Connecting knowledge, taking on children's health

Report kick-off meeting

UNESCO Chair 'Global Health & Education'

Paris, France

26-27 February 2018

40 participants from all over the world participated in the kick-off meeting of the UNESCO Chair Global Health & Education, that took place in UNESCO headquarters in Paris, on 26-27 February 2018. The main goal for the kick-off meeting is to meet with the key partners of the UNESCO chair and to find common ground for the UNESCO chair activities that will be the basis for our work plan for the next four years.

The meeting was made possible thanks to contributions from the UNESCO, Clermont-Auvergne University, the French Ministry of Health, the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), the International Union for Health Promotion and Education (IUHPE), the French League against Cancer and PREV 3.0.[1]

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[1] All powerpoint presentations of the speakers can be accessed on: http://unescochair-ghe.org

Opening

After the welcome words of Didier Jourdan, all introduction speakers emphasized the importance and timing of the creation of the UNESCO chair. Bjarne Bruun Jensen who spoke as vice-president of IUHPE recognized the strong focus on children and young people, schools and communities, and health promotion. Nicolas Prisse, president of MILDECA welcomed the chair that echoes national priorities. It is relevant to invest to promote well-being of children and young people. The chair also shares the MILDECA objectives.

Lawry St Leger from the Deakin University Australia in his video contribution emphasized the relevance on the 6 components of health (physical, emotional, social, spiritual, environmental, intellectual), and the change in emphasis on these components in school-based initiatives moving away from just physical health. Social learning and school connectedness are priority areas in learning outcomes. Watch his video on https://www.youtube.com/playlist?list=PLtoNii8ENGWcsbS-kBVGhshs_Z9M9F8w8.

Sir Michael Marmot in his video contribution welcomed the timely initiative of the chair which looks at some of the key determinants of health, including education, that help reducing health inequalities. In low income countries, but also in middle income and high income countries, the education of parents is a strong predictor of educational performance of their children. This should be one of the priorities of the UNESCO chair. The chair should not just focus on education in schools but also on education for life broadly, including health literacy and life skills and education on the social determinants of health. Watch his video on https://www.youtube.com/playlist?list=PLtoNii8ENGWcsbS-kBVGhshs_Z9M9F8w8.

Session 1: A time to act, the UN perspective

Session 1 helped to set the scene of the initiative in the context of Agenda 2030 and the Sustainable Development Goals.

Christophe Cornu, UNESCO and team leader of the Health & Education department, gave a special welcome in the UNESCO headquarters in Paris. He sees the UNESCO Chair Global Health & Education as an important potential partner for their activities. The new UNESCO strategy on 'Education for health and wellbeing' (http://unesdoc.unesco.org/images/0024/002464/246453e.pdf) was launched in 2016. It recognizes that a more comprehensive approach to school health, and coordination between the education and health sectors, is needed. The UNESCO Strategy is aligned with the Sustainable Development Goals, in particular SDG3 Health, SDG 4 Education and SDG 5 Gender Equality. And it is in line with the evolution of UNESCO's activities in the area of health education: beyond HIV/AIDS, and beyond sexuality education. UNESCO's goal is to support the contribution of national education sectors to ending AIDS and promoting better health and well-being for all children. The implementation of the UNESCO strategy is on global, regional and country level. The focus is on leadership and advocacy, and on convening and coordination, particularly between education and health sectors. On a global level this is done by setting standards, providing guidance and generating and sharing knowledge. On regional and country level the implementation is through capacity building, revision of curricula (p.e. in Eastern and Southern Africa) and documentation of practices in the classroom. On all levels the implementation of the UNESCO strategy is being monitored, and there are global core indicators, + guidance on how to apply these on country level.

Martin Weber, WHO EURO in charge of the Child and Adolescent Health (CAH) department, explained the WHO EURO strategy for child and adolescent health. The main aim is to enable children and adolescents in the WHO European Region to realize their full potential for health, development and well-being; and to reduce their burden of avoidable disease and mortality. Countries will set their own objectives to meet their specific needs. The main WHO priorities are:

- Making children's lives visible
- Addressing the unfinished agenda of preventable death and infectious disease
- Transforming the governance of child and adolescent health
    - Supporting early childhood development
    - Supporting growth during adolescence
    - Reducing exposure to violence and shifting societal approaches from criminal justice to preventive and therapeutic services
- Protecting health and reducing risk
    - Achieving a tobacco-free millennial generation
    - Promoting healthy nutrition and physical activity
    - Tackling depression and other mental health problems in adolescence
    - Protecting children and adolescents from environmental risks

He stated that 'our main communication problem is how to contribute to NCD prevention in 2030 can never be demonstrated'. One of the new developments is the guide: A call for global accelerated action for the health of adolescents! (AA-AH!). The AA-AH guide is developed for policy makers and programme managers in all relevant sectors. It provides up-to-date data on the major disease and

injury burdens in adolescence, showcases evidence-based interventions and provides technical guidance to prioritize national adolescent health needs. The guide also highlights effective approaches to adolescent health programming, monitoring and evaluation. And reinforces the importance of adolescent participation in all aspects of programming. The AA-AH guide is now being adapted for the European region with regional data.

WHO EURO supports the SHE network focusing on health promotion and health literacy, and on developing new standards for school health services, moving away from screening to counseling and services. WHO is also engaged in the implementation of the Paris declaration: integration of health and education and wider social sector

 (http://www.euro.who.int/__data/assets/pdf_file/0019/325180/Paris_Declaration_ENG.pdf?ua=1).

Session 2: Health Education and Prevention of NCDs: state of the art and perspective

This session focused on where we are in health education and prevention of NCDs in order to identify the challenges and priorities for the working programme of the UNESCO chairs.

Albert Lee, Chinese University of Hong Kong, spoke about his work in school health promotion: education for better health. One of his statements was what is missing in school health promotion is evaluating a narrow set of pre-determined outcomes. Outcomes should include resources for living and have many components that have different degrees of importance to people as they go through life and discuss how a system of evaluation and accreditation of Health Promoting School would facilitate the process. He also talked about how home-school-community actions a positive adolescent development can be enhanced by highlighting the latest scientific evidence of impact of environment on child and adolescent development aligning with Health Promoting School approach. The healthy setting approach should be revisited to facilitate 'rights to health'.

Fadi El Hage, Saint Joseph University Beirut in Lebanon, spoke on how health education and sustainable development are linked. Good health is an important input to sustainable development, and vice-versa. A person in good health is environmentally responsible, socially committed, and economically productive and stable. He also stresses the importance of empowerment in health education since it helps giving individuals increasing control over their lives and their health, and to changes in the environment and the community. He explained how complexity theory applies to health education. His university is prepared and equipped to play an important role in the UNESCO chair on Global Health & Education.

Bjarne Bruun Jensen, Steno Research Centre, Copenhagen, Denmark, presented his challenges and opportunities for future health promotion. NCDs are a major public health challenge, accounting for 36 million deaths in 20008 (63 % of total) and is now threatening health and social and economical development. Prevention is an opportunity here. How can we link health promotion and health education with the NCDs challenge? The main principles for Health Promotion will be a: participation and co-creation, positive health concept, empowerment and action competence and setting focus. Health promotion should move away from the traditional prevention approach and the traditional health promotion approach towards Health Promotion 2.0:

- Dialogue
- Co-creation
- Supersetting approach
- Qualitative and quantitative evaluation
- Complex interventions
- Health, social and Quality of Life outcomes
- Evidence appearing from studies in real life.

Another key question is what kind of research is needed here: a combination of intervention development, feasibility study, effect study and implementation study. For each type of research there are methodologies available. This should also be the aim for the UNESCO chair on Global Health and Education.

Venka Simovska, Aarhus University in Denmark, revisited the notion of evidence in health and wellbeing education research. What counts in evidence is not written in stone. She talked about the 'evidence obsession' and the many different types of evidence (research-based, practice-based, other scientific evidence, and evaluation-based). Health education and health promotion are by definition cross-disciplinary, situated and complex. Possible ways forward are to identify different layers of complexity and moving from paradigm-driven methodology to driving the paradigm. Also the epistemological spaces should be widened in terms of research questions and contextualisation, in knowledge purposes, and theoretical perspectives.

Session 3: Health Education for every child and young person

This session focused on the reduction of inequalities and the promotion of the health of vulnerable populations with a focus on children and young people.

Carole Faucher, Nazarbaijev University in Kazakhstan, spoke about administrative challenges to the implementation of health education and promotion programmes in vulnerable communities. Her research experiences in Central Asia and other countries led to a number of epistemological and methodological considerations for research looking at project design and implementation. These include an actor oriented approach, structural vulnerability and remoteness, and patterns related to administrative challenges, such as hierarchy, budget priorities, political tensions, trauma and corruption. From this perspective challenges in her research work in Kazakhstan and Tajikistan in mainstream schools, health promotion and student wellbeing as it is constructed in globalized discourse depend on political conditions and willingness of political actors to act. Local dynamics must be understood and engaged – even if it takes time and resources.

Beverley Yamamoto, Osaka University in Japan, gave an introduction on ethical issues linked to the concept of vulnerability. She gave the example of obesity, where stigmatization of obese people is taking place in our societies, since it is suggested to be the result of a controllable cause. The messages in our societies suggest that body fatness can be easily modified. This is also the case in stigmatizing and devaluing images of teenage mothers through sex education and prevention programs. Relevant ethical issues include: respect for autonomy, respect for human dignity, vulnerability, avoiding stigma, ensuring equity, balance of information presented and working with inclusive participatory models. Rare diseases could be an interesting angle to think about health in inclusive and complex ways. Areas of learning in a Rare Disease program are critical thinking and reasoning skills, anti-discrimination and anti-bullying, developing skills around empathy, compassion and respect: 'nothing about us without us'. We should not hesitate to move to more complex messages, and create an ethic of care.

Davide Olchini, 'Humanity and Inclusion (HI)' in France, did his talk on health education and inclusion, promoting the health of all children and young people. The focus of his organization is to leave no one behind. He described the "Life Cycle Approach" developed by HI. Relevant for inclusion are genuine participation, equality and non-discrimination, accessibility and meaningful access. He pleas for a disability, gender and age lens in each step of the programming cycle.

Session 4: Research and capacity building: making the difference

This session put the emphasis on up-to-date frameworks for research and capacity building.

Peter Bentsen, STENO research centre in Denmark, presented his views on 'Real-world' complex health promotion interventions to improve children and young people's health and education. The UNESCO chair work plan includes the design and evaluation of meaningful research projects. This activity corresponds to the development of an initiative focusing on an intervention-research programme focused on health determinants in various cultural contexts, with special emphasis on vulnerable communities. This should include:

- Health promotion and education (e.g. add-in and cross-disciplinarity)
- A life course perspective (i.e. start early)
- A setting approach (i.e. local coordinated action in the community)
- A risk population approach (e.g. vulnerable communities)
- A participatory approach (i.e. children and young people as agent of change / part of the solution)
- Holistic and integrated monitoring, evaluation and research (e.g. multiple outcome measures and interrelatedness between these)

In the UNESCO chair the approach is targeting the proximal determinants of the health of children and young people. There will be a focus on a combination of health promotion and educational research with a primarily focus on health, well-being and education in schools and local communities. The chair will look for sustainable and cost-effective approaches to tackling the challenge of NCDs. This is still a draft that will be further discussed with the UNESCO chair partners.

Stef Kremers, Maastricht University in the Netherlands, gave his talk on studying the implementation process. He works on a dynamic research paradigm, which include the concepts of attractor landscape, systems perspective and mutual adaptation. An intervention that is conceived as an add-in (rather than an add-on) to existing system is more likely to be implemented and sustained successfully. His adaptation of the 'Behavioral Change Wheel' to the implementation process at the community/setting level, proposes a theoretical framework for integrated health policy making. A key finding is that understanding context is a prerequisite for understanding the implementation process.

Peter Paulus, Leuphana University in Germany, spoke about creating the conditions for scaling-up – From reactivity to proactivity, based on the Mindmatters, a German programme for mental health promotion and education. The focus of Mindmatters that originally was a mental health promotion programme shifted to education and school quality. The general aim for the coming years is to disseminate and to implement MindMatters in primary and secondary schools in Germany in all "Bundesländer". There is a distinction in horizontal scaling up (via expansion and replication) and vertical scaling up (via policy, political, legal and institutional). Relevant problems that needed to be solved were assessing the scalability, developing a scaling-up plan, preparing to scale up, and the actual scaling up of the intervention. This is now included in a scaling up model called the 'ExpandNet Model'. A main driver for this level of scaling up is the ongoing funding from both the accident and health insurances in Germany.

Sean Slade, ASCD in US, presented relevant initiatives on aligning and integrating health and education on a global level. The Whole School, Whole Community, Whole Child initiative from ASCD and CDC, places the child in the centre. Both public health and education serve the same students, often in the same settings. It is used for having a better understanding of the role of school. Another relevant initiative is the 'Global Change Leaders' is an international community who are creating learning ecosystems that empower every young person to live for the greater good. A third initiative is 'OECD Education 2030'. OECD aims to build a common understanding of the knowledge, skills, attitudes and values necessary to shape the future towards 2030. It has a strong focus on student's wellbeing and the need to be responsible and empowered, placing collaboration above division, and sustainability above short-term gain.

Session 5: The UNESCO chairs milestones for the global initiative

Didier Jourdan and Goof Buijs, UNESCO Chair Global Health & Education secretariat, presented the governance of the chair, the business model behind the chair and the timeframe for the next period until the formal launch of the chair on 10 October 2018 in Paris.

The chair will focus on knowledge production (epistemological framework and intervention-research), capacity building (MOOC and international training programme), communication (knowledge transmission, visibility of the data produces in the field, communication, fact sheets) and management of the chair (creation of a community via mapping, community management and coordination, fundraising, steering committee).

Concerning the governance of the chair, the partners in the community are the key players. There will be a decentralized organization and all activities will be joint activities (with IUHPE, EUPHA, ASCD, Eurohealthnet, SHE network, NGOs, companies..). The structure will be light and transparent. In the next few months a Steering Committee will be created, as well as a Scientific and Ethical Committee. The UNESCO secretariat will also take shape. The business model behind the UNESCO chair consists of contributions in kind through the core budget of the university, via additional resources from public and private entities, and via services and products offered by the Chair. The activities linked to the production of intervention, documents, communication tools will be carried out by a group of companies, start-ups and NGOs in the different countries. The back office of the Chair and the secretariat will be under the responsibility of Didier Jourdan and Goof Buijs. Together they will create and the new start up PREV 3.0.

In the discussion about the workplan and milestones of the UNESCO chair, led by Stephanie Tubert-Jeannin, Clermont-Auvergne University, the following comments were made.

- The proposal is to write a view point paper for the UNESCO Chair. This idea was endorsed by both WHO EURO and UNESCO. This paper should be relatively short (consisting of 1000-1200 words) in a general journal, where we can talk to a wide audience from public health, education and social sectors.
- What we could do as chair is to ask fundamental long term questions. What do children and young people need to learn about inequity and health?

- There is a need to clarify the relevant key terms that will be used. These should be visualized, see the example of the picture on the difference between equity and equality, or the image of the 'attractor landscape'.
- What is our approach (health promotion) and our definitions of prevention, health promotion and health education? Health promotion 2.0 can be seen as a leading model for the Chair, combining bottom-up and top-down approaches in a co-creative way. Also the social determinants of health should be included. What are the differences and overlap between the Whole School/Whole Child/Whole Community model and HP 2.0?
- A specific focus for the Chair should be on children in emergency situations and refugees. There should be different strategies available for different categories.

The statement and the definitions will be included in the brochure of the chair. The final version of the brochure can be downloaded from http://unescochair-ghe.org.

Concluding remarks

Christophe Cornu from UNESCO closed the meeting with some concluding remarks. He summarize the key concepts that will be central for the UNESO Chair workplan:

➤ Complexity
➤ Synergies
➤ Participation/involvement/interactivity
➤ Capacity building
➤ Positive approach to health, positive messages and languages
➤ Human rights
➤ Data

His recommendations for the UNESCO chair are to help answer simple questions. He emphasized that global should be really global. The focus on NCD prevention is good, but the Chair's activities should not be limited to NCDs only. And finally he recommended to explore complexity but also to make it simple.