



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe

69th session

Copenhagen, Denmark, 16–19 September 2019

Provisional agenda item 5(h)

EUR/RC69/14

+ EUR/RC69/Conf.Doc./12

5 August 2019

190323

ORIGINAL: ENGLISH

Draft WHO European roadmap for implementation of health literacy initiatives through the life course

The present document outlines the draft WHO European roadmap for implementation of health literacy initiatives through the life course to guide Member States and the WHO Regional Office for Europe in their efforts to enhance health literacy in the WHO European Region. It builds on ongoing health-literacy-oriented regional initiatives and emerging interest among WHO Member States for expanding and/or strengthening health literacy in the Region, and charts possible ways of achieving more closely integrated, purpose-oriented and evidence-based health literacy action.

The document was informed by suggestions gathered from Member States during the second, third and fourth sessions of the Twenty-sixth Standing Committee of the Regional Committee for Europe in December 2018, March 2019 and May 2019, respectively, as well as by technical consultations with experts held in April 2019 and a web-based consultation with Member States in June 2019.

The draft roadmap is submitted to the WHO Regional Committee for Europe for consideration at its 69th session, together with a draft resolution on this topic.

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Introduction

1. Health literacy is an evolving and dynamic concept. It is considered to be a social determinant of health, and improved health literacy in itself is a goal of public health; it is thus one of the key pillars in health promotion. But health literacy is also an enabler of various public health strategies and initiatives, supporting their implementation and facilitating achievement of their goals and outcomes.
2. Enhancing health literacy facilitates the empowerment of citizens and is achieved through the development of personal and collective knowledge and skills, and the creation of health-literacy-responsive settings, healthy policies and enabling environments. Health literacy is the foundation for building the individual and collective capacity of people to act as informed participants in decision-making about health and development.
3. Health literacy challenges are particularly pronounced for people experiencing social exclusion. In the WHO report, *Health literacy: the solid facts* (2013), targeting these health literacy challenges is therefore considered a promising means of reducing health inequities. However, in many settings, enhancing health literacy remains an underexplored and underused tool in public health action for improved equity in health.
4. Seen as an integrative and intersectoral tool for implementation of WHO's Thirteenth General Programme of Work, 2019–2023, health literacy needs to be taken into consideration in efforts to promote health through the life course at country level. In the WHO European Region, several initiatives focusing on health literacy in a number of areas and settings are already under way, but an integrated approach, to support a common vision, framework and synergetic implementation, has the potential to be far more effective for Member States and the WHO Regional Office for Europe than fragmented interventions.
5. Thus, responding to this potential, building on Health 2020 and its objectives, as well as on the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, and given the imperative to accelerate progress towards achieving the Sustainable Development Goals, the Regional Office has developed this roadmap for the implementation of measures to improve health literacy through the life course. The roadmap considers existing initiatives and country experiences, acknowledging the complexity of the multiple challenges faced by Member States, and aiming for an approach that is dynamically oriented, focused on sustainable solutions, and based on country-led prioritization of policy options and implementation. It will consider experience in and opportunities for strengthening health literacy, including the digital literacy approach, with a view to accelerating progress towards better health outcomes at country level for all at all ages.

The roadmap in short

6. The roadmap has been developed by the Regional Office to guide and support policy-makers and implementers in Member States in the adoption and implementation of national and subnational, evidence-based, stand-alone or integrated policies or strategies on health literacy.
7. The roadmap does not provide a complete list of relevant targets, actions and recommendations. It describes, based on the available evidence, health literacy arenas and

their potential role in strengthening the integration of health literacy into national public health agendas¹ with the objective of empowering:

- governments, by developing their capacities in health literacy and promoting data-informed policy development concerning health literacy;
- communities, by implementing and enhancing a cross-sectoral, life-course approach to health literacy and supporting health-literacy-sensitive, data-informed public health information systems and initiatives;
- organizations, by developing their health-literacy-responsive services and information systems and initiatives for targeting vulnerable groups;
- people, by developing, promoting and disseminating the health literacy concept and health literacy initiatives, and enhancing their access to health resources and their ability to exercise the right to health.

8. It is aimed at supporting health literacy development over the life course, through five strategic directions:

- increasing capacity building on health literacy;
- advocating and facilitating cross-sectoral integration of health literacy;
- advancing development and implementation of health literacy initiatives;
- improving digital health literacy;
- strengthening the measurement, monitoring and evaluation of health literacy.

9. The Regional Office will pursue implementation of the roadmap by supporting Member States in developing health-literate societies, organizations and individuals. This will be achieved through collaboration with and between Member States, United Nations agencies and other non-State actors, external partners and networks, and will make use of capacities within existing forums that work on health literacy under the auspices of the Regional Office.

The what: health literacy in the European public health agenda

Health literacy – a dynamic determinant of health

10. Health literacy is a social health determinant, an empowering capacity in health promotion strategies and a potential target of health equity initiatives and other health-related initiatives in groups experiencing social exclusion. Unfortunately, many citizens in the European Region have poor health literacy, which limits their ability to engage in decisions regarding their own, their families', and their communities' health and well-being.

11. Health literacy was defined in WHO's health promotion glossary (1998) as "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health". Since this definition was published, the concept of health literacy has been further developed. Health literacy deeply affects people's abilities to interact with health providers, make informed health

¹ Information on health literacy mandates and resolutions adopted by WHO can be found in Annex 1; the vision, aim and strategic objectives of the roadmap are also described in Annex 2.

decisions and lifestyle choices, engage in self-management, develop health-related digital competencies, navigate and access health systems, assess health information and understand health messages in the public domain.

12. Health literacy is a dynamic quality, dependent on personal capacities and skills, context, available resources, and the demands and complexity experienced by individuals as a result of their surroundings. Therefore, several concepts relating to the application of health literacy in different settings are central aspects of the understanding of health literacy itself:

- Distributed health literacy refers to the way health literacy is dispersed throughout a group, such as in a family or in an individual's social network, and is used as a collective resource to handle health information, make choices, and manage health.
- Health literacy responsiveness describes the way in which services, organizations and systems make health information and resources available and accessible, according to the health literacy strengths and limitations of the people they serve (sometimes also termed organizational health literacy).
- Community health literacy comprises the assets and capacities within communities, such as cities, neighbourhoods or groups that promote health for all the community's members. Strong community health literacy diminishes the likelihood of anyone being left behind because of their individual level of health literacy.
- Since health literacy concerns the processing of information, an important part of the health literacy agenda in modern societies is concerned with digital solutions and efforts to enhance digital health literacy, or e-health literacy. This includes a "set of individual and social factors as well as technology constraints [...] in the use of digital technologies to search, acquire, comprehend, appraise, communicate, apply and create health information [...] to maintain or improve the quality of life throughout the lifespan".²

Health literacy in health promotion

13. As a result of the Shanghai Declaration on promoting health in the 2030 Agenda, health literacy has been highlighted as a pillar in health promotion and an important factor in efforts to improve health equity globally.

14. Low health literacy has been associated with less healthy choices, riskier health behaviour, poorer health status, less self-management, and higher costs and inappropriate use of health services, and has consistently been shown to be unequally distributed across sociodemographic groupings in societies.

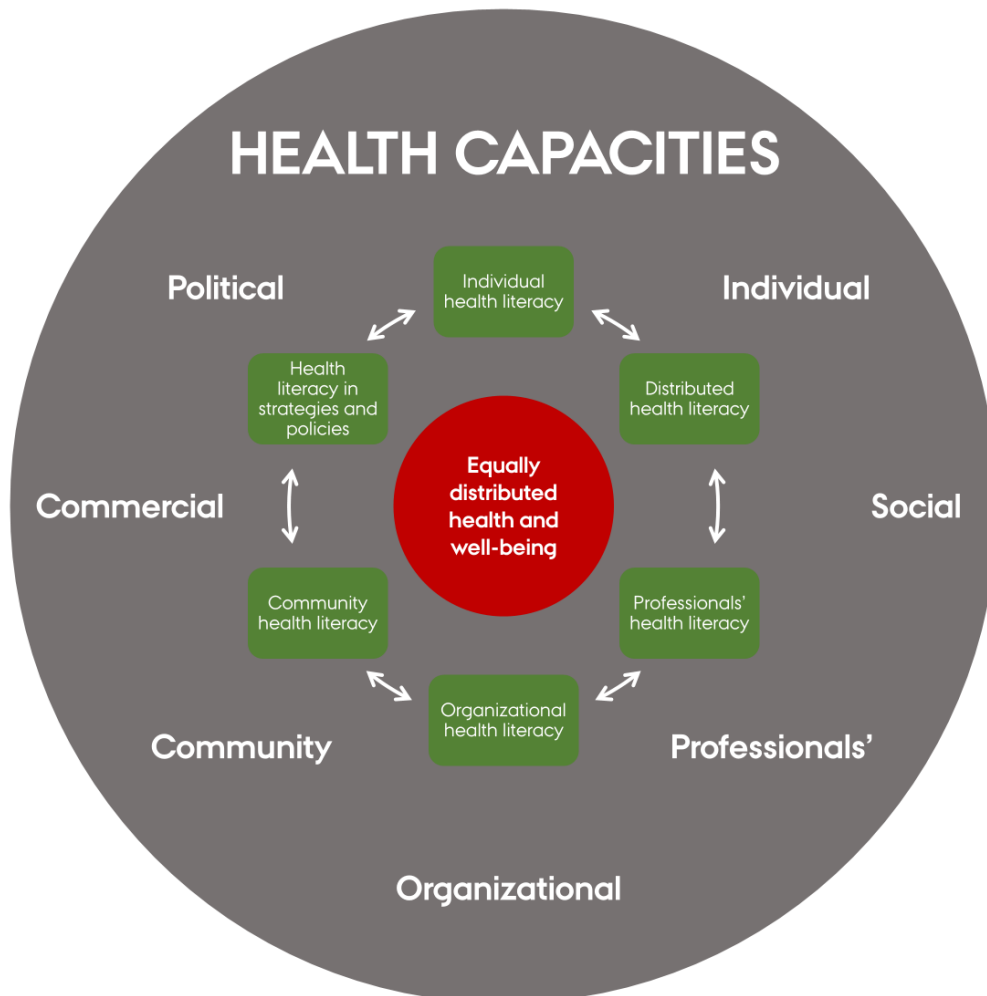
15. Enhancing health literacy facilitates the empowerment of citizens through the development of personal and collective knowledge and skills, and the creation of health-literacy-responsive settings, healthy policies and enabling environments. Health literacy also addresses stigmatization and presumptions caused by insufficient communication as well as contributing to the breaking down of gender stereotypes. It enables people-centred public health strategies and programmes to be developed, and contributes to them being able to

² Griebel L, Enwald H, Gilstad H, Pohl AL, Moreland J, Sedlmayr M. eHealth literacy research – Quo vadis? Inform Health Soc Care. 2018;43(4):427–42. doi:10.1080/17538157.2017.1364247.

achieve their goals and outcomes. Health literacy is the foundation for building the individual and collective capacity of people to act as informed participants in decision-making about health.

16. Thus, the support and development of individual, distributed and community health literacy, as well as health literacy responsiveness among health care professionals and organizations, are significant enablers of health promotion and equity in health (Fig. 1).

Fig. 1. Health literacy as an enabler of health equity and health promotion



Health literacy initiatives in Europe

17. There are large gaps in health literacy between and within countries in the European Region. In 2012 the European Health Literacy Survey (HLS-EU) reported that nearly half of all adults in the eight European countries reviewed had inadequate health literacy skills. The study confirmed that the distribution of health literacy is socially skewed and has the potential to adversely affect health outcomes. The results informed the WHO report, *Health literacy: the solid facts* (2013), which recognized the importance of the concept in public health and in which a strong case was made for an integrated approach across different areas and sectors.

18. Measurement of health literacy at population level remains an important starting point for informed development of health literacy policies and interventions. Accordingly, the Action Network on Measuring Population and Organizational Health Literacy (M-POHL) was launched in February 2018, with the aim of adding value to individual countries' efforts to measure and improve health literacy. M-POHL is preparing a new cross-national comparative survey (HLS19) following up on the original HLS-EU, to enable benchmarking and provide recommendations for evidence-informed policy and practice.

19. The WHO European Action Network on Health Literacy for Prevention and Control of Noncommunicable Diseases (NCDs) was created in early 2019 in order to build an expert community of practice in this area and involve partners in promoting health literacy and accelerating implementation of health literacy initiatives to combat NCDs. The Network supports a growing number of WHO national health literacy demonstration projects, which explore the options for health literacy interventions that may address some of the gaps in relation to equity, empowerment, and local adaption of health literacy initiatives.

20. As is evident from the Health Evidence Network synthesis report 57 (2018), 19 Member States in the European Region are either in the process of developing, or have developed, policies to address health literacy. Additionally, many European countries have institutions, networks and consortiums working within the health literacy agenda.

The where: setting the stage for health literacy initiatives

21. In the roadmap, health literacy arenas are settings in which health literacy initiatives can be developed, carried out and evaluated. To some extent the arenas overlap, and some are of an overarching nature. The arenas included in the roadmap are not meant to be an exhaustive list, but are intended to inspire creative thinking about the stakeholders and institutions that can be involved in promoting and developing health literacy.

22. Health literacy is exercised in and affected by individuals' social networks, and the societal and political context in which they live (see Fig. 1). For example, health literacy is developed through the life course by the education provided and the public information available to the individual. The sufficiency of an individual's health literacy level depends on the responsiveness of (health) organizations and the demands placed on the individual as a result of the complexity of the systems the individual must navigate. In addition, the community's preparedness to identify and support individuals in their health literacy challenges, and the commercial agendas and initiatives affecting the individual's ability to make informed choices relating to health, are of great importance.

23. Overarching all these themes is the role that health literacy is allowed to play in political agendas affecting people's health and well-being, such as health policies, social policies, education and research policies, information policies, food and agriculture policies, and city planning policies. Because of this, health literacy can and should be targeted in many arenas, but can also influence or work as a lever of other public health initiatives within and across these arenas.

24. Provided that the health literacy of decision-makers and other stakeholders at the political level is well developed, health-literate thinking can become integrated into a range of policy areas, and robust qualitative and quantitative indicators and evaluations can be

incorporated. Many European countries already have a stand-alone health literacy policy that outlines health literacy goals and guides health literacy programmes, or have integrated health literacy into existing policies and strategies (see Annex 3, Example 1).

25. The potential of communities and cities to enhance health literacy is well recognized, not least from a health promotion perspective. Communities and cities can play a critical role in making trustworthy information and healthy choices easily available so as to positively influence health and enhance healthy living.

26. In a health-literate community or city, the collective health literacy capacities support individuals and families, thereby mitigating the negative consequences of inequities and leaving no one behind. This support is exercised not only in health settings but may also involve, for example, consumer environments; educational institutions; workplaces, leisure, and public areas; and media and digital platforms (see Annex 3, Example 2).

27. Organizations play a major role in making health information easy to access, understand, evaluate and use, by making navigation intuitive and introducing new, user-friendly health-related information technologies. They are also responsible for the capacity and communication skills of their workforce, and are in a position to demonstrate leadership in health literacy by integrating it into their strategic planning and implementation, including through the provision of individualized service options.

28. Organizations, not only in health, but across many sectors, can play an important role in an integrated health literacy strategy. They include commercial and social organizations, and educational and leisure institutions. Health-literacy-responsive organizations examine their level of responsiveness and act on the findings. For example, they may educate their staff on health literacy and health-literacy-sensitive communication and use tools and guides to support these efforts. They may also work to create health-literacy-sensitive environments and support easy navigation within and between organizations. To monitor and evaluate their efforts, they may develop local indicators of health literacy responsiveness and integrate them into their monitoring and evaluation frameworks (see Annex 3, Example 3).

29. Since the concept of health literacy describes the motivation and ability of individuals to gain access to, understand and use information in ways that promote and maintain good health, individual health literacy levels among users as well as providers, influencers, and decision-makers is a precondition for successful implementation of any health initiative involving the exchange of information.

30. Increasing individual health literacy in the general population through the life course requires integrated efforts involving the support of families and groups and the general education of children, as well as the creation of health promotion and other health programmes in various settings and sectors, and the targeting of diverse populations, including groups experiencing social exclusion or specific health challenges. Enabling people to find and access up-to-date health information and assess the quality of this information is of great importance in ensuring that they have the opportunity to make informed, evidence-based, health-conscious and self-determined decisions on health issues. “Teachable moments”, such as ante- and postnatal care, and disease-induced interactions with the health care system, can be utilized (see Annex 3, Example 4).

The how: comprehensive action for health literacy

31. To support the integration of health literacy across all arenas in the European Region and individual Member States, the roadmap identifies five strategic directions. These are health literacy action areas in which the available research indicates that there are, or could be, large potential gains in improving health literacy or health literacy responsiveness at national or regional level. The strategic directions, alone or in combination, influence and can be targeted in all the health literacy arenas.

32. The five strategic directions are not exhaustive in describing relevant targets for health literacy initiatives, but each has its own justified place on the health literacy agenda.

- Increasing capacity building on health literacy: health literacy is a relatively new concept and approach, and involves many stakeholders. Capacity building for policy-makers, health professionals, educators, researchers, health-service providers, investors in health-related portfolios and others is an important first step.
- Advocating and facilitating cross-sectoral integration of health literacy: health literacy can and should be promoted in all phases of the life course, and actions for health literacy should take advantage of special opportunities and motivation for skill development in those phases. To do that, health literacy should be promoted and included in all policies through a multisectoral approach, involving a range of stakeholders and creating environments favourable to better outcomes.
- Advancing development and implementation of health literacy initiatives: although the evidence is still limited, an emerging body of successful interventions is moving beyond individual support and into the areas of organizational responsiveness, individualized service development and health promotion.
- Improving digital health literacy: in an increasingly digitalized world, initiatives that assess and target digital health literacy can increase impact across many health literacy arenas and initiatives.
- Strengthening the measurement, monitoring and evaluation of health literacy: measuring, monitoring and evaluating health literacy at population level ensures that health literacy initiatives can be data-driven and allows cross-national and intranational comparisons.

Increasing capacity building on health literacy

33. In all relevant arenas, applying health-literate thinking is dependent on the general understanding of the concept of health literacy and health literacy responsiveness among policy-makers, community leaders, managers, and workforces across all sectors. Each Member State has a different context and a different research and policy development capacity with which to develop and adapt health literacy tools, structures and processes; thus, they each need to develop and implement local contextually relevant solutions (see Annex 3, Example 5).

34. In some Member States, health literacy is a fairly new concept and approach, and capacity building of experts needs to be planned in order to increase the critical mass of

expertise at country level. In other cases, capacity already exists, but it needs ongoing development and expansion (see Annex 3, Example 6).

35. Actions to increase capacity building in health literacy at regional and/or national level may include:

- ensuring a high level of health literacy among decision-makers, for example by developing local and global governmental platforms to educate and inform policy-makers;
- identifying capacity gaps, creating initiatives, providing and promoting evidence-based tools (such as training packages on health-literacy-friendly health care practices or health literacy toolkits for specific technical areas) to build the capacity of health professionals, increase health literacy responsiveness and improve service quality;
- introducing health literacy concepts and implications into health professionals' education by carrying out government-led revisions of curricula for health professionals;
- developing and setting priority areas for health literacy research and facilitating the development of public health policies informed by health literacy research, for example by supporting the establishment of new WHO collaborating centres and research networks with a focus on specific aspects of health literacy;
- sharing information between relevant stakeholders at the global, regional and national levels, as well as between United Nations agencies.

Advocating and facilitating cross-sectoral integration of health literacy

36. The Shanghai Declaration on promoting health in the 2030 Agenda commits Member States to good governance, local action through cities and communities and investing in the empowerment of people by promoting health literacy. The document acknowledges that strengthening health literacy is not a stand-alone effort separable from other means or tools for achieving improvements in public health, but can and should be applied in different sectors and across many policy areas (see Annex 3, Example 7).

37. Individual risk in relation to a range of socioeconomic and health-related challenges accumulates over the life course, and there is a need for wider recognition of the principles of the Health-in-All-Policies approach and for ongoing political investment in health literacy. Although good examples of national advocacy and coordination mechanisms for health literacy exist (see Annex 3, Example 8), more actions are needed to involve different sectors at country level. Apart from the health sector, relevant sectors include those concerned with children's education and development, workplace environments, the service industry, food and agriculture, communication and media, and city planning (see Annex 3, Example 9).

38. Actions to advocate and facilitate cross-sectoral integration of health literacy at regional and/or national level may include:

- using health literacy in the development of policies, strategies and programmes, by:
 - encouraging leadership in integrating health literacy into and across programmatic areas;
 - establishing and empowering national coordination structures for health literacy projects and programs to ensure clear responsibility and accountability for sustainable implementation;
 - increasing coordination for planning, implementation and monitoring across relevant sectors and areas by developing frameworks and/or tools for health literacy;
 - mapping existing national and local priorities in health care and public health and identifying where health literacy can support their enhancement;
 - developing and applying health literacy policies, strategies or plans across all relevant sectors and arenas in Member States to improve health outcomes and achievements;
 - setting health literacy priorities and targets, and monitoring and evaluating the implementation and progress of health literacy policies, strategies and plans;
 - establishing and supporting national and international coalitions or alliances of decision-makers and actors across different settings to ensure the dissemination of health-literate thinking in all relevant areas;
- sharing experiences of cross-sectoral integration of health literacy policies, strategies and planning, both nationally and cross-nationally, for example through the development of an online database (see the section on “Strengthening the measurement, monitoring and evaluation of health literacy”).

Advancing development and implementation of health literacy initiatives

39. Traditionally, health literacy has been targeted mostly from a functional perspective, focusing on individuals’ cognitive abilities within specific health settings or diagnostic groups. However, more integrated approaches across many health literacy arenas have the potential to better identify needs and improve the response through the life course by decreasing barriers and improving supportive systems. The use of co-design (methods attempting to actively involve all stakeholders such as users, employees, collaborators or other stakeholders) in intervention development, implementation and evaluation phases can support the creation of context-sensitive initiatives that improve local ownership and sustainability. Documenting and evaluating specific programmes that integrate health literacy into community or organizational practice is crucial in taking health literacy beyond rhetoric and into the real world (see Annex 3, Example 10).

40. Actions to advance the development and implementation of health literacy initiatives at regional and/or national level may include:

- undertaking an audit of current health literacy activities and capacities in Member States across the Region;
- supporting the WHO European Action Network on Health Literacy for Prevention and Control of NCDs and any other collaborations that work to systematically develop, implement, or evaluate health literacy initiatives, and sharing experiences of such activities;
- establishing European leadership hubs and WHO collaborating centres in health literacy to facilitate the operation of networks and the development of evidence on health literacy interventions in general;
- supporting or developing public health literacy initiatives such as:
 - additional national health literacy demonstration projects that expand the diversity of settings covering diverse populations through the life course, the participatory methods used, and the intervention designs developed and evaluated;
 - interventions targeting health literacy in specific areas, including gender-responsive and human-rights-based health promotion, antibiotics and vaccines, infectious diseases, emergencies, sexual and reproductive health, specific conditions such as HIV and tuberculosis, and local populations experiencing social exclusion;
- sharing experiences and recommendations by:
 - documenting and publicizing case studies of effective health literacy applications within the European Region, across technical areas in the Regional Office, and in Member States;
 - developing and implementing an online database (see the section on “Strengthening the measurement, monitoring and evaluation of health literacy”);
- analysing and setting the criteria for best practices including cost-effectiveness, and fostering the link between health literacy and implementation research and social science in general;
- advocating and raising awareness through engaging the media, policy-makers, experts and community leaders to expand the reach of programmes and attract more stakeholders.

Improving digital health literacy

41. Digital health literacy defines the skills necessary for accessing and navigating digital sources of health information and tools, such as television, the Internet and mobile applications. Owing to its impact on self-efficacy, self-management and health equity, digital health literacy, or e-health literacy, is high on the political agenda.

42. Like health literacy in general, digital health literacy concerns people’s ability to process information, manage their own health and engage actively with relevant services, in

this case, digital services. However, personal aspects related to motivation and confidence are also important, as are the infrastructure and social circumstances that enable access to digital systems and services. Digital health literacy is not only relevant for specific health information solutions, but can be included in many kinds of health literacy initiatives across sectors and policy areas (see Annex 3, Example 11).

43. Actions to improve digital health literacy in all settings at regional and/or national level may include:

- integrating and enhancing digital health literacy by:
 - highlighting the role of digital health literacy in policies, strategies and plans related to health information dissemination, health systems innovation and health services delivery;
 - promoting health literacy friendliness in all digital communications and technologies in the Regional Office and in Member States by promoting reliable, trustworthy, easy to understand and adapted (so as to be relevant to people of different sexes, ages, ethnic or migration status, sexual orientation, or gender identity, or with a disability or a specific illness, etc.) sources of health information, and supporting an empowering approach to the use of digital communications and technology;
 - ensuring that digital health literacy contributes to decreasing inequalities (including gender-based) as well as social exclusion;
- setting priorities and developing initiatives to improve digital health literacy and digital health literacy responsiveness, for example in children's education and school curricula, through health professional training and education, the development of digital technology and organizations' communication practices, and in policies and strategies at all levels.

Strengthening the measurement, monitoring and evaluation of health literacy

44. Population surveys, context-specific health literacy needs assessments and assessments of health literacy responsiveness all provide opportunities for benchmarking, monitoring and evaluation as well as for increasing knowledge about specific challenges and opportunities, which can be used as data-informed starting points for the development of effective health literacy interventions.

45. Many tools are available to measure and monitor health literacy, each with its own strengths and weaknesses, comprehensiveness and ability to inform development of interventions. Examples of tools tested in the Region are the HLS-EU questionnaire (see Annex 3, Example 12) and the Newest Vital Sign test.

46. Actions to strengthen the measurement, monitoring and evaluation of health literacy at regional and/or national level may include:

- supporting M-POHL and any other collaborations that are working to systematically measure health literacy at population level;
- mapping and utilising national health literacy surveys, including those on digital health literacy and health literacy in subnational groups with known or suspected vulnerability; and supporting and conducting effective assessments of local health literacy needs, workforce capacity and health literacy responsiveness in order to inform interventions;
- considering the inclusion of health literacy indicators in national or local quality monitoring frameworks, as well as developing evaluation frameworks and undertaking effective evaluations of local health literacy policies, responses and initiatives;
- developing and implementing an online database to track and report data on:
 - health literacy initiatives and their results, including the way health literacy has had an impact on equity and outcomes;
 - the way health literacy has informed development, implementation and evaluation of policies;
 - health literacy measurement in populations across the Region, including in specific groups, for example those related to sex, age, ethnic or migration status, sexual orientation, gender identity, disability or specific illness.

Monitoring and evaluation

47. Health literacy is a developing concept within the European health promotion agenda that will be refined and further developed through the implementation of this roadmap. More evidence and experience will emerge, and it is therefore of great importance for the roadmap to be dynamic and adaptable. To document and follow up on the outlined objectives, it will also be vital to monitor and evaluate the process, achievements and challenges. In collaboration with Member States, the Regional Office will therefore map and monitor a range of national and regional health literacy initiatives in order to assess the implementation and adaptation of the roadmap so that experiences, good practices and best buys can be shared for the benefit of future health literacy efforts.

Next steps

48. Under the leadership of the Regional Office, and starting from the current activities and experiences, an action plan on health literacy will be proposed, as well as frameworks for monitoring and evaluating core activities.

49. The Regional Office will:

- provide leadership, advocacy and trust-building for effective policies, strategies and interventions for health literacy through the life course, as well as providing expertise, tools, guidelines and evidence, and collecting and disseminating good practices, in order to, inter alia, link health literacy and behavioural impact through the application of public health interventions;
- develop a comprehensive action plan on health literacy, including a monitoring and evaluation framework, building upon the work already done and experience gathered, in consultation with Member States, and as appropriate, with international, regional and national nongovernmental organizations, international development partners and technical agency partners;
- support Member States, upon request, through the provision of technical assistance and the strengthening of capacities to enhance health literacy and implement health literacy initiatives, including the development, revision and implementation of national and subnational health literacy policies, strategies, plans and actions;
- foster collaboration and exchange of information, innovations and experience on health literacy between Member States and, as appropriate, with relevant stakeholders, including United Nations agencies, and promote intersectoral and interagency action for health literacy through relevant intersectoral mechanisms and platforms.

50. Member States are urged to:

- promote health literacy, enhance governance and create environments favourable for improving health literacy through the life course, and develop public health policy options to facilitate cross-sectoral integration of health literacy interventions;
- strengthen implementation of health literacy initiatives in various public health areas of action, environments and settings, including through innovations such as digital health literacy; and foster links with implementation research and social science for enhanced behavioural impact;
- develop capacities in health literacy at different levels, from individuals and communities to institutional and government structures;
- support the generation and dissemination of evidence and good practices, including at population level;
- strengthen health literacy measurement, monitoring and evaluation; and
- consider participating in ongoing activities in health literacy of the Regional Office.

Annex 1. Health literacy opportunities resulting from Member States' declarations and governing body resolutions

1. Political calls for action related to health literacy in the context of health promotion and health equity are on the rise. In targeting unacceptable health inequities, the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, adopted in 2016, emphasizes the need for political action in health promotion across many different sectors, regions and groups experiencing social exclusion, as well as the need to prioritize good governance, local action through cities and communities, and the empowerment of people by promoting health literacy. In the Declaration, Member States make the commitment to:

- recognize health literacy as a critical determinant of health and invest in its development;
- develop, implement and monitor intersectoral national and local strategies for strengthening health literacy in all populations and in all educational settings;
- increase citizens' control of their own health and its determinants, through harnessing the potential of digital technology;
- ensure that consumer environments support healthy choices through pricing policies, transparent information and clear labelling.

2. Health literacy also forms one of the four enablers in the roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being (adopted by the WHO Regional Committee for Europe in 2017). That document emphasizes the fact that the broad promotion of health literacy, supported by digital health technology, has the potential to empower citizens, decision-makers and investors and support the delivery of a range of Sustainable Development Goal targets.

3. Being a consequence of individual abilities and their application in communities and systems, health literacy is formed, developed, and can be targeted through the life course. Health 2020, the European policy framework that supports action across government and society for health and well-being, includes actions on improving health literacy under its priority area 1: investing in health through a life-course approach and empowering people.

4. In addition, the WHO Commission on Social Determinants of Health identified poor health literacy as a likely contributor to health inequities between social groups, which they recommend in general should be targeted using a life-course perspective, for example in early childhood, among mothers-to-be, and in family and work settings. In a number of WHO documents, countries are called upon to scale up efforts to strengthen health literacy at population level, by providing an enabling environment and health-literacy-sensitive education, and by implementing targeted mass media and social media campaigns.

5. Choosing a life-course approach to health literacy underlines the central importance of cross-sectoral integration of health literacy in all policies and strategies. The Helsinki Statement on Health in All Policies, adopted at the 8th Global Conference on Health Promotion (Helsinki, Finland, 10–14 June 2013), called on governments to include communities, social movements and civil society in the development, implementation and monitoring of Health in All Policies and the building of health literacy in populations. The WHO Health Evidence Network synthesis report 57, entitled “What is the evidence on existing policies and linked activities and their effectiveness for improving health literacy at

national, regional and organizational levels in the WHO European Region?” highlights effective policy-related activities in health literacy, mostly in the health and education sectors, and proposes areas for future development.

Annex 2. Vision, aim and objectives

1. The WHO Regional Office for Europe will support Member States in adopting and implementing national, subnational and city-level standalone or integrated policies or strategies on health literacy. The present roadmap directs the Regional Office to guide and support Member States in achieving this vision.
2. The roadmap has the following strategic objectives:
 - empower governments by developing their capacities in health literacy and promote data-informed policy development concerning health literacy;
 - empower communities by implementing and enhancing a cross-sectoral, life-course approach to health literacy and supporting health-literacy-sensitive, data-informed public health information systems and initiatives;
 - empower organizations by developing their health-literacy-responsive services and information systems and initiatives for targeting vulnerable groups;
 - empower people by developing, promoting and disseminating the health literacy concept and health literacy initiatives, and enhancing their access to health resources and their ability to exercise the right to health.
3. The roadmap identifies interrelated and overlapping arenas in which health literacy can be enhanced at the political, community, organizational, and individual levels. Across these arenas, the roadmap aims to strengthen the integration of health literacy in five strategic directions:
 - increasing capacity building on health literacy;
 - advocating and facilitating cross-sectoral integration of health literacy;
 - advancing development and implementation of health literacy initiatives;
 - improving digital health literacy;
 - strengthening the measurement, monitoring and evaluation of health literacy.
4. Health literacy initiatives and interventions should be tailored to the needs of all people, including groups experiencing social exclusion, be responsive to local needs and context, build on the existing health policy environment, and contribute to – not replace or undermine – ongoing health promotion activities. They may be viewed as an enhancement of, or support for, existing health promotion strategies and plans. Initiatives and interventions on health literacy should acknowledge the complexity of the multiple challenges faced by Member States and aim for an approach that is dynamic, focused on sustainable solutions and based on country-led prioritization of policy options and implementation.
5. The Regional Office will provide further assistance for Member States to strengthen their capacities in health literacy. It will strengthen coordination among United Nations agencies and partnerships at the regional and subregional levels, as well as support the alignment of activities between the three levels of WHO.

Annex 3. Examples

1. Example 1 – a health literacy action plan: one of the first places to develop a national health literacy strategy was Scotland, United Kingdom of Great Britain and Northern Ireland. The strategy, “Making it Easy: a Health Literacy Action Plan for Scotland” was issued in 2014, focusing on capacity building and development of health literacy-sensitive initiatives and structures. The follow-up plan, “Making it Easier: a Health Literacy Action Plan for Scotland 2017–2025”, broadened the efforts to integrate health literacy across arenas by targeting the dissemination of experiences, the embedding of health literacy in policies and practices, and the cultural changes necessary to enhance health literacy responsiveness in organizations and communities.
2. Example 2 – OPTimizing HEalth LIterAcy (Ophelia) and HealthLit4Kids: the Ophelia approach is an example of a system that opens a dialogue with community members in order to identify and respond to local health literacy challenges. It supports the identification of community health literacy needs and the development and testing of potential solutions. It has been applied in many settings, such as community health centres, municipal councils, hospitals and public health services. HealthLit4Kids is an Australian initiative that applies the Ophelia approach in a school environment and involves teachers, parents and children.
3. Example 3 – self-assessment of organizational health literacy in a non-health setting: in Austria, a hospital-based health-literacy responsiveness tool has been adapted to a non-health setting. Youth workers were introduced to the concept of organizational health literacy in a series of workshops, and using the Vienna Concept of health-literate hospitals and health care organizations, were then helped to develop guidelines for health-literacy-friendly extracurricular youth work. These guidelines were used in the development of a self-assessment tool to measure how easily young people can navigate, understand and use information and services to take care of their health.
4. Example 4 – the Chronic Disease Self-Management Programme: the European Union (EU)-funded Intervention Research on Health Literacy among Ageing Populations project has conducted a quality assessment of health literacy interventions and identified promising strategies. One of these is the Chronic Disease Self-Management Programme, which has been widely tested across many countries. The programme consists of small-group education workshops on patient self-management that are community-based and peer-led, and held over a six-week period.
5. Example 5 – capacity building for emergencies: the recently released WHO five-step capacity-building package for emergency risk communication in European countries includes a strong component on embedding health literacy and community engagement in risk communication, tailored to countries’ needs. The package engages Member States in an iterative process to develop, test and adopt national health emergency risk communication plans and to integrate them into new or existing national action plans for emergency preparedness and response under the International Health Regulations (2005). At all stages, considerations regarding public health literacy and its effect on effective emergency risk communication have been incorporated into the package.
6. Example 6 – sharing experience and knowledge: the WHO Regional Office for Europe has teamed up with the University of Erfurt in Germany to jointly organize the annual Behavioural Insights Summer School, which brings together professionals and young

researchers to learn from each other about the barriers to and drivers of vaccination among key target groups and to build participants' capacities to respond to challenges related to vaccination uptake or hesitancy. The overall objective is to strengthen understanding and knowledge at the level of national immunization programmes in the European Region.

7. Example 7 – Healthy Cities Network: the WHO European Healthy Cities Network is an example of a cross-sectoral initiative supported by the Regional Office that works to engage local governments in making political commitments and implementing institutional change, capacity building, partnership-based planning and innovation. In the Copenhagen Consensus of Mayors, adopted at the WHO European Healthy Cities Summit of Mayors in 2018, decision-makers across the Network made the commitment to strengthen the health literacy of populations through the life course as a tool to encourage participation and empowerment.

8. Example 8 – national coordination structures and mechanisms: health literacy alliances have been implemented in the German-speaking countries – Austrian Health Literacy Alliance (Austria), Allianz für Gesundheitskompetenz (Germany), Allianz Gesundheitskompetenz (Switzerland) – to advance national health literacy agendas.

9. Example 9 – health literacy in school children: initiatives aimed at schoolchildren provide opportunities to create understanding at an early age and encourage positive attitudes towards health promotion and prevention initiatives. Schools for Health in Europe is a network of national school health promotion associations linked with the Regional Office that promote health literacy through a whole-school approach, in which the school environment contributes to the promotion of health literacy. In addition, the Health Behaviour in School-aged Children survey monitors schoolchildren and adolescents in 49 countries and has included health literacy in its questionnaire.

10. Example 10 – national health literacy demonstration projects: the WHO European Action Network on Health Literacy for Prevention and Control of Noncommunicable Diseases (NCDs) was created in early 2019 in order to build an expert community of practice and involve partners in promoting health literacy and accelerating implementation of health literacy initiatives that combat NCDs. Seven national initiatives across the Region have already been identified as WHO national health literacy demonstration projects. Each of them works to identify and build local solutions, and also generates evidence of acceptable and effective action in local communities and organizations. With the implementation of a range of national health literacy demonstration projects, and supported by the community of practice to share experiences and evaluations, scalable in-country innovations can be identified and promoted.

11. Example 11 – best practices in Mobile Health (mHealth): the EU-funded mHealth Innovation and Knowledge Hub is a collaboration between WHO and the International Telecommunication Union that aims to support countries in integrating the use of mHealth into national health care services. To meet global demand for guidance on how to deploy mHealth in national health systems, the hub is dedicated to collecting and sharing best practices on mHealth and to providing support on how to implement mHealth initiatives nationally. Incorporating governance and key actions for digital health literacy within the mandate would be of benefit for the health literacy agenda.

12. Example 12 – regular European health literacy surveys: M-POHL, which operates under the umbrella of the European Health Information Initiative, aims to enhance health in the Region by facilitating the exchange of experiences and ensuring the availability of high-

quality and internationally comparative data for benchmarking in relation to population health literacy and the health literacy responsiveness of health care systems and organizations. Based on the data, M-POHL also recommends evidence-informed policy and targeted practice interventions in health literacy. One of the current activities of M-POHL is the Health Literacy Population Survey 2019–2021, in which national samples of health literacy data will be collected for cross-national analysis and benchmarking between participating Member States. It is the second comparative European Health Literacy Survey (the first being in 2012). M-POHL is working to make it a continuing activity.

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