WHO GLOBAL COORDINATION MECHANISM ON NCDs

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World Health Organization

WHO GLOBAL COORDINATION MECHANISM ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

WHO GCM/NCD Working Group on health literacy for NCDs (WG 3.3, 2016-2017) Second Meeting

12 - 13 June 2017
WHO HQ, Salle D
GENEVA, SWITZERLAND

- Summary report by Co-Chairs -

DAY 1 – 12 June 2017

Sessions Group One

1. The second meeting of the WHO GCM/NCD Working Group on health education and literacy for NCDs commenced with brief welcoming remarks from Dr. Lixin Jiang, appointed Co-chair from China.
   Dr Jiang informed the group that her Co-chair, Prof Sergey Boytsov from the Russian Federation, would unfortunately not be able to join the 2-day meeting, and that she would have to excuse herself from the sessions of Day 2.
   She however had the honour to confirm two working group members as Co-chairs *ad-interim*: Dr Rosmond Adams and Ms Erika Placella. Dr Adams would step in and accompany Dr Jiang during Day 1, and continue on to co-chair Day 2, accompanied by Ms Placella.

2. Dr Bente Mikkelsen, Head of the Secretariat for the Global Coordination Mechanism for the Prevention and Control on NCDs (GCM/NCD) offered her opening remarks, highlighting several overarching considerations:

   - For many the question still remains - why focus on health literacy and how is it related NCDs?

  - NCDs are a growing challenge in both developed and developing countries and threaten the achievement of the Sustainable Development Goals.
  - Each year, 38 million people die from NCDs, primarily from diabetes, cardiovascular diseases, cancers, and chronic respiratory diseases. Of these deaths approximately 15 million are premature (between the ages of 30 and 70) and could have been largely prevented.
  - The probability of dying prematurely from an NCD is four times higher for people living in developing countries than in developed countries.
  - As highlighted at the Shanghai Conference, health literacy is a critical determinant of health and one of the key health promotion pillars to achieve the 2030 Agenda for Sustainable Development, including the NCD target (target 3.4).

- WHO is witnessing a rapidly increasing demand from countries for technical assistance which would enable countries to strengthen their capacity to develop national multisectoral NCD responses.
- In addressing this context, the Working Group has already highlighted at its first meeting that improving health literacy in populations provides the foundation on which citizens are enabled to play an active role in improving their own health, engage successfully with community action for health, and push governments to meet their responsibilities in addressing health and health equity.
- High levels of health literacy among decision-makers and investors supports their commitment to enhanced health impacts, and the identification of the co-benefits and the effective actions across the determinants of health.
- Underlining the mandate given to this working group, there is a clear understanding that only through multistakeholder and multisectoral engagement and action will interventions aimed at the improvement of health education and literacy be truly successful as a tool to build capacity for more differentiated, tailored, integrated and effective national responses to NCDs.
- There is now readiness to move from commitments to action at national and subnational level.

3. The Co-Chairs welcomed the eleven Working Group (WG) members that were in attendance. In order to launch the meeting with a clear focus, the Co-chairs restated the significance and objectives of the Working Group and explained the details of the format of the second meeting.

- The workflow for this Working Group focuses on three formal meetings during 2017, of which this is now the second.

- At the first meeting of the Working Group (February 2017), members resolved to hold a comprehensive Stakeholder Hearing during the greater part of the second 2-day meeting. Working Group Members had agreed to convene key stakeholders, from a wide constituency, who are developing and working on concrete collaborative actions and interventions on health literacy, in different contexts, that address the key questions being asked of the Working Group.
- Evidence and best practices collected on how to address the challenges identified should then inform the deliberation and provide multistakeholder inputs and guidance in mapping out national context and content specific solutions and actions.

The Co-chairs reminded the group of the following key questions put forth at the start of their work, with the aim of guiding the deliberations over the next two days:

- What are the context-specific settings across population groups that health literacy interventions should address?
- How can health education and health literacy enhance the prevention and control of NCDs?
- What is the role of health literacy measurement, including health literacy surveys, to enhance health literacy responsiveness?
- What is the role of digital health literacy in addressing equity considerations in the prevention and control of NCDs?
- In supporting the implementation of the Shanghai Declaration, how can health literacy contribute to the realization of the SDGs?
- What are the potential "best buys" intervention on health literacy for different contexts, settings and populations?

- The Co-chairs added that, with this in mind, they wishes to ensure an active and results-oriented meeting and urged members to work together to come up with sound and actionable recommendations that showcase how the implementation of context-specific interventions on the promotion of health education and health literacy can respond to the growing NCD epidemic.

4. Dr Guy Fones, Advisor for the GCM/NCD Secretariat, made an introductory presentation explaining the WG's mandate, role and scope. His presentation can be found here https://www.dropbox.com/sh/pqboc7gim78aswj/AACzQ8D0u9BLIV7IM7GBEhOJa?dl=0

5. The appointed Facilitator for the Working Group, Prof Richard Osborne (*Head, Health Systems Improvement Unit, School of Health and Social Development, Centre for Population Health Research, Faculty of Health, Deakin University, Australia*), summarized

progress since the first meeting of the WG:

- the scoping and development of a global expert Community of Practice (CoP) on health literacy LINK and scoping and launch of three Demonstration Projects from among countries represented in the WG. His presentation can be found here https://www.dropbox.com/sh/pqboc7gim78aswj/AACzQ8D0u9BLIV7IM7GBEhOJa?dl=0

6. Dr Judith Segnon, WG member from Benin, was nominated as rapporteur and the agenda was unanimously adopted with no objections.

Sessions Group Two

7. Co-Chairs introduced the format of Stakeholder Hearing.
   The hearing was divided into 5 sessions during Days 1 and 2, according to 4 priority target groups and one cross cutting enabler: health literacy interventions at the policy level; at the service delivery/institutional level; at the community level; and at the individual level and a last session on insights to digital health literacy.
   For each session, 4 stakeholders were invited; each of the stakeholders gave a 10 minute presentation, which was followed by an interactive structured discussion guided by the Moderator based on facilitating questions provided in advance. After the structured discussion, Working Group members were free to ask spontaneous questions and give comments.
8. Co-Chairs introduced the moderator of each session appointed from among the WG members, and explained their specific responsibilities and roles.

   - The session on health literacy interventions at the policy level was moderated by Dr Pandup Tshering.
   - The second session on health literacy interventions at the service delivery/institutional level by Dr Portia Manangazira.
   - The third session on health literacy interventions at the community level by Dr Hla Mya Thway Einda.
   - The fourth session on health literacy interventions at the individual level by Dr Lorie Donelle.
   - The fifth and final session on digital health literacy by Prof Wagida Anwar.

STAKEHOLDER HEARING

Session One: Health literacy interventions at the policy level

Speakers	Presentation
May Myat CHO Program Manager, Sustainable Funding for Health Promotion Southeast Asia Tobacco Control Alliance (SEATCA), Thailand	Link
Kristine SØRENSEN European Health Literacy Survey, Department of International Health at Maastricht University, Netherlands	Link
Blythe ROBERTSON Healthcare Quality and Improvement, Scotland	Link
Diane LEVIN-ZAMIR Department of Health Education and. Promotion, Clalit Health Services, Israel	Link

Key Message

- The need to develop inter-relationship between specific health literacy policy and the overall policy context in which you are working, embedding the idea of "health literacy by design".

- Improved health literacy responsiveness has become a key strand of many policy areas.

- There is need to build the evidence base to show the global scope and scale of the impact of health literacy as an asset for investment to develop people's fullest potential.

- Development of cross-disciplinary, cross-sectoral coalitions of stakeholders, beyond health, to bridge the gap of limited health literacy

- Building the political case is essential: health literacy is evident, measurable, feasible and for the public good. Decision-makers need to take responsibility and push the health literacy agenda forward at all levels. Health literacy is a political choice: it saves money, it saves time and saves lives.

Session Two: Health literacy interventions at the service delivery/institutional level

Speakers	Presentation
Cynthia E BAUR School of Public Health, University of Maryland, United States of America	Link
Zhening LIU Mental Health Institute, Second Xiangya Hospital, Central South University, China	Link
Caroline Antonia MUBAIRA Crown Agents, United Kingdom	Link
Amy ISRAEL IFPMA, Switzerland	Link

Key Message

- Policies must allow for decentralization of resources/budgets where Health Workers and communities are given the opportunities, the capacities and the autonomy to make decisions within agreed framework.
- Policies must enable people to take control & be innovative over their health and make health a people's issue
- A systems approach to health literacy interventions is necessary in order to generate results and impact regarding addressing NCDs
- Measuring and monitoring health literacy is critical for identifying progress and groups at risk, and should also focus on health behavior outcomes.

Session Three: Health literacy interventions at the community level

Speakers	Presentation
Shyam Sundar BUDHATHOKI School of Public Health & Community Medicine, B P Koirala Institute of Health Sciences, Nepal	Link
Rizanda MACHMUD Medicine, Andalas University, Indonesia	Link
Suvajee GOOD Regional Office for the South East Asia, WHO	Link
Simon EATON Northumbria Healthcare NHS Foundation Trust, United Kingdom	Link

Key Message

- Strong communal/cultural practices needs to be identified to facilitate community engagement in order to increase access to information about health and health care services.
- Health literacy enables personal and community empowerment that begins with access to information and concludes with the ability to make decisions in health for self and others, provided the health system is responsive to the health literacy needs of the people.
- Prerequisites are the availability of services and facilities based on the principles of UHC, cultural appropriateness and context specific.
- Involving community members, along with clinicians and providers, at all stages of the process enables effective coproduction of and community engagement with the potential interventions

Session Four: Health literacy interventions at the individual level

Speakers	Presentation
Kenneth Yongabi ANCHANG PRF Research Institute, School of Health and Medical Sciences, Catholic University of Cameroon, Cameroon	Link
Graham KRAMER Annat Bank Practice, Links Health Centre, United Kingdom	Link
Roy BATTERHAM School of Health and Social Development, Deakin University, Australia	Link
Felicity POCKLINGTON Western Pacific Region, WHO	Link

Key Message

- Addressing health literacy is increasingly seen as an important way to reduce health inequalities and improve health outcomes.
- Prioritize personalized, meaningful and literacy sensitive information-sharing- people having same information about themselves as their professionals – which promotes engagement, involvement, curiosity, shared decision making, goal setting and health behavior change.

Session Five: Digital health literacy

Speakers	Presentation
Gill ROWLANDS Institute of Health and Society at Newcastle University, United Kingdom	Link
Lars KAYSER Copenhagen University, Denmark	Link
Ramesh KRISHNAMURTHY WHO HQ/HIS/IER/DSI	Link
Peter KOLARČIK Faculty of Medicine, P.J.Safarik University, Slovakia	Link

Key Message

- Although there are important differences between regions, approximately 47% of the global population is connected to the Internet by 2020 there will approximately 29 billion devices in use worldwide.
- In the age of technology, digital health literacy has become more prevalent and, at the same time, more necessary for the improvement of patients' health and well-being.
- The possibilities that the digital revolution brings for promoting health (and hence reducing the risk of NCDs) and managing illness (including NCDs) is rapidly increasing.
- 'Access' includes both physical access (i.e. a mobile phone/computer/internet) and the skills to access, understand, appraise and apply digital health-related information
- Initiatives which focus on people likely to be 'digitally excluded' can promote the equitable development of digital skills. Embedding initiatives locally, with local champions, increases the likelihood of sustainable change.
- Digital health literacy should be part of the curriculum at all institutions educating health professionals, providing an understanding of the givers and receivers of healthcare in relation to digital services.
- 90 countries have, to date, requested technical support to WHO on digital health interventions.

Sessions Group Three

9. The Working group identified six priority areas that require specific recommendations and/or actions that may be operationalized in both developing and developed settings:

    - Enhance current NCD programmes and policies
    - Improve the quality and impact of new NCD interventions through incorporating health literacy in to design and implementation
    - Make health care systems health literacy responsive
    - Build the health literacy of communities
    - Capacity building (University curriculum; health care work force competencies; policy makers; researchers)
    - Research & innovation

10. The Working group agreed on a preliminary mapping of priority target groups in order to facilitate defining context-specific health literacy interventions. The following table was used to provide a concise overview of common approaches to health literacy where one perspective is also aware of other perspectives.

Target Group	Health literacy focus area	Description and examples
National level	1. Cross national comparisons for advocacy for national prioritization of health literacy	Surveys that enable comparison of health literacy levels within countries incentivize governments to invest in health literacy
Policy makers	2. Health literacy of policy makers including across sectors	Seeking to ensure that leaders, policy-makers and other stakeholders in different sectors are aware of health issues and impacts of activities in their sector, in order to facilitate cross-sectorial action and integrated policy approaches. Also includes the idea of public health literacy which considers the extent to which people in health service systems are aware of public health principles and approaches.
General public	3. Health literacy for mass communication	Includes consideration of peoples' ability to receive and understand health information and guidelines relating to content, presentation and delivery systems for information including: mass media, information websites and hubs, literature for mass dissemination. Informed by experience and expertise in health marketing, linguistics, e-Communication and other relevant disciplines. This is a particularly important area for application of digital health literacy.

Target Group	Health literacy focus area	Description and examples
Youth	4.Schools, child and adolescent health literacy	Seeks to develop health knowledge and understanding in children, parents and teachers both for immediate concerns (e.g. childhood nutrition and oral health, basic hygiene) and to enable a better understanding of the body, health, healthy behavior, disease and health services throughout life.
Service users	5. Health literacy to enable particular service delivery models (e.g. eHealth)	Seeks to ensure that people have the skills and information to engage in particular forms of health service delivery. In countries where many new services are being developed this may focus on peoples' awareness of the role of services and pathways to access services (e.g. Universal Health Care coverage). In places with complicated insurance systems it may focus on understanding insurance entitlements. There is considerable interest in eHealth literacy which focuses on peoples' ability to interact with ICT in caring for their health.
	8. Health literacy as a means of enabling consumer choice and self-direction	Many interventions seek to engage health consumers by allowing them to make choices about their health care (demand side strategies). These include voucher systems in maternal and child health and disability services and many chronic disease self-management programs. These programs place particular demands on peoples' health literacy.
Healthcare staff	6. Health literacy and behavior change competencies of healthcare staff	These approaches seek to ensure that health service staff are able to interact with a diverse range of people and provide information in ways that are understandable and usable. This includes routine use of certain good practices (simple language, pictures, action planning, checking understanding and confidence) and also an awareness of diversity and the ability to adapt to individual needs (this includes understanding differences in health literacy and how people access, interpret and process information, and also having a repertoire of communication methods). Digital health literacy is increasingly important in this area.
Underserved population groups	7. Health literacy for targeting and solving problems related to 'hard-to-reach' groups	This focuses on the people who aren't interacting with health services and/or preventive activities at all or sufficiently. It focuses on understanding the barriers to engagement and addressing trust issues, false beliefs, fear of health services, conflicting priorities and other barriers to engagement in healthcare and self-care.
General public: Community level	9. Enabling community action on health	'Critical health literacy' is focused on the extent to which people in communities have sufficient knowledge about health, and sufficient skills in articulating their concerns, to participate in public debates and decision-making process about health. This includes formal processes (community juries, health impact assessment) and less formal community action processes (e.g. re industrial and agricultural developments). It also includes the ability to resist unhealthy advertising messages.
	10. Health literacy and the formation of community beliefs and attitudes about health	This approach recognizes that in many communities people form their health beliefs and health actions largely through conversations with their friends, family and peers. Influencing health beliefs and behavior often required engaging in community processes such as women's health networks in villages.

11. This led to an extremely active, inclusive and productive discussion on possible preliminary draft Recommendations, concluding with the following eight:

1) Develop a national policy, strategy and action plan to implement health literacy demonstration projects, collate local and international evidence, and build capacity among leaders (especially sub-national; Mayors) embedding health literacy programs across sectors.

2) Build a digital health system that maximizes participation, ensuring products and processes optimize access, including those with low literacy, disabilities and low resources. Ensure suppliers meet user, system and interaction requirements within a e-health literacy framework.

3) Establish national and regional collaborations for action, mandating inter-sectorial partnerships to ensure health literacy is integrated within and across sectors. Maximize co-design across sectors such as education, employment, infrastructure, industry, migration, etc. alongside the health sector in order to affect health and equity transformations

4) Strengthen health literacy leadership through generating authorizing environments of leaders, particularly through sub-national and Mayors

5) Build individual health literacy by strengthening the education of children and through health literacy-informed health promotion campaigns for mothers and the general population. Undertake national and targeted health literacy surveys to generate current and contextually relevant interventions.

6) Build community health literacy through undertaking detailed assessments of community capacity health literacy, i.e., the community resources (assets) are all supported with health literacy development resources.

7) Prioritize the health literacy responsiveness of the health care system, generating people-centred and inclusive services and practitioners. Provide adequate training, both at the undergraduate, postgraduate and professional levels. Establish national awards for health literacy responsiveness.

8) Build partnerships and support multistakeholder responsibility to enable community members to access healthy options as the only option.

Meeting Wrap Up

12. The meeting concluded with the attendees expressing their confidence in the deliberations and progress of the Working Group and highlighting their expectations, in particular, regarding the areas of actions and recommendations on health education and health literacy their own countries require. A key outcome of the discussion was the need to develop a 'menu' of context-specific policy options that could be offered for use at the country level, such that a government could see the options and make specific choices given the priority politics, requirements resources and contexts.

13. We heard from many of the country experiences that political support and commitment on promoting health education and health literacy is growing, and in some countries and regions (EURO, SEARO, PAHO) are being prioritized. Nevertheless, many countries still require support for making a stronger case for health literacy, in particular, technical support in providing a strong business case for prioritizing health literacy, including data on economic impacts of low levels of health literacy, links to consumer rights, citizens' rights and those of patients, and evidence showcasing the critical need to strengthen health literacy to policy makers and politicians.

14. The Working Group members agreed to collect as many context-specific challenges and opportunities as possible in order to map out common areas and identify critical gaps that could feed into final recommendations. There was agreement that there seems to be sufficient evidence on the problem, but less on the solutions, and even less on how to scale up interventions that have been done in a particular communities.

15. Working Group members agreed on the value of requesting the WHO Director-General for an official extension of the Working Group mandate for an additional year (until end of 2018). Working Group members discussed the substantive arguments and the clear benefits of such a request, including:

    - WHO is increasingly asked by governments to provide upstream policy advice on how to take national NCD responses out of isolation and unleash its potential as a pathfinder for sustainable impact and investments in health and development in the SDG-era. At the recent 9th Global Conference on Health Promotion, health literacy was one of the key health promotion pillars to achieve the 2030 agenda.

    - In the preparatory process for 3rd UN General Assembly High Level Meeting on NCDs (Sept 2018), the Working Group's deliberations and conclusions can clearly support and showcase national NCD responses and the implementation of the Shanghai Declaration, identifying effective solutions, country cases and recommendations.

    - The unique value of showcasing comprehensive capacity building at country and community levels through the ongoing development and support of demonstration projects, led by the Working Group, and the current identification of further sites.

    - In line with the urgency of enhancing health literacy for NCDs in the context of realizing the SDGs, the need for the working group to continue its deliberations in order to consolidate the evidence, enrich their work with additional case studies and best practices, and consult relevant stakeholders to further revise their recommendations and complete the final report to be submitted to the WHO Director General and shared with Member States.

    - The need to strengthen ties between the Working Group and the upcoming launch of a multistakeholder Community of Practice on health literacy, in order to ensure sustainable long term discussions, knowledge sharing and capacity building.

16. Agreement was reached on the value of pursuing such a request and called on the GCM Secretariat to support the Co-chairs in delivering this request to the WHO Director-General.