Global Health Literacy Academy

HEALTH LITERACY AND THE SDGS

Advancing Health Literacy by Design for sustainable development

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Chiang Mai AHLA Conference November 2026

Global Health Literacy Academy

Happy Health Literacy Month







Inspiration from Chiang Mai

Health literacy is like a coconut

Soft on the inside

Dignity, empathy and being understood: the heart of health literacy.

Hard on the outside

Some of the hardest evidence in public health: outcomes, costs, equity and safety.

THE SOFT INSIDE

“Isn’t that a soft skill?”

Health literacy sounds kind: clear words, plain language, a friendly leaflet, a patient who feels heard. Nice to have…

Dignity

Empathy

Being understood

But it is a mistake to stop there.

THE HARD SHELL

Behind the soft language sits hard evidence

≈1 in 2

Scale

Nearly half of respondents in the first European survey had limited health literacy.

Outcomes

More admissions and emergency visits, less prevention, poorer medication management.

3–5%

Money

of total health expenditure may be linked to limited health literacy.

Equity

It follows the social gradient and widens the gaps systems claim to close.

Safety

Misunderstood instructions and unclear consent are patient safety risks.

Readmissions, adherence, costs, trust and risk are barriers to the sustainable development goals.

Sources: HLS-EU (Sørensen et al., 2015); M-POHL HLS19; WHO Europe

GLOBAL
HEALTH LITERACY
ACADEMY



Leave no one behind

A world under pressure







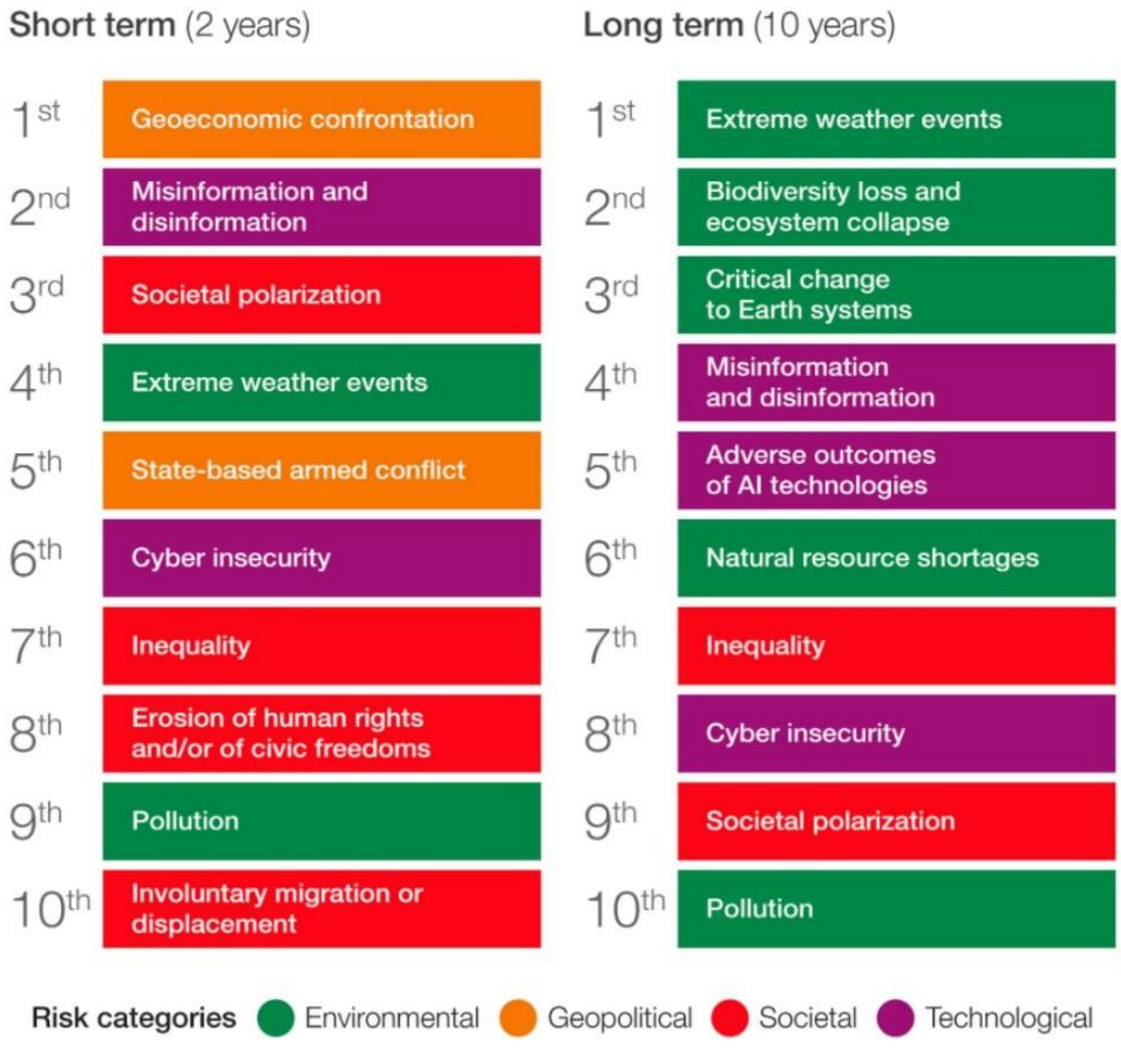








Perceived risks

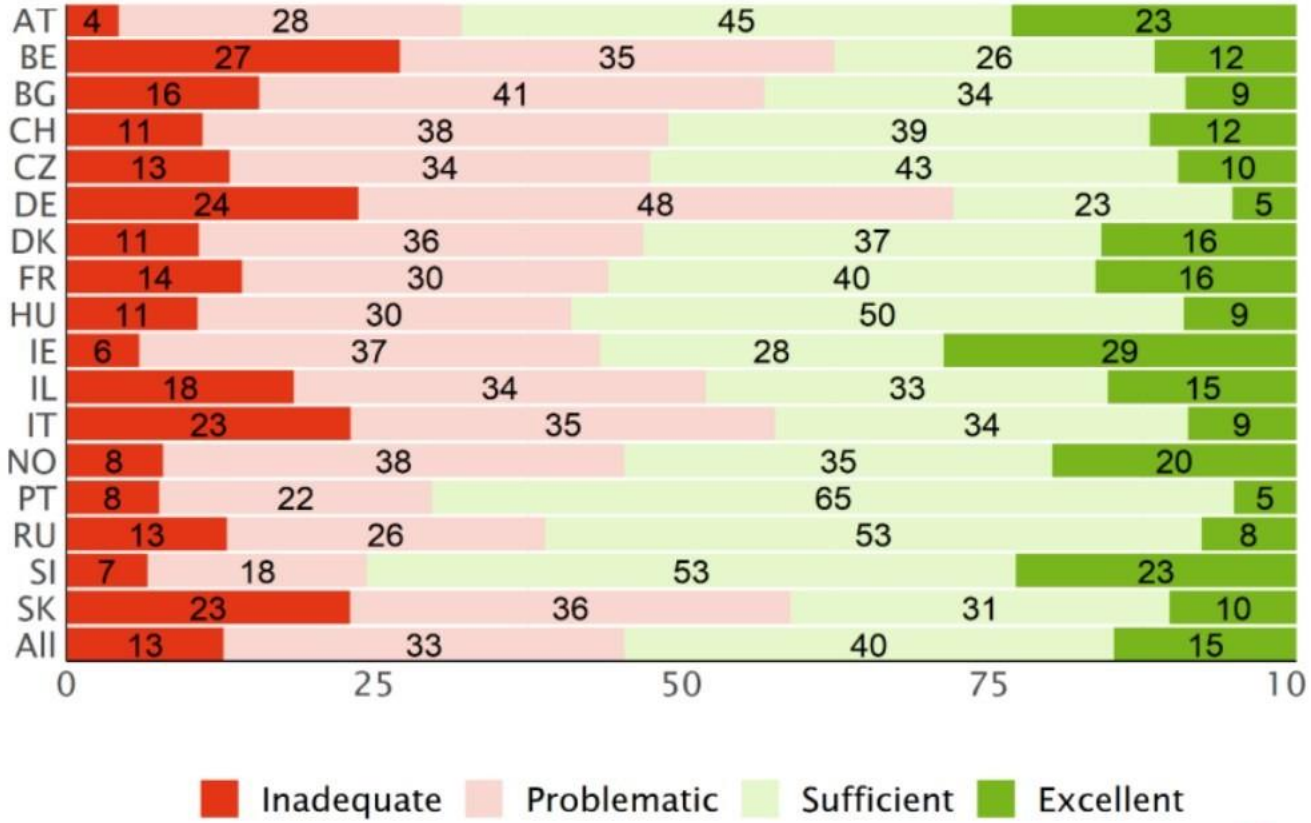


Source: World Economic Forum Global Risks Perception Survey 2025-2026.



Health literacy is a public health challenge

Percentage of respondents by categorical level of General HL as measured by the HLS19-Q12, for each country and the mean for all countries



Source: HLS19 Consortium


ECONOMIST IMPACT
The cost of low health literacy in the UK is an estimated £2-4 billion a year and an estimated $236 billion in the US
Supported by HALEON



Health protection

Protecting life to survive



Health care

Cure and care



Disease prevention

Preventing illness



Health promotion

Promoting health



Self-care

Personal and family care



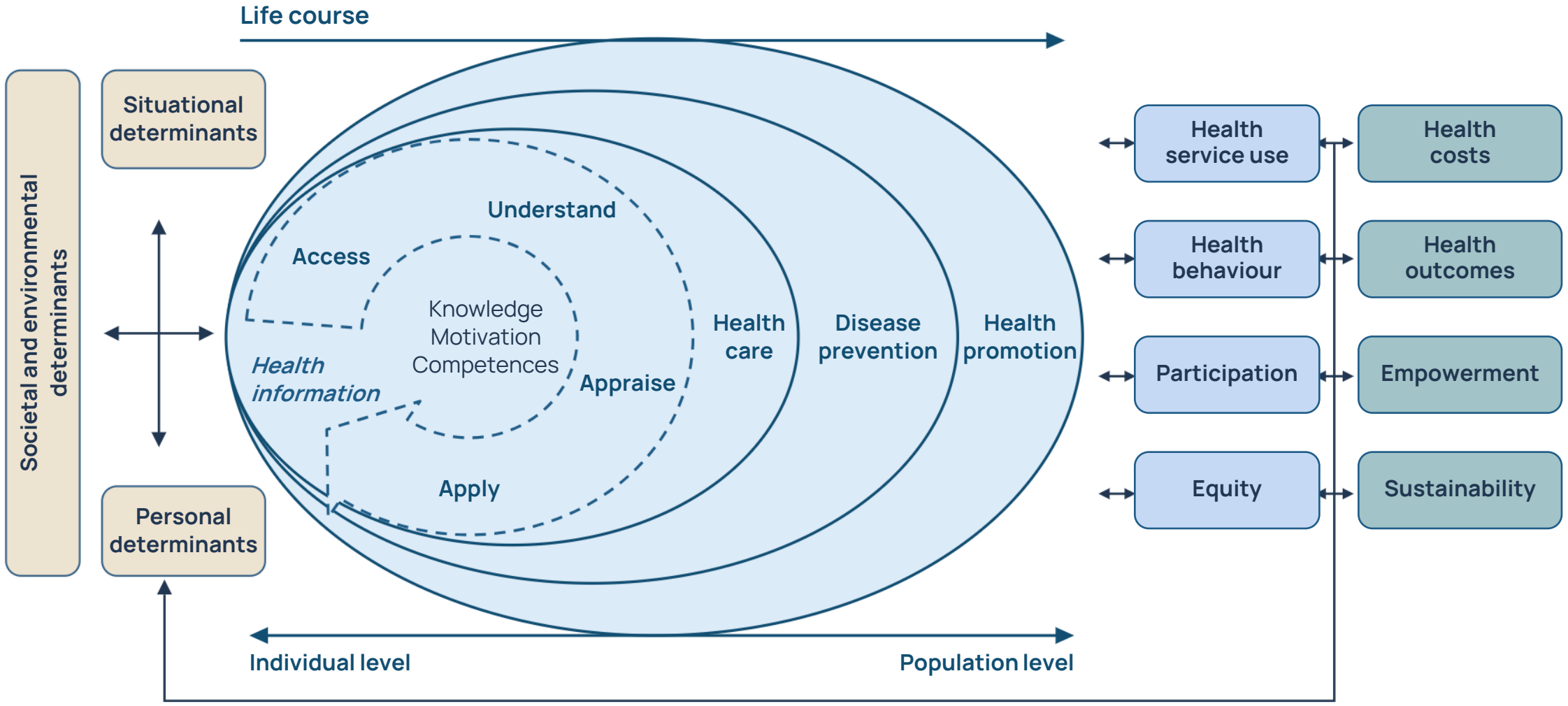
Well-being

Well-being of people and planet

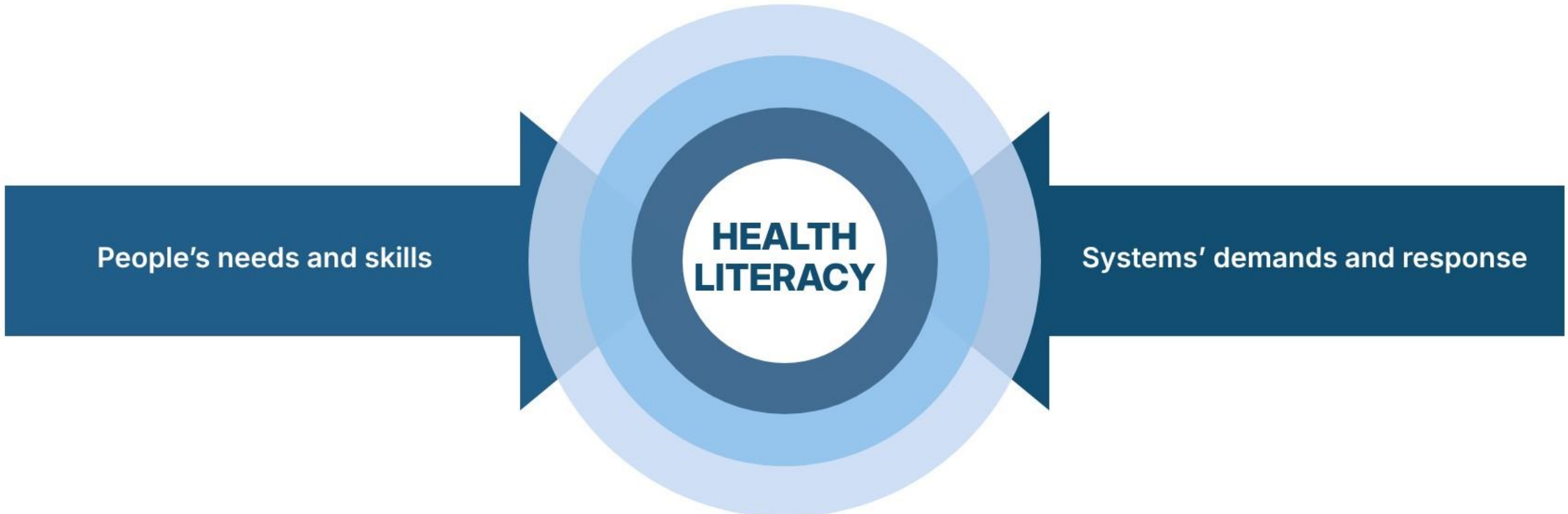
HEALTH LITERACY

Awareness → **Knowledge** → **Competency** → **Proficiency** → **Expertise**

The integrated model of health literacy



Source: Sørensen et al. (2012), Health literacy and public health, BMC Public Health 12:80

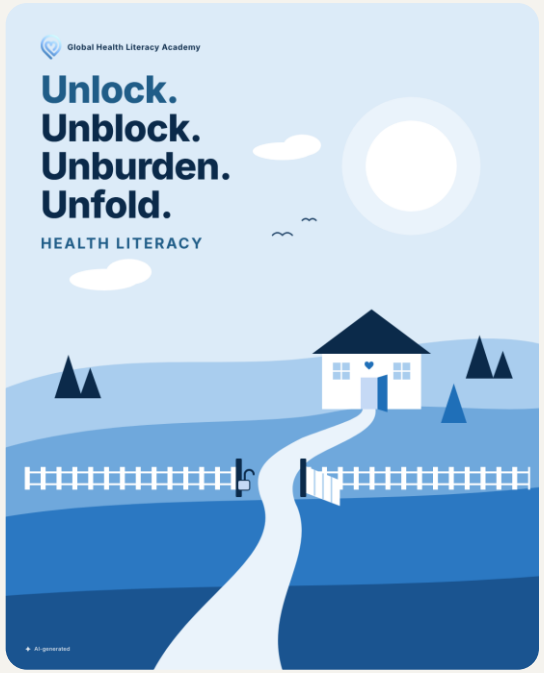

People's needs and skills
HEALTH LITERACY
Systems' demands and response

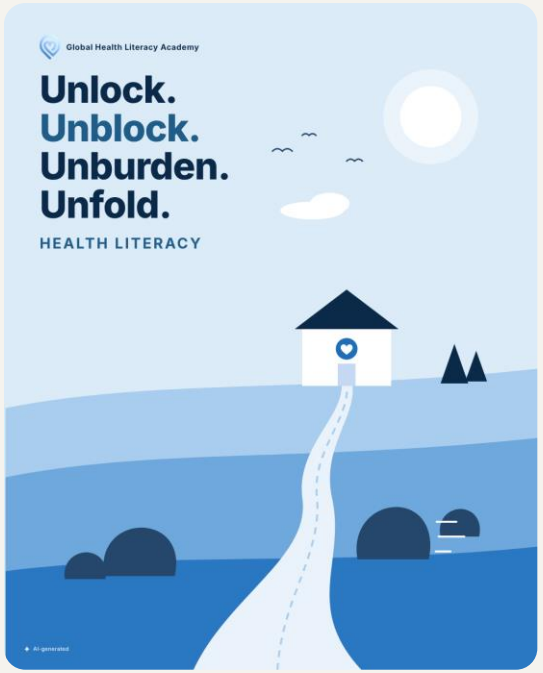
Don’t ask people to navigate a complex system.

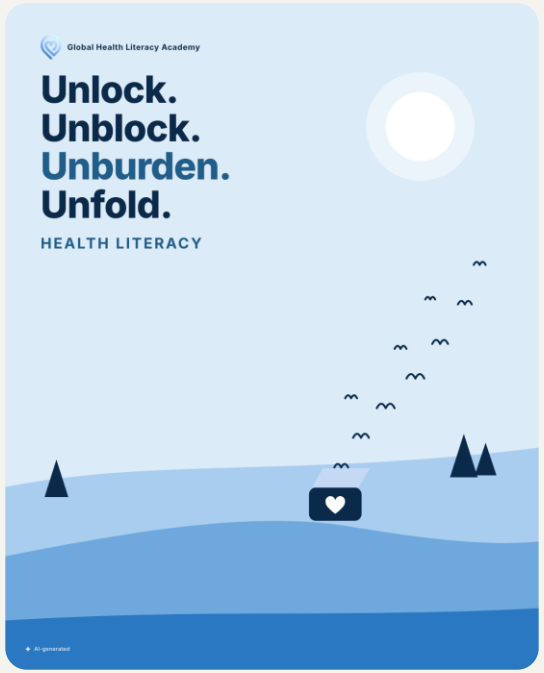
Design the system so people can succeed.

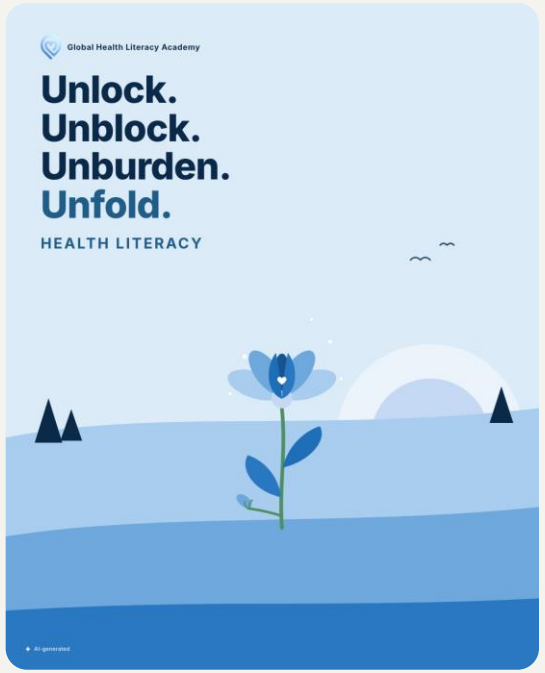
HEALTH LITERACY MONTH 2026

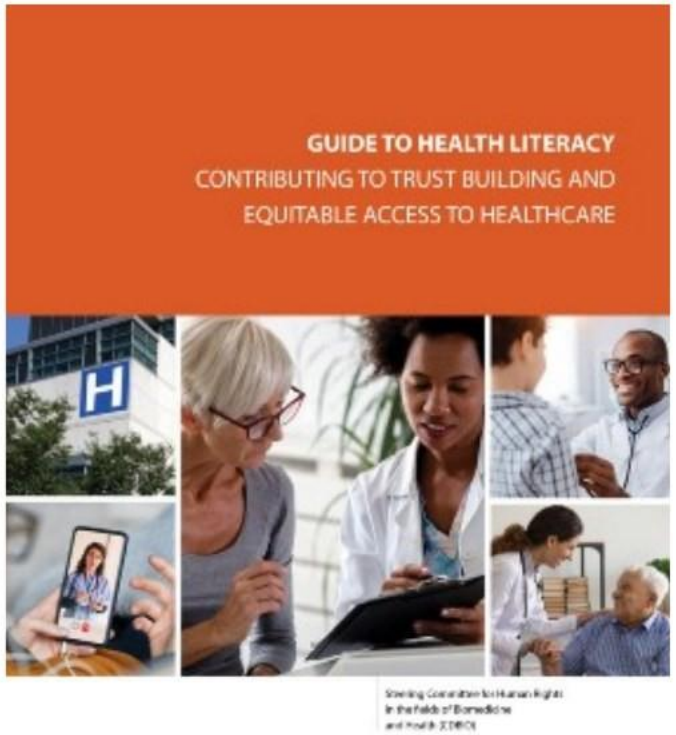
Unlock. Unblock. Unburden. Unfold.

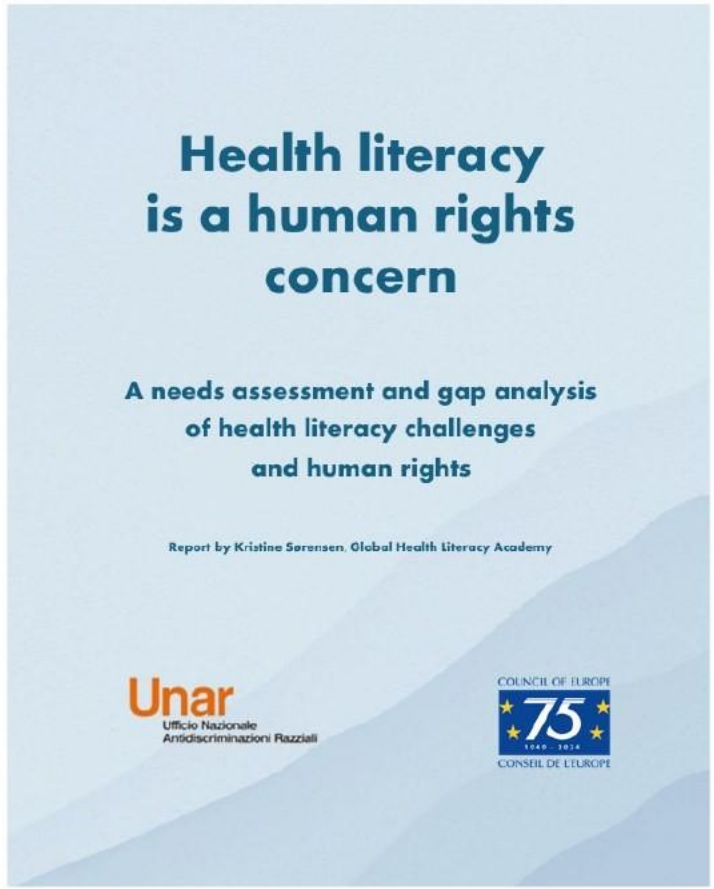


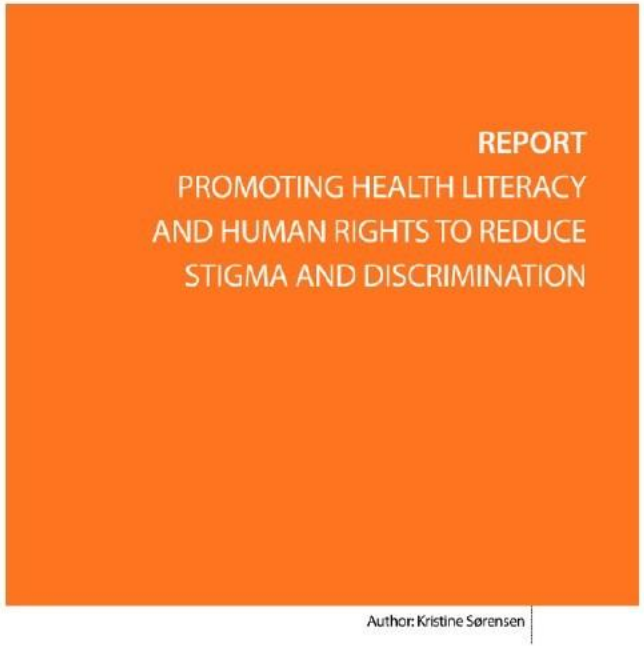







GUIDE TO HEALTH LITERACY
CONTRIBUTING TO TRUST BUILDING AND
EQUITABLE ACCESS TO HEALTHCARE


Health literacy
is a human rights
concern
A needs assessment and gap analysis
of health literacy challenges
and human rights
Report by Kristine Sørensen, Global Health Literacy Academy
Unar
Ufficio Nazionale
Antidiscriminazioni Razziali
COUNCIL OF EUROPE
75
CONSEIL DE L'EUROPE


REPORT
PROMOTING HEALTH LITERACY
AND HUMAN RIGHTS TO REDUCE
STIGMA AND DISCRIMINATION
Author: Kristine Sørensen

Mapping health literacy vulnerability and human rights

- Women
- Children
- Refugees and displaced persons
- Stateless people
- National minorities and indigeneous peoples
- Migrant workers
- Persons with disabilities
- Older persons
- Persons living with HIV/AIDS
- Roma /Sinti / Travellers
- LGBTI+ individuals
- Low education
- Poor (low income populations)
- Homelesss individuals
- Persons with substance use disorders
- Unemployed
- High morbidity / mulitiple diseases

Sørensen, 2026

DISABILITY	DRIVERS	MARKING	MANIFESTATIONS	OUTCOMES	LEVERS
	Physical/communication barriers; inaccessible information formats; provider assumptions	Marked as “incapable,” “dependent,” or “less intelligent”	Inaccessible consent materials; reduced autonomy in decisions; paternalism	Misunderstanding treatment options; poorer self-management; reduced empowerment	Universal design in health information, accessibility standards (braille, easy-read, sign language), mandated provider education

HEALTH LITERACY, STIGMA & DISCRIMINATION IMPACT

HOMELESSNESS



DRIVERS

Poverty, unstable housing, fragmented service access; complex health needs

MARKING

Marked as “unworthy,” “irresponsible,” or “non-compliant”

MANIFESTATIONS

Avoidance or delayed care; disrespect in clinical encounters; dismissal of patient concerns

OUTCOMES

Low health literacy amplification; increased morbidity; fractured continuity of care

LEVERS

Cross-sector care integration: housing + primary care + outreach health literacy support, training emergency staff in trauma-informed practice

HEALTH LITERACY, STIGMA & DISCRIMINATION IMPACT

Health literacy is a human rights concern

Everyone has the right to understand. Systems carry the duty to be understandable.

Sørensen, report for the Council of Europe, 2024

- **Right to health** (ICESCR Art. 12): General Comment 14 names information accessibility (the right to seek, receive and share health information) as part of the core right.
- **Informed consent and the right to know**: Council of Europe's Oviedo Convention (Arts. 5 and 10). Consent isn't meaningful if the person can't understand what they're agreeing to.
- **Right to information**: ECHR Art. 10 and ICCPR Art. 19 protect receiving information. In health, that has to mean information people can actually use.
- **Right to health education**: European Social Charter Art. 11 requires states to provide advisory and educational facilities for health.
- **Non-discrimination:** CRPD Art. 21 requires accessible formats. Low health literacy clusters among people who are already disadvantaged, so neglecting it deepens inequity.

Promoting health literacy and human rights to reduce stigma and discrimination is imperative to all health organizations

Focus on the system

Rights, evidence and a new operating system

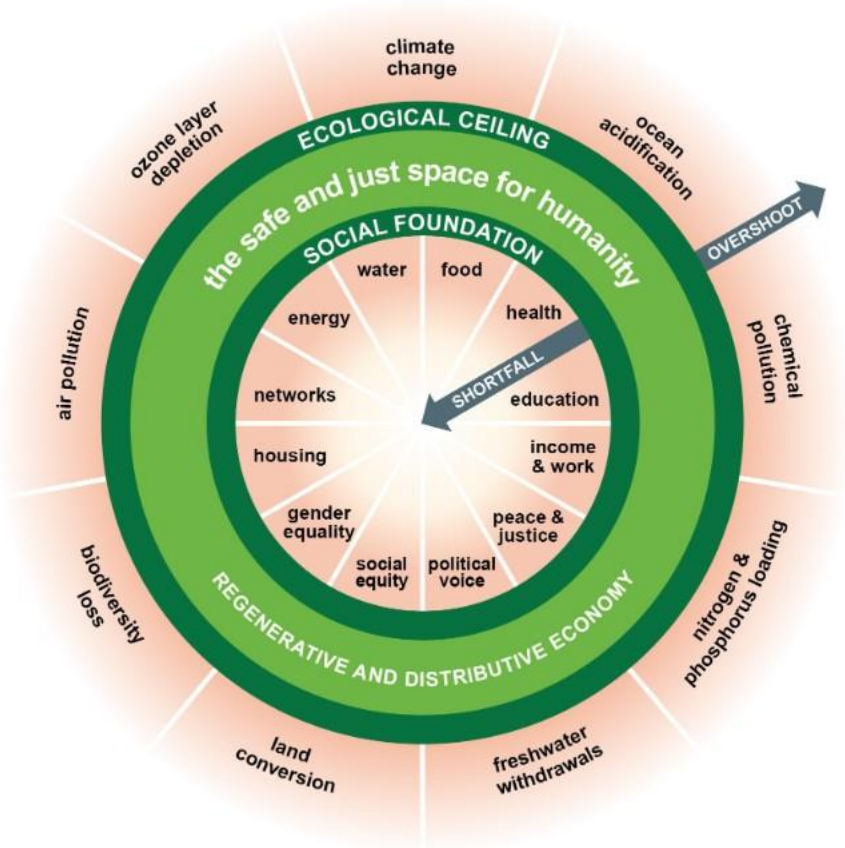
HELINOR · Kristine Sørensen

PEOPLE AND PLANET

Health literacy builds the social foundation

In the Doughnut, health, education, political voice, networks and social equity form the floor no one should fall below.

Health literate systems help people rise above that floor and act within the planet's limits: **health for people and planet.**



The Doughnut of social and planetary boundaries, Kate Raworth & Christian Guerrero (CC BY-SA 4.0).

Build capacity.

Models to map and design health literate systems

HELINOR · Kristine Sørensen

SYSTEM CAPACITY

Health literacy system capacity is the ability of people, organisations and policies together to make health understandable, navigable and actionable for everyone, and to keep doing so.

Understandable | Navigable | Actionable | Sustained

Adopt a systemic approach to health literacy capacity building



Sørensen, 2024

SYSTEM CAPACITY

Eight capacities a health literate system needs

Health literate workforce

Staff who listen, explain and check understanding, from front line to leaders.

Health literate organisations

Health literacy built into routines, pathways and the physical and digital environment.

Health literate data governance

Population, organisational and equity data that steer decisions, not only describe gaps.

People-centred services & co-design

Information, services and pathways designed with users, easy to find and follow.

Health literacy leadership

Ownership at board and top level, clear accountability, health literacy in strategy and risk.

Funding & resources for policy and action

Strategies, budgets and incentives that make health literacy the normal way of working.

Technology & innovation

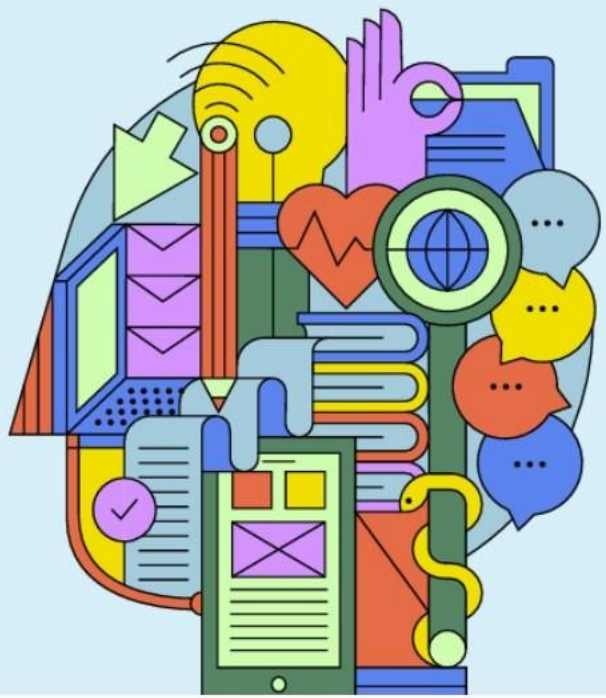
Digital and AI tools that are accessible, trustworthy and designed for everyone.

Partnerships & intersectoral collaboration

Users, communities, research and sectors beyond health working as one ecosystem.

World Health Organization

Integrative review of national health literacy policy blueprints as a tool for change toward health literate systems



GLOBAL HEALTH LITERACY ACADEMY

NORWAY

Norway’s health literacy journey



PART 3

Lead the change.

Leadership, research and next steps


SUSTAINABLE DEVELOPMENT GOALS
1 NO POVERTY
2 ZERO HUNGER
3 GOOD HEALTH AND WELL-BEING
4 QUALITY EDUCATION
5 GENDER EQUALITY
6 CLEAN WATER AND SANITATION
7 AFFORDABLE AND CLEAN ENERGY
8 DECENT WORK AND ECONOMIC GROWTH
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE
10 REDUCED INEQUALITIES
11 SUSTAINABLE CITIES AND COMMUNITIES
12 RESPONSIBLE CONSUMPTION AND PRODUCTION
13 CLIMATE ACTION
14 LIFE BELOW WATER
15 LIFE ON LAND
16 PEACE, JUSTICE AND STRONG INSTITUTIONS
17 PARTNERSHIPS FOR THE GOALS

FROM COCONUT TO THE 2030 AGENDA

Health literacy accelerates every goal.

The 2016 Shanghai Declaration named health literacy one of three pillars of health promotion for the 2030 Agenda, beside good governance and healthy cities.

17 goals, one accelerator

1 No poverty	**2** Zero hunger	**3** Good health and well-being	**4** Quality education	**5** Gender equality	**6** Clean water and sanitation
7 Affordable and clean energy	**8** Decent work and economic growth	**9** Industry, innovation and infrastructure	**10** Reduced inequalities	**11** Sustainable cities and communities	**12** Responsible consumption and production
13 Climate action	**14** Life below water	**15** Life on land	**16** Peace, justice and strong institutions	**17** Partnerships for the goals	Health literacy runs through all 17

People 1–6 · Prosperity 7–11 · Planet 12–15 · Peace 16 · Partnership 17

GOALS 1–6

People

Ending poverty and hunger, and ensuring health, education, equality and water for all.

LEADERSHIP MOVE

Design services people can find, understand and use without a guide.

Understanding turns services into results

1 No poverty

People claim the support they are entitled to and avoid catastrophic health costs.

2 Zero hunger

Understanding nutrition and food labels turns food security into healthy diets.

3 Good health

Prevention, chronic disease care and patient safety all run on understanding.

4 Quality education

Health literacy in schools builds a lifelong capacity to learn about health.

5 Gender equality

Women and girls make informed choices about their sexual and reproductive health.

6 Clean water

Hygiene and safe-water practices spread when communities understand why and how.

GOALS 7–11

Prosperity

Prosperous and fulfilling lives, in economies that work for everyone.

LEADERSHIP MOVE

Build health literacy into workplaces, products and city planning.

Healthier people drive fairer growth

7 Clean energy
Understanding household air pollution supports clean cooking and heating.

8 Decent work
Health literate workplaces are safer, healthier and more productive.

9 Innovation
Digital health and new products succeed when designed for the people who use them.

10 Reduced inequalities
Limited health literacy follows the social gradient; designing for it closes gaps.

11 Sustainable cities
Healthy cities make the healthy choice the easy and understandable one.

GOALS 12–15

Planet

Protecting the planet that our health depends on.

LEADERSHIP MOVE

Link climate, environment and health in one clear message.

Planetary health needs health literate people

12 Responsible consumption

Clear labels and safe use of medicines and products cut waste and harm.

13 Climate action

People understand risks such as heatwaves and act to protect themselves and others.

14 Life below water

Understanding the link between ocean health and safe food guides responsible choices.

15 Life on land

One Health literacy connects people, animals and ecosystems, including zoonotic risks.

GOALS 16–17

Peace & partnership

Trusted institutions and partnerships that carry the whole agenda.

LEADERSHIP MOVE

Report health literacy as part of your SDG contribution.

The right to understand builds trust

16

Peace, justice and strong institutions

Trustworthy, understandable information counters misinformation and strengthens accountable institutions. Understanding is a human rights concern.

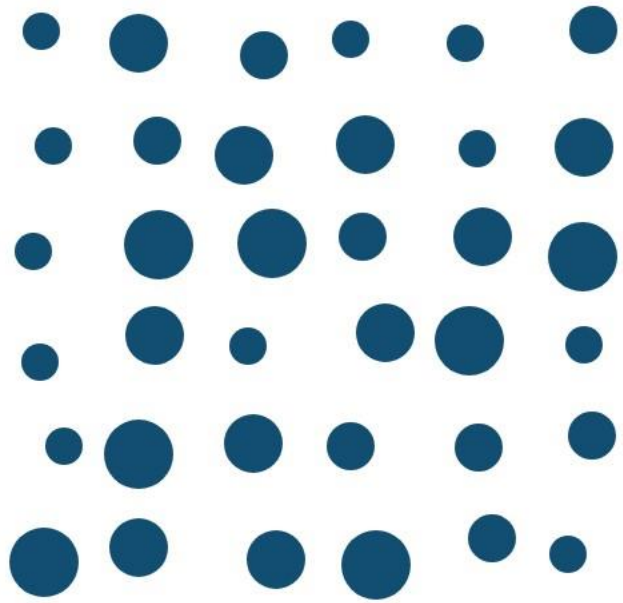
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Partnerships for the goals

Governments, business, NGOs and academia each hold a piece. Health literacy is everyone's business, and nobody's alone.

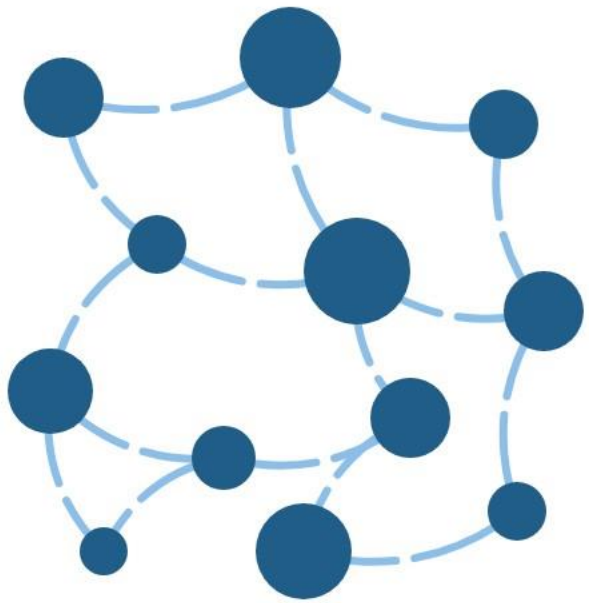
LEADERSHIP

From silo to collaboration



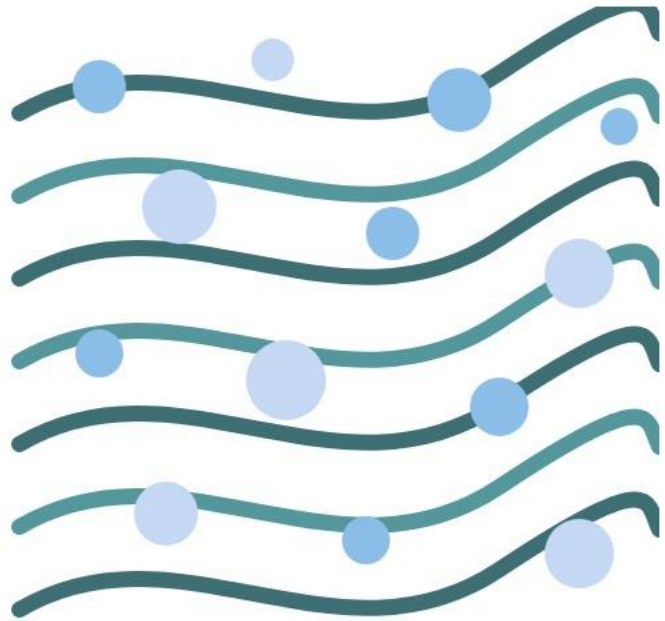
Compartmentalisation

System disintegration



Cooperation

System improvement



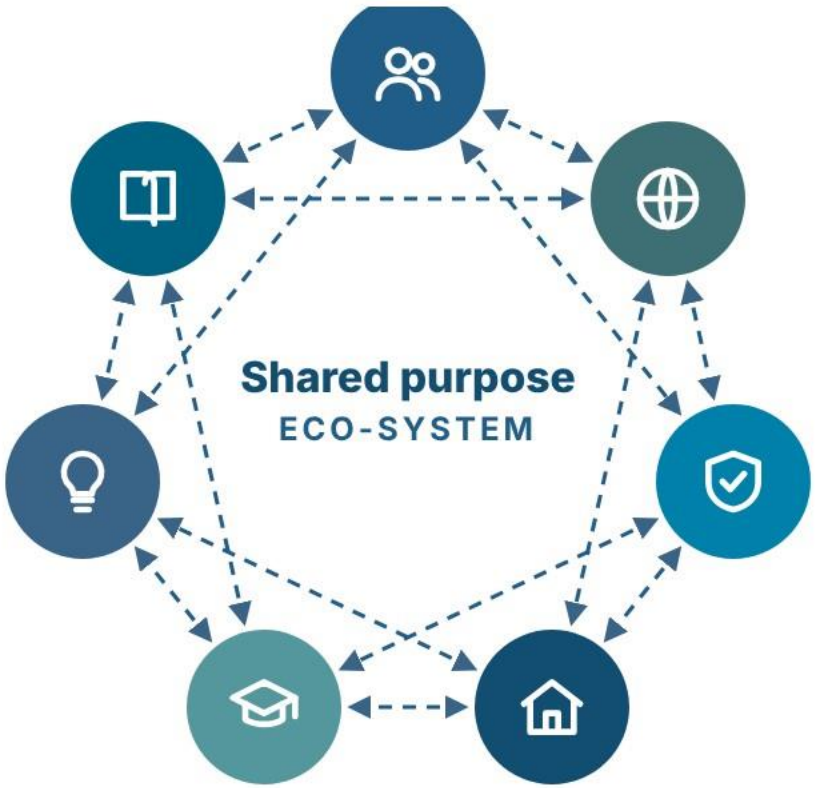
Collaboration

System change

LEADERSHIP

From organisational ego-systems to eco-systems





Health literate systems grow when organisations look beyond their own borders and co-create around a shared purpose.

WHAT LEADERS CAN DO NOW

Three moves to accelerate the 2030 Agenda

1

Measure

Know the health literacy of your population and the responsiveness of your organisation.

2

Design

Apply Health Literacy by Design™ to services, products, policies and communication.

3

Partner

Join forces across sectors, and report health literacy as part of your SDG contribution.

3RD GLOBAL HEALTH LITERACY SUMMIT

See you in Strasbourg!

22–24 September 2027

Strasbourg, France · www.i-hlasummit.org

IHLA
International Health Literacy Association

Hosted by the International Health Literacy Association · www.i-hla.org

"

The future is health literate because we shape it.

Kristine Sørensen



You are the health literacy champions

HEALTH LITERACY TRAILBLAZER

Face the challenge
Be the change
Lead the way



Adj. Prof. Dr. Kristine Sørensen

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