concept of life skills to be so important. They form the foundation upon which health literacy can continue to develop throughout one's entire life. When we talk about health, we are not referring merely to access to information, but to the ability to understand, critically evaluate, engage in dialogue, make decisions and take action in complex contexts. For this reason, schools should not focus solely on imparting knowledge. They must create environments that foster participation, dialogue, reflection and the development of autonomy. When a

school offers pupils real opportunities for participation, it simultaneously contributes to the development of citizenship and to the development of health literacy. Ultimately, the issue is quite simple: we cannot predict all the challenges that new generations will face, but we can help them develop the resources needed to deal with them. This is perhaps the most important contribution that education can make to health.

Do you consider teachers' well-being to be a decisive factor in the success of health and education policies? What factors underpin this view?

These professionals are the main resource of education systems. We often talk about curricula, programmes, reforms or public policies. All of these are important. However, ultimately, education takes place through human relationships, and these relationships depend on teachers. If we want schools to contribute to pupils' health, wellbeing and development, we must recognise that this will only be possible if the teachers themselves are in a position to carry out their work to the full. There is a tendency to place ever-increasing responsibilities on schools and educators – ranging from health-related issues, including mental health, to violence, as well as social inequalities and challenges linked to digital technologies. Yet we do not always provide the resources, training or support needed to meet such demands. This is a significant contradiction. When we talk about teachers' wellbeing, we are not merely referring to the absence of suffering or professional burnout. We are talking about the conditions that enable teachers to find meaning in their work, develop their skills and feel that they are part of a professional community.

"WHEN WE THINK ABOUT INEQUALITIES, WE MUST ALSO LOOK AT PUBLIC POLICIES, EDUCATION, SOCIAL PROTECTION AND COMMUNITY PARTICIPATION. NONE OF THESE ASPECTS, ON ITS OWN, WILL BE ENOUGH"

We know that teachers' well-being directly influences the school climate, the quality of relationships with pupils and, consequently, educational outcomes...

I would add that there is also an issue linked to self-efficacy. Teachers who believe in their ability to tackle challenges and bring about change tend to become more deeply involved in initiatives relating to pupils' health and wellbeing. However, this self-efficacy is not merely individual. There is also what we call collective efficacy. When a school team works collaboratively, shares objectives and builds a common vision, its ability to tackle challenges becomes much greater. Therefore, when we think about health and education policies, we must not focus solely on pupils. We must also look after the professionals who make these policies possible. A health-promoting school is not just a school that promotes pupils' health, but also one that promotes the health and wellbeing of those who work there. If our aim is to transform education, we need to invest in teachers — in their training, their working conditions, their social recognition and their wellbeing.

Ultimately, looking after teachers means looking after the quality of education and the health of future generations.

Brazil combines profound social inequalities with a strong tradition of public health. What are the most important strategies for strengthening health promotion and health education in these contexts?

First and foremost, it is important to recognise that Brazil has an extraordinary tradition in public health, health promotion and community participation. There is a wealth of experience and knowledge that continues to serve as a benchmark for many countries. At the same time, inequalities remain a central challenge. If I were asked what the absolute priority should be for reducing health inequalities, my answer would be very simple: education. I often say that the number one priority is schooling. The number two priority is schooling. And the number three priority is also schooling. We know from scientific evidence that educational attainment is one of the most important determinants of health throughout life. The higher the level of education, the better health indicators, life expectancy and people's ability to cope with difficulties and make decisions tend to be. For this reason, investing in children's education is probably the most powerful health policy a society can implement. This means guaranteeing access to school from the earliest years of life, ensuring that children stay in school and have real opportunities for learning and development.

Another key aspect is social protection...

We cannot expect schools alone to solve problems related to poverty, food insecurity, violence or social exclusion. Health promotion requires integrated public policies and a collective commitment to reducing inequalities. In this sense, the SUS represents an extraordinary asset because it embodies a vision of health based on universality, equity and solidarity. These principles remain extremely relevant for tackling contemporary challenges. I also believe it is essential to strengthen the resources present within communities themselves. We often focus our attention solely on the problems, but communities possess knowledge, capabilities and forms of solidarity that need to be recognised and valued. Health promotion is not merely about providing services. It is also about strengthening the capacity of individuals and communities to take action on the conditions that affect their lives. Therefore, when we consider inequalities, we must look simultaneously at public policy, education, social protection and community participation. None of these dimensions, taken in isolation, will be sufficient. However, if I had to choose just one priority, I would still give the same answer: education — probably the most important investment a society can make to improve the health of future generations and reduce inequalities over time.

Looking to the future, what gives you hope regarding health promotion and health education? And what do you consider to be the most urgent priorities for future generations?

Despite all the challenges we face, I remain deeply optimistic. What gives me hope is young people. I have the opportunity to work with students, researchers and professionals from different parts of the world, and I see, in many of them, a strong commitment to social justice, sustainability, health, democracy and collective well-being. We often hear pessimistic views about the younger generations. I do not share this view. Quite the contrary.

I believe that many young people possess an extraordinary ability to understand the complexity of contemporary problems and a great willingness to take action.

We live, however, in a world marked by profound transformations. Climate change, technological advances, social inequalities, misinformation and democratic crises create unprecedented challenges for health and education...
... For this reason, one of the key priorities will be to develop critical thinking: the ability to understand information, analyse evidence, engage with different perspectives and make decisions in complex contexts. But that is not enough. We also need to strengthen values. Health promotion is not merely a technical matter. It involves ethical, political and social choices relating to the way we live together, care for one another and build fairer societies. In this regard, I continue to find inspiration in Paulo Freire. Education should not merely impart knowledge, but contribute to people's emancipation and their participation in democratic life. I believe that one of the most important tasks of the coming decades will be to rebuild trust — trust in institutions, in science, in others and in our collective ability to tackle common problems. Without trust, it becomes very difficult to promote health, educate people or develop responses to complex challenges. Perhaps that is why I remain optimistic. Despite the difficulties, every day I meet people committed to these causes: students, teachers, health professionals, researchers and members of the communities with whom we work. Deep down, my hope lies in people. I believe we are capable of learning, cooperating and building collective solutions to the challenges we face. Perhaps this is, in part, a matter of faith. But it is a faith based on everything I have seen throughout my professional career. And it is this confidence that makes me believe in the future of health promotion and education.

A GLOBAL NETWORK FOR HEALTH AND EDUCATION

The UNESCO Chair in Global Health and Education, led by Didier Jourdan at the University of Clermont Auvergne (France), occupies a unique position within the international system of cooperation in health and education. As well as being part of the UNESCO Chairs Network, which is dedicated to the production and transfer of knowledge to support public policy, it also acts as a Collaborating Centre for the World Health Organisation (WHO). This dual affiliation enables it to bring together academic research, international organisations and Member States to address common challenges relating to global health and education.
The network brings together more than 10,000 researchers and professionals across 140 countries and involves 81 universities. Its activities are organised around four main areas: research, training, international cooperation and technical support for public policy formulation. Among the ongoing projects is a wide-ranging international study on the impacts of digital technologies on adolescents' mental health. The network also runs training programmes in Africa and Europe and collaborates with UNESCO, the WHO and governments on the preparation of reports, recommendations and guidelines aimed at promoting health.

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