



Feature

A renewed commitment to intersectoral action for child and adolescent health



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October 2023 marked the launch event for the joint second mandate of the UNESCO Chair and WHO Collaborating Centre for Research in Education and Health, highlighting the achievements of the first mandate and marking a significant commitment to addressing global challenges at the intersection of health and education. The inauguration of the second mandate comes at a pivotal moment, with the repercussions of the COVID-19 pandemic on child and adolescent health and education still being felt worldwide, together with increasing inequality and growing threats of the climate crisis.

Educational attainment is one of the main determinants of health, and health and wellbeing are well recognised conditions for lifelong educational success. Born out of WHO's high-level conference on intersectoral working in December 2016, the Chair, which launched its first mandate in 2018, has the unique feature of a shared agreement with both UNESCO and WHO, with the Chair running parallel to the WHO Collaborating Centre for Research in Education and Health. "The idea was to build a hub, a mediator entity between knowledge and practices from this intersectoral perspective", Co-Chair holder and Head of the WHO Collaborating Centre for Research in Education and Health Didier Jourdan (Université Clermont Auvergne,

Clermont-Ferrand, France) tells *The Lancet Child & Adolescent Health*.

The second mandate sees Nicola Gray (University of Huddersfield, Huddersfield, UK) join incumbent Jourdan as Co-Chair holder, with the Chair anchored within their respective institutions. Gray and Jourdan embody the intersectoral and collaborative nature of the Chair, bringing unique perspectives from their experience across the health and education sectors—Jourdan as a former teacher, former head of prevention and health promotion at Public Health France, and health promotion researcher, and Gray as a pharmacist and health services researcher with expertise in child and adolescent health and wellbeing. Before joining Jourdan as Co-Chair, Gray worked on the central steering committee of the Chair as Vice President for Europe of the International Association for Adolescent Health and as an affiliated researcher.

The second mandate for the UNESCO Chair and WHO Collaborating Centre for Research in Education and Health builds on the successes of the first mandate, while charting a course for continued impact and innovation. "The first achievement [of the first mandate] was to create a community that is truly global", says Gray. The Chair community brings together researchers, health, education, and social care professionals, citizens, communities, and institutions. "We are not pure academics", explains Jourdan. "We have a lot of people. We have unionists, we have policymakers, we have people working in the field in their village in the middle of Angola or Mozambique." The Chair community includes more than 3000 members and more than 80 universities and organisations worldwide, implementing

the Chair's goals at local, regional, and national levels.

"Quite a lot of the academic work that is done is restricted to certain languages and therefore reflects certain perspectives", says Gray. "And I think that one of the achievements of the first mandate that we will build on in the second and beyond is making sure that we keep talking about the need for multiple languages, inclusivity, and appreciating different cultures." The Co-Chairs are first-language speakers of English and French, while colleagues worldwide can contribute to research and initiatives in different languages. "The idea is to have all this community together, offering simple and clear opportunities to contribute to research and in different languages", says Jourdan, highlighting that the Chair's webinars run in multiple languages, including Persian and Spanish, to foster the inclusivity and broad reach of the Chair's activities.

The Chair is an open community that anyone with an interest in improving health and education is welcome to join. The annual flagship event—the Global Community Health Workshop—which for 2024 will focus on poverty, is an online, open, 3-day workshop that will welcome a diverse community of several hundred professionals from across the world. "The root of many of the health and wellbeing-related problems that we see is poverty and inequity. So we're going to make that explicit", says Gray. "Everyone is welcome, whatever their background, whatever their discipline."

Central to the holistic vision of the Chair is the idea of capacity building, particularly within schools. This marks a pivotal switch in roles from a traditional model in which



Didier Jourdan and Nicola Gray

health-care workers or health promotion practitioners visit schools intermittently to deliver a curriculum on a specific topic, to a model whereby health professionals support schools and teachers to take the lead. “We have a community of health promotion professionals who work with schools”, says Gray. “What we’re trying to do is increase teachers’ confidence about addressing subjects of health and wellbeing for children and young people, but also their competence.” This allows health education to be threaded through all the activities that teachers are engaged in. “Whether it be addressing a particular piece of literature that brings out, perhaps, mental health issues that they can then discuss with their class, or about the science of cooking and bringing ideas about healthy nutrition into maths or science”, the idea, Gray explains, is “to make it something that’s coherent and central to people’s roles rather than something that seems to be separate or that another person can do”.

The COVID-19 pandemic provides key examples of the benefits of collaboration between the health and education sectors. Case studies of intersectoral collaborations between health professionals and schools highlighted that those in place before the pandemic helped to support schools through the crisis. For example, collaborations between psychologists and schools in Scandinavia helped to support the wellbeing of children and staff. However, if these collaborations were not already in place, it was extremely difficult to create them during the pandemic. “This is one of the reasons why we’ve got to learn from this as far as intersectoral working is concerned for the future and the benefits it might have”, says Gray.

Globally, the Chair is supporting countries and territories in building their school health promotion policies and producing guidelines, seminars, and teaching materials. These are

evidence-based but also anchored in the social and cultural contexts of the communities with which the Chair is working. The Chair also launched a professional degree in health education in Dakar, Senegal, in 2022, for which the training programme was developed in a participatory process with local actors and focuses on the needs of professionals in the Senegalese context. “The idea is to train the leaders of the future in the field, with the leaders having the double culture—the health culture and the educational culture—and being able to speak the language that is understandable by both sides”, explains Jourdan.

Beyond continuing to build an intersectoral global community and capacity, the Chair’s strategic aims include knowledge production and transfer. The Chair, together with key partners, has produced a three-volume Global Handbook of Health Promotion Research to strengthen the field of health promotion research, with the aim of achieving recognition as an established field. “For some people, health promotion research is something vague, something weak—nothing to do with epidemiology or clinical research”, explains Jourdan. “Our role was to work to build and define more precisely the epistemology of health promotion research to produce solid and relevant knowledge.”

A key achievement of the Chair during the COVID-19 pandemic has been to combine scientific data, the experience of professionals in the field, and contextual considerations to understand the experiences of schools worldwide. The existing infrastructure of the Chair community enabled a global survey on local and national strategies for reopening schools, collecting and cross-referencing the experiences of health and education professionals. The survey was conducted in six languages across 72 countries through a consortium of

more than 20 research institutes and global partners. While epidemiologists were asking whether children in schools had roles as vectors in COVID-19 transmission and whether opening schools put people at risk, the Chair researchers were asking different questions—about how schools were coping, what contribution health-care professionals were making, and what everyday life looked like for schools during the pandemic.

The Co-Chairs emphasise the need to consider culture and practice in decision-making. For example, separate from the evidence base in support of social distancing, or determining whether mask wearing reduced transmission in schools, is the practice-based evidence of how social distancing can be implemented in schools, how schools cope with the realities of mask wearing by young children and teenagers, and what compromises need to be made. “By marrying the two together, maybe we have a very fruitful way forward, respecting the two”, says Gray. “Children and young people need to be in school for so many reasons, for their health and wellbeing and not just their learning achievements, which are equally important.”

“Our field is not the science of problems, but the science of solutions”, notes Jourdan, highlighting the need to work together with schools and other institutions that engage with young people to determine effective strategies. Underlying the intersectoral vision of the Chair is the idea that “you cannot create health without or indeed against the goodwill of the people”, says Jourdan. “Beyond the science of implementation, it is a question of developing a real science of improvement in partnership with the people concerned, because we cannot improve the health of our society without them.”

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For the Global Handbook of Health Promotion Research see <https://link.springer.com/book/10.1007/978-3-030-97212-7>