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Orkan Okan, Leena Paakkari, Didier Jourdan, Vivian Barnekow, Martin Weber

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The Editorial¹ raised an important question: why is health literacy failing so many? It urgently called for effective responses to support people to better manage health information, but also to account for the environmental and social forces that shape people's choices. Overcoming the commercial determinants of health and the increase in disinformation on social media and the internet are being highlighted as key drivers of mistrust among people, families, and communities.

The WHO² concept note, published on Sep 6, 2021, emphasises health literacy in the context of schools, already responding to many of the issues raised in the editorial—including environmental and social factors, the commercial determinants of health, and the adverse effect of disinformation on healthy choices. The report makes the case for harnessing the potential of schools to educate children about health and improve school processes and structures, aiming at both behaviour and social change.

Health literacy is a relational concept³ that requires addressing personal and organisational health literacy. Organisational health literacy provides a unique framework on the systems level for implementing a whole-of-school approach to promoting health literacy including students, teachers, families, and communities.⁴ Schools as educational institutions have the potential to address individual differences in learning and to narrow the disparities in learning caused by disadvantaged backgrounds.

We believe health literacy failing so many is not the primary issue, but the policy support gap and inequity in investments for health literacy across systems, sectors, and governments should be the target for action.

We declare no competing interests.

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