

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

WHO GCM/NCD Working Group on Health Literacy and  
Health Education for NCDs (WG 3.3, 2016-2017)  
First Meeting

27 - 28 February 2017  
WHO HQ, Salle G  
GENEVA, SWITZERLAND

**- Summary report by Co-Chairs -**

**DAY 1 – 27 February 2017**

**Session One**

1. The first meeting of the WHO GCM/NCD Working Group on health education and health literacy for NCDs commenced with welcoming remarks by the two Co-chairs – Dr. Lixin Jiang from China and Professor Sergey Boytsov from the Russian Federation.
2. The Co-Chairs welcomed the eleven Working Group members that were in attendance and explained the purpose of the Working Group as outlined in the GCM/NCD Work Plan 2016-2017, which is to “call on Member States and non-State actors to promote health education and health literacy for NCDs with a particular focus on populations with low health awareness and/or literacy, and taking into account the cost-effective and affordable interventions for all Member States contained in Appendix 3 of the WHO Global NCD Action Plan 2013-2020.”

The co-chairs proceeded to nominate Dr Lorie Donelle as a rapporteur and the agenda was unanimously adopted with no objections.

In order to launch the meeting with a clear focus, the Co-chairs raised the following key questions to the group 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 implementing 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?
3. Dr Bente Mikkelsen, Head of the Secretariat for the Global Coordination Mechanism for the Prevention and Control on NCDs (GCM/NCD) gave her opening remarks, highlighting several overarching considerations:
- WHO is witnessing a rapidly increasing demand from countries for technical assistance to be provided through bilateral and multilateral channels, which would enable countries to strengthen their capacity to develop national multisectoral NCD responses
  - The Shanghai Conference concluded that health literacy is one of the key health promotion pillars to achieve the 2030 Agenda for Sustainable Development.
  - WHO Member States have specifically mandated the GCM to convene a Working Group to promote health education and health literacy for NCDs, in view of realizing high-level commitments, including at the UN General Assembly Meetings on NCDs and the Shanghai Conference.
  - Only through multistakeholder and multisectoral engagement and action will interventions aimed at the improvement of health education and literacy be truly successful and sustainable.
  - There is now readiness to move from commitments to action at national and subnational level.
4. Dr Bente Mikkelsen then proceeded to provide an overview of the WHO GCM/NCD. The presentation can be found here [http://www.who.int/global-coordination-mechanism/working-groups/gcm\\_overview.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/gcm_overview.pdf?ua=1)

## Session Two

5. The 4 global experts in the field of health literacy, appointed by WHO as Special Advisors to this Working Group, were introduced.

- a) Professor Ilona Kickbusch  
Director of the Global Health Centre and adjunct professor at the Graduate Institute of International and Development Studies in Geneva
- b) Professor Don Nutbeam  
Professor of Public Health at the University of Sydney
- c) Dr David Novillo  
Advisor, Knowledge Management & Digital Health  
Regional focal point for the WHO eHealth Program, PAHO
- d) Dr Ishu Kataria  
Global Chapter Coordinator of the Young Professionals Chronic Disease Network

Additionally, the Facilitator of the Working Group, Professor Richard Osborne, Chair of Public Health and Deakin University, Australia was introduced. In his introductory remarks he stressed his intention of promoting interactive, inclusive and engaging sessions during the 2-day meeting.

6. Dr Guy Fones, Advisor for the GCM/NCD Secretariat, made an introductory presentation explaining the role of GCM/NCD and the mandate of the Working Group. His presentation can be found here [http://www.who.int/global-coordination-mechanism/working-groups/wg3.3\\_scope.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/wg3.3_scope.pdf?ua=1)
7. Overview of Health Literacy
  - a) Special Advisors, Don Nutbeam and Ilona Kickbusch explained the current definition and scope of Health Literacy and Health Literacy interventions.
    - Professor Ilona Kickbusch's presentation, titled "Health Literacy – Stepping Up Impact", can be found here [http://www.who.int/global-coordination-mechanism/working-groups/hl\\_kickbusch.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/hl_kickbusch.pdf?ua=1)
    - Professor Don Nutbeam's presentation, titled "Literacy, Health Literacy and Health Promotion" can be found here [http://www.who.int/global-coordination-mechanism/working-groups/hl\\_nutbeam.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/hl_nutbeam.pdf?ua=1)
  - b) This background information was supplemented by Dr Faten Ben Abdelaziz, Coordinator of Health Promotion, WHO. Dr Ben Abdelaziz' presentation can be found here <http://www.who.int/global-coordination-mechanism/working-groups/abdelaziz-hl.pdf?ua=1>
8. Country Case Presentations  
The second part of the session was devoted to country case presentations by the members of the Working Group, including opportunities, bottlenecks and challenges for implementation and scale-up.

- a) Dr Rosmond ADAMS presented on the Caribbean perspective in a presentation titled Caribbean Public Health Agency (CARPHA), which can be found here [http://www.who.int/global-coordination-mechanism/working-groups/caribbean\\_cc.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/caribbean_cc.pdf?ua=1)
- b) Dr Hla Mya Thway EINDA presented on the Myanmar perspective in a presentation titled “Myanmar Presentation”, which can be found here [http://www.who.int/global-coordination-mechanism/working-groups/myanmar\\_cc.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/myanmar_cc.pdf?ua=1)
- c) Ms Erika PLACEA from Switzerland presented on the Swiss perspective and an overview of a Swiss-supported, long-term project in Kyrgyzstan:  
The presentation on the Swiss perspective, titled “Health Literacy in Switzerland”, can be found here [http://www.who.int/global-coordination-mechanism/working-groups/swiss\\_cc.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/swiss_cc.pdf?ua=1)  
The presentation on the Kyrgyzstan perspective is titled “Improving Health Literacy in Kyrgyzstan” and can be found here [http://www.who.int/global-coordination-mechanism/working-groups/kyrgyzstan\\_cc.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/kyrgyzstan_cc.pdf?ua=1)
- d) Mr Ion SALARU from the Republic Of Moldova presented verbally on a country-led education campaign on bakery goods that contain iron and folic acid.
- e) Ms Judith SEGNON presented on the Benin perspective and the presentation can be found here [http://www.who.int/global-coordination-mechanism/working-groups/benin\\_cc.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/benin_cc.pdf?ua=1)
- f) Dr Pandup TSHERING presented on the SEARO region perspective in a presentation titled “Bhutan” which can be found here [http://www.who.int/global-coordination-mechanism/working-groups/searo\\_cc.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/searo_cc.pdf?ua=1)

We heard from many 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.

We also heard valuable inputs from countries present on some of the very similar challenges faced when considering health literacy: lack of competencies, competing health and social priorities in already weak health systems, slow political buy-in, implementation of one time interventions with limited impact, lack of sustainable

funding for health literacy interventions, lack of coordination mechanism between programs and sectors, limited measurement tools, not enough baseline data, lack of sustainability at the health workforce level and the need to validate tools in support of health literacy interventions, in particular mHealth tools.

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.

### Session Three

9. The Shanghai Conference on Health Promotion was held on 21–24 November 2016. The outcome of this 9<sup>th</sup> Global Conference on Health Promotion, which was jointly organized by the Government of China and WHO, is a concise Shanghai Declaration on Health Promotion which is endorsed by the participants of the Conference and an innovative Mayors Consensus.

The Shanghai Declaration recognizes that health literacy is a critical determinant of health and promotes focused investments in its development; it highlights the importance of empowering individual citizens and enabling active engagement in collective health promotion action; and it offers set of key actions, which key stakeholders should act on and report progress against over time.

Dr. Faten Ben Abdelaziz, coordinator of Health Promotion at WHO and Special Advisor, Professor Ilona Kickbusch briefed the Working Group on the outcomes of the Conference and explained that the Working Group should be building on the outcomes of the conference. Emphasis was placed on how health literacy could contribute to the realization of the Sustainable Development Goals (SDGs) and the presentation along with the subsequent discussion focused on addressing the following key questions:

- How can health literacy be enhanced to meet the Sustainable Development Goals (SDGs)?
- How can health literacy influence systems to achieve SDGs?
- How can health literacy support mind shift and decision making?
- What can you do to advance the recommendations from the Shanghai Declaration?

More information on the presentation can be found here [http://www.who.int/global-coordination-mechanism/working-groups/shanghai\\_con.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/shanghai_con.pdf?ua=1)

10. Following the Shanghai Conference, the co-chair from China, Dr. Lixin Jiang supported by National Centre for Cardiovascular Diseases, China (NCCD) and in collaboration with the WHO GCM/NCD Secretariat held a workshop for Working Group 3.3 members in Beijing titled, *Building on the Shanghai Conference: Improving Health Literacy for NCDs in the SDG-era*. The 2-day Workshop was held on 25-26 November 2016, in Beijing, in the margins of the Shanghai Conference. It was an extremely valuable opportunity to provide added value not only to the Working Group deliberations but also to the outcomes of and follow-up to the Shanghai Conference itself.

- a) The four Working Group attendees of the Beijing Workshop shared information about the lessons learned and take-home messages that influenced their thinking after that meeting. The main conclusions focused on the critical need of identifying and implementing health literacy interventions to address the diversity of local needs and settings, with differentiated objectives and contents.
- b) Working Group members were extremely excited to learn that the Workshop fast tracked the identification of the first 2 demonstration projects on health literacy interventions that will be launched by this Working Group.
- c) The objective of the Demonstration Projects is to advance national and international health literacy practice in support of accelerated progress in countries towards realizing their high-level commitments for the prevention and control of NCDs and SDG target specific to NCDs (target 3.4).

Updates were provided on the first 2 demonstration projects: one by China, on a Health Literacy intervention on cardiovascular diseases in 5 rural communities and the second in Egypt, which is on a Health Literacy intervention addressing risk factors in a fisherman's community. More information on the projects is provided in their presentations which can be found here.

China: [http://www.who.int/global-coordination-mechanism/working-groups/china\\_demo.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/china_demo.pdf?ua=1)

Egypt: [http://www.who.int/global-coordination-mechanism/working-groups/egypt\\_demo.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/egypt_demo.pdf?ua=1)

More importantly, an open call was launched to all Working Group members to identify further national demonstration sites that could further enhance the much needed body of evidence. In response to the call, Myanmar announced its intention

to work towards launching a Health Literacy survey that will define context-specific Health Literacy interventions.

- d) Working Group members asked questions about and commented on the Beijing Workshop conclusions, specifically the demonstration projects and identified possible elements from the Shanghai Conference and the Workshop that they could build on. During the deliberations, it was brought up that there seems to be much evidence of the lack of Health Literacy, but less on the solutions, and even less on methods to scale up interventions that have already been done in particular communities. Further, it was decided that there should be clear ethical and moral criteria in all of the proposed Health Literacy initiatives and that there is a need to engage and confirm support from local leaders in order to ensure buy in.

11. Closing remarks were provided by the co-chairs

## **DAY 2 – 28 February 2017**

### **Session One**

1. The Co-Chairs welcomed the group to the second day of deliberations, recapped the activities of the first day, and highlighted the expectation for day 2. The rapporteur, Dr Lorie Donelle gave a presentation on the key issues that emerged from Day 1.

### **Session Two**

2. Special Advisor, Dr Ishu Kataria presented on the value of health education for the prevention and control of NCDs, specifically on the importance of a literate health workforce and enhanced youth engagement in the field. Dr Kataria highlighted that though a common target for health-improving efforts, youth are not often regarded as drivers of change for more literate communities. However, a growing number of successful health reforms have been linked to youth involvement. She cited the NCD Youth Caucus at the International Federation of Medical Students Associations (IFMSA) General Assembly and subsequent Budva Youth Declaration for NCDs and was able to show through a survey, conducted on the youth involved in the Young Professionals Chronic Disease Network, that there is need for increased education on the topic of NCDs in the medical curriculum. The presentation, including the results of the survey can be



found here [http://www.who.int/global-coordination-mechanism/working-groups/hl\\_youth.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/hl_youth.pdf?ua=1)

3. The facilitator, Professor Richard Osborne explained the role of health literacy measurement to support policy and practical actions for NCDs

### Session Three

4. “How to” workshop

A break out session for a preliminary mapping of context-specific best buy interventions was held and the group was divided into three teams. The discussion was centred around country-level and context-specific development, implementation and improvement of health literacy interventions aimed at improving equity of access, service delivery and outcomes for people with low health literacy on NCDs. (Possibly **add a version of the comprehensive foci** to show as a result of this session.)

5. Although there are important differences between regions, approximately 47% of the global population is connected to the Internet. 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.
  - a) Special Advisor David Novillo, in collaboration with WHO M-health team explained how e-health can be used as a tool for the improvement of Health Literacy of NCDs. Dr Novillo delved into the possibilities of turning the internet into the main ally in the fight against NCDs. The presentation can be found here [http://www.who.int/global-coordination-mechanism/working-groups/digital\\_hl.pdf?ua=1](http://www.who.int/global-coordination-mechanism/working-groups/digital_hl.pdf?ua=1)
  - b) Mr Sameer Pujari from the WHO mHealth initiative spoke on the “Be healthy Be mobile initiative”. Mr Pujari emphasized that by 2020 there will approximately 29 billion devices in use worldwide and that in line with this expansion of opportunities, 90 countries have, to date, requested technical support on digital health interventions. These figures necessitate the incorporation of digital Health Literacy reform into the final Working Group recommendations. More information can be found in the presentation here <http://www.who.int/global-coordination-mechanism/working-groups/mhealth.pdf?ua=1>
6. Meeting Wrap up



- a) The meeting concluded with the attendees expressing their expectations from the Working Group and, in particular, what areas of recommendations on health education and health literacy did their own countries require.
- The following preliminary areas of recommendations emerged from the discussions:
- Set I: Building the political case for Health Literacy
    - National Health Literacy Strategy: mainstreaming into existing health and sectoral strategies
    - Coordination and Accountability Framework
    - National Health Literacy Survey: national data, gaps, contexts
    - Increase research on Health Literacy assessment tools
    - Economic burden of low Health Literacy
    - Stakeholder mapping
  - Set II: Country-specific target groups
    - National level: National level interventions (i.e. Surveys, demonstration projects; media, campaigns)
    - Policy makers: cross-sectoral; national and subnational
    - Health Care Providers: medical curriculum and existing work force; insurance providers
    - Youth: Schools, child and adolescent health literacy
    - General Public: service users; consumers; community level (Enabling community action on health)
    - Marginalized population groups: migrants, those not engaging with/excluded from health sector
  - Set III: Mapping of potential best buy interventions on health education and literacy
    - What Works?: evidenced based solutions; best practices; country cases; demonstration projects
    - Potential cost-effective interventions on health literacy for different contexts, settings and populations
    - Demonstration projects: proof of concept and scaling up
- b) A preliminary roadmap for the year-long Working Group was outlined followed by a brief discussion on any further information, support, experts or stakeholder hearings that the Working Group may require for its following meetings. Further, the group identified stakeholders (ex: Healthy Caribbean Coalition, CARICOM, PAHO and Economists) that they wished to invite to the next meeting.
- c) A schedule for the upcoming meetings was proposed for decision during the following weeks:
- a. The second meeting was proposed for June 12-13, 2017

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- b. The third meeting for October 2-3, 2017.
  - d) The meeting closed with remarks from both Co-Chairs at 16:45