

Popular education and health has proven to be a fertile field for reflection, projects, research, and proposals in the areas of both healthcare and education alike. Among many possible historical eras, we believe that 1970s was a special decade for constructing what we now know and see as popular health and education. The events in the healthcare field that both the general population and scholars witnessed and reported indicated inequalities in access to healthcare services, low-quality health services provided to the lower classes, precarious working conditions for professionals, and complete ignorance of the socio-cultural determinants and constraints of health care in the public policies that were in force at that time. In this scenario, practices, knowledge, and technical and methodological instruments were collectively constructed to face the adversities that impede the full lives of women and men in the rural areas and cities, especially in peripheral areas. In this movement, scholars, health professionals, students, and social groups and movements use the reflections of Freirean popular education to think, criticize, and explore the field of health. Within this field they experience other ways of thinking about and practicing health in professional training, attention to health, organization of services, and interpersonal relationships. Some points (which we can call pillars) were consolidated in this construction phase to search for an epistemological coherence that can simultaneously sustain and criticize this construct, discovering and announcing new constructs. We can generally indicate some of these points to the reader, who can explore more details in this supplement: popular cultures and their ways of knowing and constructing health as well as facing factors that condition and determine health; the connection between theory and practice in the emancipatory intentionality of care; people as subjects of knowledge with the ability to construct the future; human historicity in educational processes; and the subjectivity and intersubjectivity present in the processes of sickness and cure.

Note that processes that precede this decade, such as the abovementioned popular education movement and the popular movements for democracy in Latin America and the Caribbean, paved the way for these construction processes. All these paths, knowledge, and experiences were and continue to be a part of popular education and health. It is their ontologically, epistemologically, gnoseologically, politically, culturally, and historically located consistency that sustains the theoretical and methodological choices that express them and simultaneously remain a reference in the dialogue and diversity that are characteristic of popular education.

It is within this consistency and diversity that this supplement, "POPULAR EDUCATION AND HEALTH IN THE UNIFIED HEALTHCARE SYSTEM" was written. In it, readers will find papers, reports, debates, interviews, theses, and creations that discuss the various dimensions and approaches of the interface between popular education and the Unified Healthcare System (SUS) in a critical, rigorous, and hopeful manner, whether these take place in the service network; in the territories and healthcare units; in schools; in courses and in councils; in national, local, and regional Healthcare Policies; or even the various social spaces where the popular struggle for healthcare takes place.

These characteristics make us look at the papers in this supplement from several perspectives that reveal three dimensions in which it is possible to comprehend the interface between public education and health and the SUS. The first is the pedagogic dimension wherein popular education appears as the support for processes of constructing critical and reflective subjects in the field of health, and in the ways of teaching/learning in popular movements, university extension, and the training of professionals. The second is the dimension of *praxis* in healthcare, wherein popular education expresses itself in the totality of healthcare actions, and in the sharing of knowledge and know-how. The third is the political dimension wherein popular education guides and organizes the training of political subjects that move within the scenario of social transformations.

The diversity of papers and the multiplicity of subjects/authors converge and strengthen something that is prized in popular education: the prospect of overcoming situations that limit or complicate emancipatory actions and activities to construct new realities.

This Supplement is an example: it was only made possible as a result of sharing limiting difficulties with *Interface*, the Ministry of Health's Bureau of Strategic and Participatory Management and its General Coordination of Public Education and Social Mobilization, with the Popular Education and Health Network, and with the Popular Education and Health Work Group of the Brazilian Association for Collective Health. We thank the authors that submitted their papers, reflections for debate, interviews, and creations, as well as the reviewers for their careful evaluation of these papers. We hope that this Supplement will go beyond the epistemic contribution of public education and health, and into the field of popular health itself. In other words, we hope that the experiences and reflections reported here become pillars to make new events possible in our lives and in the health of the Brazilian population.

Maria Waldenez de Oliveira
José Ivo Pedrosa
Editores Convidados