From Vision to Sustainable Action: National Strategies for Health Literacy

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IUHPE – Global Working Group Health Literacy leadership

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Presentation outline

- From measurement to meaningful action
- Why systems approach – how do we get there?
- Thailand's update national action plan – reflections
- Embedding health literacy into existing organizational structures
- Tools for self-assessment and learning in hospitals and primary healthcare
- Mainstreaming health literacy
- Way forward and Conclusion

FROM MEASUREMENT

TO MEANINGFUL ACTION



A roadmap for people • organizations • systems • societies

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ement to action

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Action Network on **M**easuring **P**opulation and **O**rganizational **H**ealth **L**iteracy of WHO-Europe

Travelling alongside and acknowledging: Thailand's Health Literacy Strategy in Transition

1 Equitable enhancement

Adopting a competency-based model focused on four functional domains: Access, Understand, Evaluate and Apply health information across all demographics.

2 Partnership networks | Eco-system

Creating supportive environments through initiatives such as "Healthy Canteens"—with a granular focus on "Sweetness 50%" (หวานปกติ) standards—and "Healthy Cities."

3 Risk communication and surveillance

Enhancing Risk Reduction Health Literacy (RRHL) and media literacy to counter digital misinformation.

4 Key quantitative targets and KPI roadmap (2023–2032)

A direct linkage of health literacy standards to Hospital Accreditation (HA) is a particularly significant evolution.

5 Health literacy ecosystems and workforce enablers

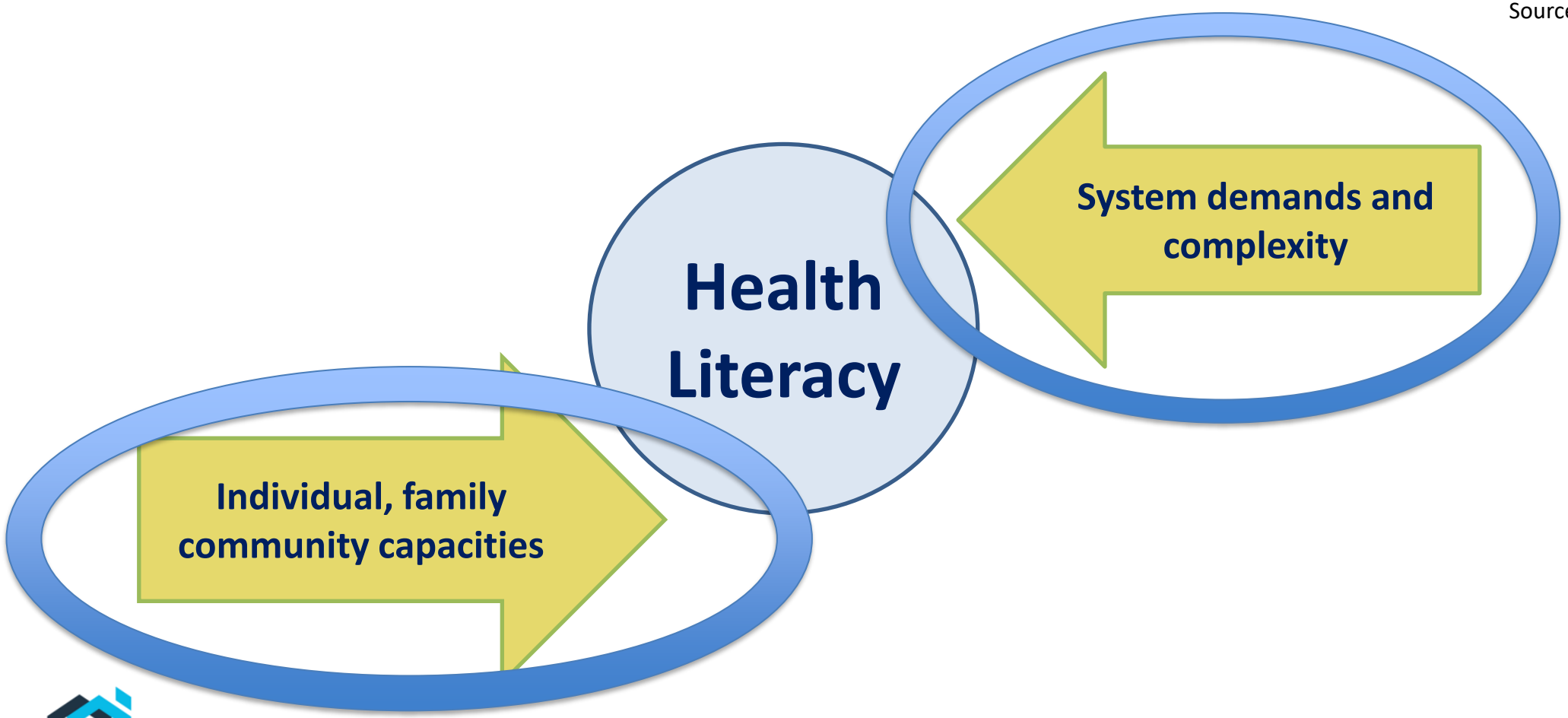
The transition from the "Human Engine" behind these plans reflects a move toward a professionalized, competency-based workforce.

6 Risk communication and surveillance | 2028–2032

In the digital age, health misinformation is a strategic threat. The 2028–2032 plan addresses this through Risk Reduction Health Literacy (RRHL).

Where the individual, the community and the system meet

Source: Parker, 2009



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Why measure health literacy?

- Measuring population HL provides an essential evidence base for **public health policy, service design, and evaluation**
- Surveys enable countries to monitor **HL trends, identify population needs**
- Track the **effectiveness of policies and strategies** in improving HL
- Assess change regarding **equity in HL**: narrowing, persisting, or widening over time

Why measure health literacy?

Measurement is a means to decision-making—not the destination.

1

UNDERSTAND

Who experiences difficulty?
With what health tasks?

2

IDENTIFY INEQUITY

Who is being left behind?
Which populations and contexts?

3

INFORM ACTION

What needs to change?
At which level?

Measurement creates an evidence base for policy and practice.

Measure the person—and the environment

A health-literacy gap may be created or amplified by the system.

PEOPLE

Capabilities to access • understand • appraise • communicate • use

Context, experience, confidence and resources

ORGANIZATIONS

How easy is it to: find services • navigate • understand information • participate • act?

SYSTEMS

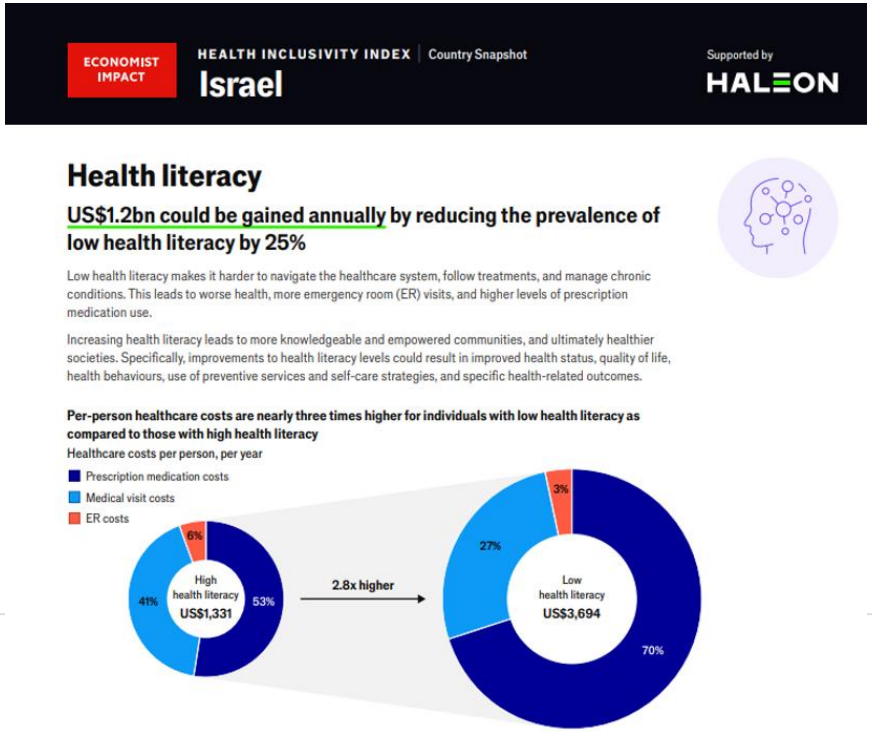
Policies • financing • regulation • digital environments • communication standards • equity

The intervention level does not have to match the measurement level.

WHO: personal, organizational and systemic levels

Ultimately

- HL data support **evidence-based policies and interventions** aimed at strengthening HL and creating more HL-responsive systems and environments
- Linking HL with **healthcare use, health outcomes, and costs** provides valuable insights into health system performance and efficiency



A population score is only the beginning

Move from one number to a profile that can guide action.

~20%

limited health literacy

WHO? • population groups

WHAT? • dimensions / tasks

WHERE? • contexts & settings

WHY? • drivers & barriers

SO WHAT? • actionable priorities

The useful output is not a league table.
It is an action-oriented national profile.

From “what?” to “why?”

Surveys identify patterns; action requires interpretation and triangulation.

1. **WHAT?** What are the difficulties?
2. **WHO?** Which groups?
3. **WHERE?** Which settings?
4. **WHEN?** Which life/health situations?
5. **WHY?** What drives the pattern?

The aim is to turn a measured gap into an interpretable problem.

TRIANGULATE

Quantitative survey data

Qualitative inquiry

Service / administrative data

Policy & communication analysis

Community & stakeholder knowledge

From a deficit model to an asset model focusing on shared responsibility

The question changes from “Can people cope?” to “How can the system help people succeed?”

DEFICIT LENS

“People need more education.”

“People need to try harder.”

“People need to understand the information.”

HEALTH-LITERATE SYSTEM LENS

“How can we make information easier to understand?”

“How can we simplify navigation and services?”

“How can we support informed participation?”

From pathogenic model to Salutogenic model highlighting SHARED RESPONSIBILITY

Build a national health-literacy challenge map

Link **populations, contexts, capabilities** and **system** responses.

POPULATIONS

- children & adolescents
- older adults
- migrants
- people with low SES

CONTEXTS

- NCDs
- maternal health
- vaccination
- emergencies
- digital health

CAPABILITIES

- access
- understand
- appraise
- communicate
- apply

SYSTEMS

- healthcare
- public health
- education
- social services
- media/digital

The intersection is where action becomes specific.

As Thailand strives for an equitable ecosystem 2028-2032….



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Not every finding becomes a national priority

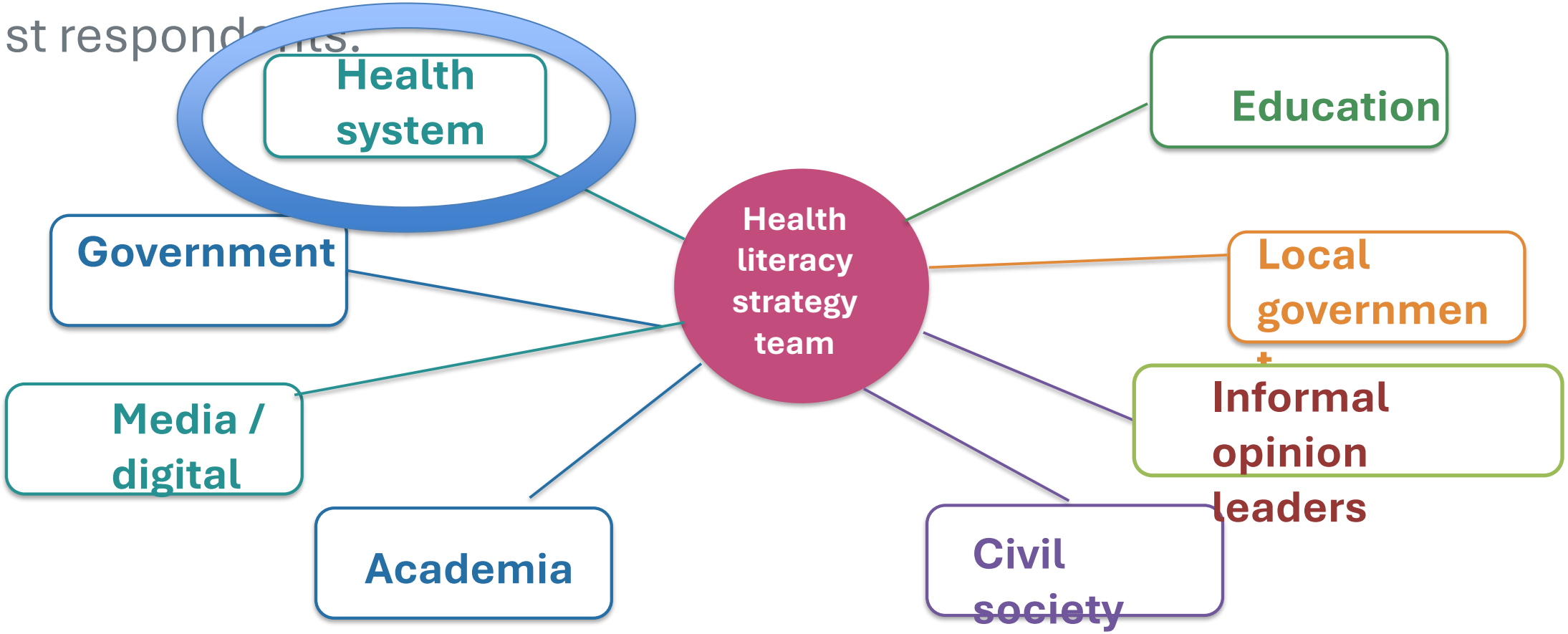
Use an explicit decision process—transparent, participatory and equity-sensitive.



Not a "scorecard": a structured conversation about where action can make a meaningful difference.

Who decides what the priorities are?

National action is stronger when the people affected are participants, not just respondents.



Co-design • legitimacy • feasibility • local relevance

WHO national health planning principles; WHO 2025 policy-blueprint review

About WHO Action Network on Measuring Population Organizational Health Literacy (M-POHL)

- M-POHL is an WHO Action Network for strengthening health literacy in Europe
- Founded in 2018 under the umbrella of WHO´s European Region
- Currently, 29 member countries from the European Region
- The aims of M-POHL:
  - Strengthening collaboration between research and policy,
  - Institutionalizing regular, high-quality, internationally comparative health literacy surveys, addressing personal HL of the general population and patients
  - Supporting collection and analysis of data on organizational HL, addressing the HL-friendliness of organizations
  - Fostering evidence-informed policy and practice
- https://m-pohl.net/

M-POHL Member Countries

- Austria
- Belgium
- Bulgaria
- Czech Republic
- Denmark
- Estonia
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Israel
- Italy
- Kazakhstan
- Moldova
- Netherlands
- Norway
- Portugal
- Russian Federation
- Serbia
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- Turkey
- Ukraine
- United Kingdom

Σ 29

Observers

- Latvia

+ Asian countries

Projects of M-POHL (2023-2027)



HLS24

Health Literacy Survey 2024-2026
A project of M-POHL

Health Literacy Population Survey 2024-2026

Measuring population HL to provide data for policy and practice

OHL

Assessing Organizational Health Literacy
A project of M-POHL

Organizational Health Literacy

Assessing HL-readiness of healthcare organizations to foster quality management

EVPOP

Evidence Based Policy and Practice
A project of M-POHL

Evidence-based Policy and Practice

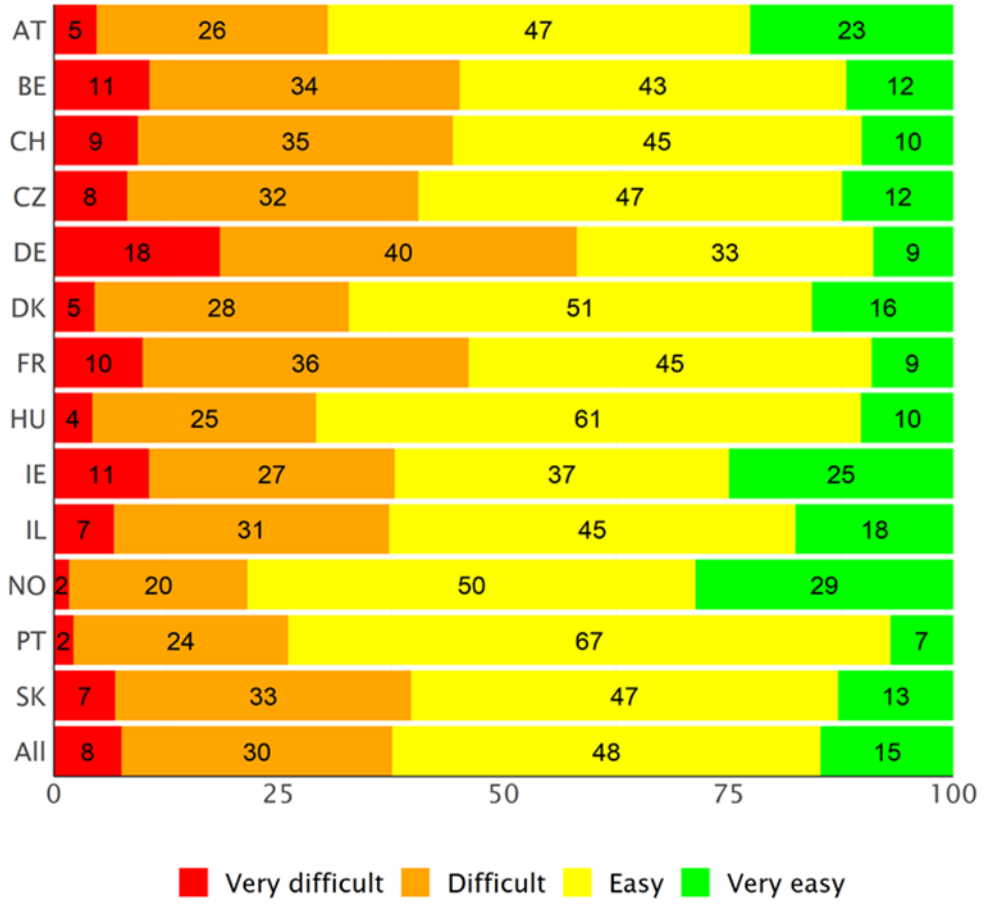
Providing evidence for policy and practice to strengthen population and organizational HL


A Health-Promoting Organization: Health Literacy in Action
More Understanding • Better Health • Greater Well-Being
1
Leadership and organizational commitment
Setting a clear vision, prioritizing health literacy, and allocating resources for its implementation.
2
Integrating health literacy into planning, evaluation, and quality-improvement programs
Integrating health literacy measures into planning, evaluation, and quality-improvement activities.
3
Training and capacity building
Building staff skills and confidence in health literacy.
4
Community partnerships
Working with communities to promote health literacy and improve health outcomes.
Accessible Health Care for Everyone
7
Clear and respectful communication
Using plain language and culturally appropriate communication, and encouraging patient participation.
Technology and digital access
Providing accessible digital tools and support for all.
5
Patient safety and quality of care
Supporting safe care through health literacy and clear information for decision-making.
Removing barriers and creating a safe, welcoming, and accessible environment for all.
Making what is hidden visible: health literacy and what it means
Providing clear, up-to-date, culturally appropriate information about rights, procedures, and services for everyone.
10
Policy and advocacy
Advancing health-literate policies, regulations and investments in digital infrastructure.

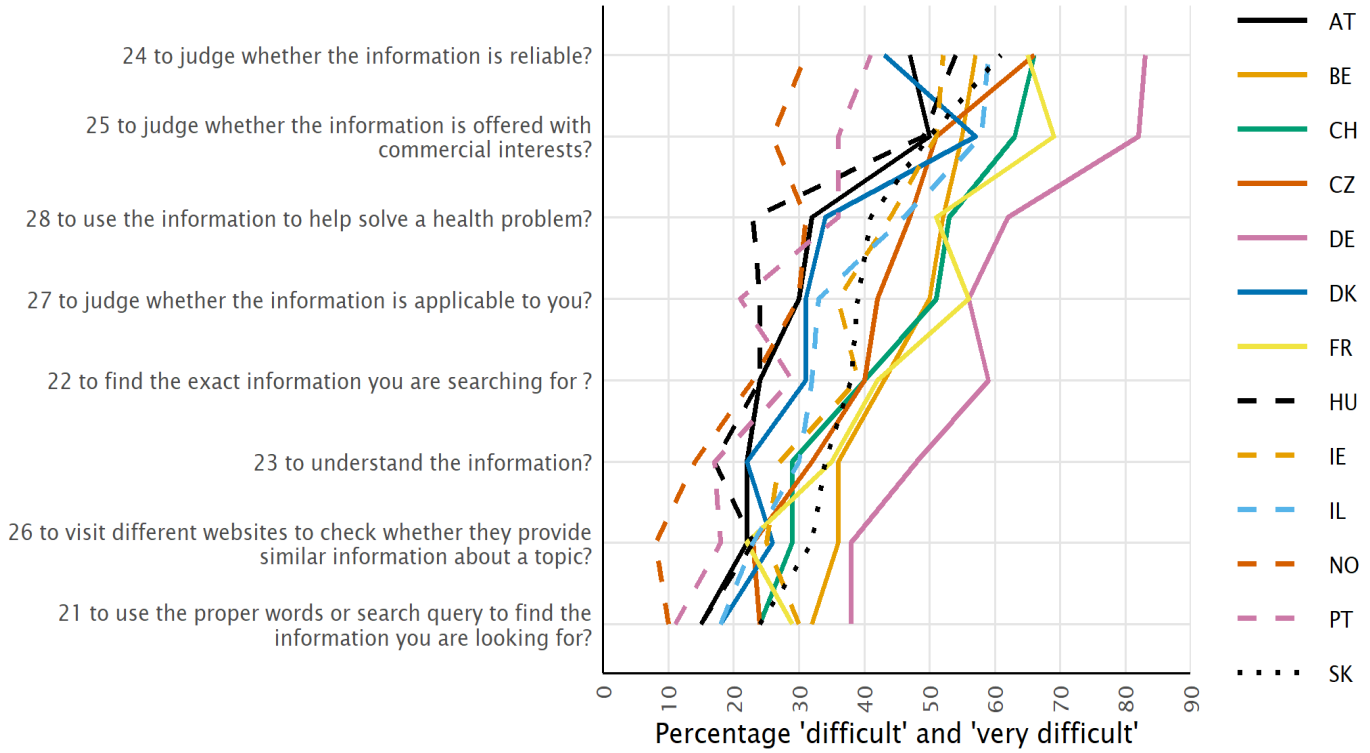
The instrument for measuring Digital Health Literacy

HLS19
Health Literacy Survey 2019
a project of M-POHL

Average Percentage Response Patterns (APRPs) for the HL-DIGI scale, for each country and mean of all countries (equally weighted)

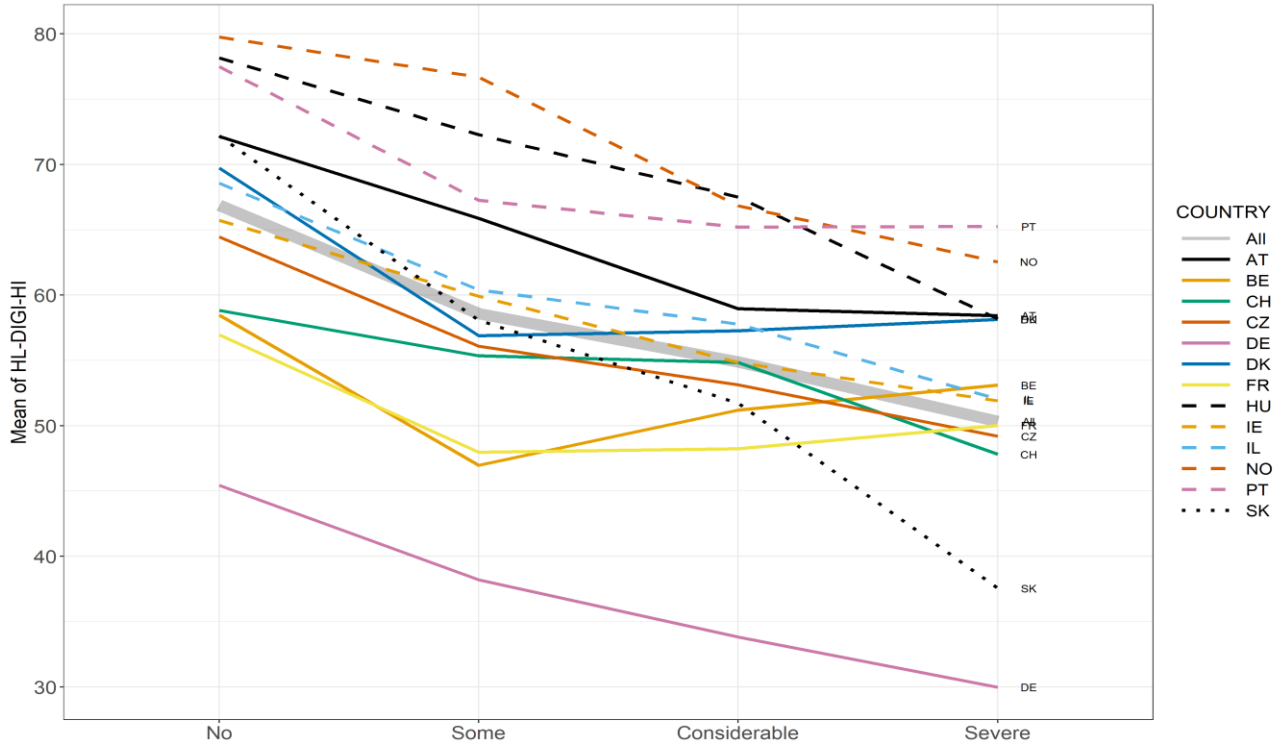


Percentage of respondents who assessed an item as 'very difficult' or 'difficult" for the items of the HL-DIGI-HI scale (items ordered by the mean percentage of all countries), for each country



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Digital health literacy and financial deprivation



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One finding can lead to many different interventions

Choose the level of action that matches the mechanism—not just the symptom.

Example of FINDING

Data show that:

Many people have difficulty judging whether online health information is reliable.



INDIVIDUAL
digital HL learning – individual and community intervention programs

PROFESSIONAL
support & teach appraisal – training and empowering professions re their trust and skills in digital HL

ORGANIZATION
trustworthy, accessible websites- working with organizations that post health information

Digital SYSTEM
quality / accessibility standards – working with IT professionals in organizations

POLICY
governance of the information environment: enforcing regulation

International Self-Assessment Tool for Organizational Health Literacy of Hospitals - short version (OHL-Hos-SF)



- Based on the experiences gained by piloting the OHL-Hos (International Working Group Health Promoting Hospitals and Health Literate Healthcare Organizations (Working Group HPH & HLO) 2019) a short version of the OHL-Hos was developed by the M-POHL working group.
- It was developed by the M-POHL Working Group on Developing the OHL-Hos-SF using a Delphi process.
- Development involved experts from 10 countries and involving hospital staff as “users of the tool”.
- It has 8 standards, 19 sub-standards and 60 indicators (72 indicators when including sub-indicators).
- The indicators operationalize concrete observable or measurable elements.
- Factsheet on the tool can be found at https://m-pohl.net/OHLResults.

Reference: M-POHL Working Group on Developing the OHL-Hos-SF (2025). International Self-Assessment Tool for Organizational Health Literacy of Hospitals – short version (OHL-Hos-SF). M-POHL. Vienna.

The 8 Standards of the OHL-Hos-SF

Standard 1: Organizational structures and processes

Standard 2: Participatory development of information

Standard 3: Enabling and training staff

Standard 4: Easy navigation and access

Standard 5: Communication

Standard 6: Promoting patient health literacy

Standard 7: Promoting staff health literacy

Standard 8: Promoting health literacy in the community

Standards provide directions.

They define what a health-literate organization should ensure.

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International Self-Assessment Tool for Organizational Health Literacy in Primary Health Care Services (OHL-PHC)



- The tool builds on the OHL-Hos (International Working Group Health Promoting Hospitals and Health Literate Healthcare Organizations (Working Group HPH & HLO) 2019) and the OHL Self-AsseT (De Gani et al. 2020).
- It was developed by the M-POHL Working Group on Organizational Health Literacy in Primary Health Care Service consisting of experts from 16 countries.
- It has 7 standards, 15 sub-standards and 51 indicators (when including sub-indicators, altogether 70 items are used).
- The indicators operationalize concrete observable or measurable elements.
- Factsheet on the tool can be found at https://m-pohl.net/OHLResults.

Reference: M-POHL Working Group on Organizational Health Literacy in Primary Care Services (2025). International Self-Assessment Tool for Organizational Health Literacy in Primary Health Care Services (OHL-PHC). M-POHL. Vienna.

The 7 Standards of the OHL-PHC

- Standard 1: Ease of access
- Standard 2: Communication
- Standard 3: Promoting user health literacy
- Standard 4: Promoting staff health literacy
- Standard 5: Management and organizational structure
- Standard 6: Promoting other OHL activities
- Standard 7: Promoting digital health literacy

Standards provide directions.

They define what a health-literate organization should ensure.

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Example from the OHL-PHC: Standard 2: Communicating in clear and easy to understand language

Sub-standard 2.1. Oral communication	fulfilled to a very large extend 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
Indicator 2.1.1 We create circumstances that allow discrete communication (e.g., relocate to an appropriate room, closing doors). ***Comments:***	☐	☐	☐	☐	☐
Indicator 2.1.2. We dedicate sufficient time for conversations with our users. ***Comments:***	☐	☐	☐	☐	☐
Indicator 2.1.3 We use plain language in a conversation with our users (e.g., when explaining the use of medication or clarifying technical terms). ***Comments:***	☐	☐	☐	☐	☐
Indicator 2.1.4. In conversations with our users, we ensure the information given is understood (e.g., through conversation techniques such as teach-back). ***Comments:***	☐	☐	☐	☐	☐

Main steps of the self-assessment

Individual assessment by 5-10 persons

Joint assessment in a team meeting

OHL self-assessment process and the coordinator's role

1 PREPARE | **2 ASSESS & DISCUSS** | **3 IMPROVE & FOLLOW UP**

1 — Get familiar
Review the standards, sub-standards and indicators.

2 — Define the scope
Select organizational units, relevant standards and assessors.

3 — Form the team
Engage up to 10 people with diverse professional perspectives.

4 — Brief the team
Introduce OHL, the purpose and the assessment procedure.

5 — Assess individually
Each member rates the indicators; compile results in the Overall Assessment file.

6 — Agree jointly
Discuss differences and agree on strengths and areas for improvement.

7 — Improve and repeat
Prioritize measures, assign responsibilities and periodically reassess progress.

COORDINATOR'S ROLE THROUGHOUT THE PROCESS

Coordinate • Engage • Prepare • Facilitate • Document • Follow up

The coordinator organizes the process, enables joint reflection and drives implementation and follow-up

Use of the M-POHL OHL Tools

The OHL-Hos-SF and OHL-PHC are currently piloted by the M-POHL partners.

Tools can be applied for:

- Application templates including the conditions for use can be found on the M-POHL Website
- https://m-pohl.net/OHLResults
- Factsheets “How to conduct an organizational health literacy self-assessment in a hospital: Guidance for coordinators” are shared together with the tools.

Further readings

- International Report
- National Reports
- Factsheets on the HLS_{19} Instruments
- Journal articles

Can be found at the M-POHL homepage:

https://m-pohl.net/Results



From priorities to a national action plan

A plan becomes actionable when it links vision to responsibility, resources and indicators.

VISION
What kind of society?

PRIORITIES
What matters most?

OBJECTIVES
What should change?

ACTIONS
What will be done?

OWNERSHIP
Who will act?

RESOURCES
With what?

INDICATORS
How will we know?

The plan should be a living management tool—not a publication.



Embed health literacy into existing national strategies

Integration can make health literacy a system approach rather than another vertical programme.

- NCDs
- Mental health
- Maternal & child health
- Healthy ageing
- Digital health
- Emergency preparedness
- Vaccination
- Health equity

One cross-cutting approach • many policy entry points

HEALTH LITERACY

WHO, 2022; WHO, 2025

National action is not only Ministry of Health action

Health literacy sits at the intersection of health, education, communities, media and digital systems.

GOVERNMENT

policy • financing • standards

HEALTH SYSTEM

services • workforce • organizations

EDUCATION

lifelong capabilities

COMMUNITIES

participation • local adaptation

MEDIA / DIGITAL

information environment

CIVIL SOCIETY

reach • advocacy • trust

WHOLE-OF-GOVERNMENT + WHOLE-OF-SOCIETY

WHO, national health planning; WHO 2025 policy-blueprint review

What can we learn from countries?

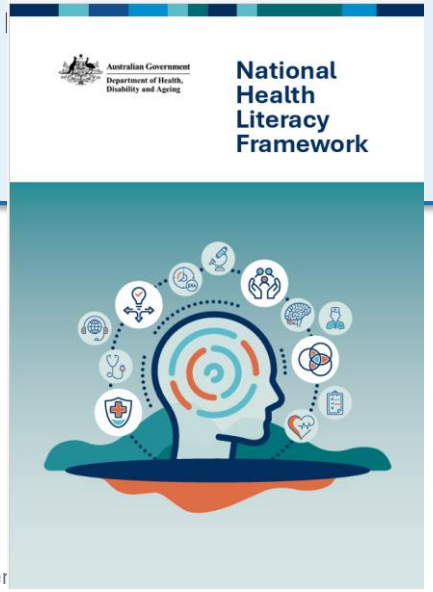
Different routes can lead toward the same destination: health-literate systems and societies -

AUSTRALIA • 2026

National Health Literacy Framework

A national approach that explicitly combines:

- easier-to-find /understand/use services
- people's skills and confidence
- action by governments, services, professionals, researchers and com



NORWAY • 2024–2027

National Health and Co-operation Plan

The government **fully integrated its national health literacy agenda into broader white papers and health strategies** spanning 2024 through 2027 and beyond. Rather than existing as an isolated initiative, health literacy

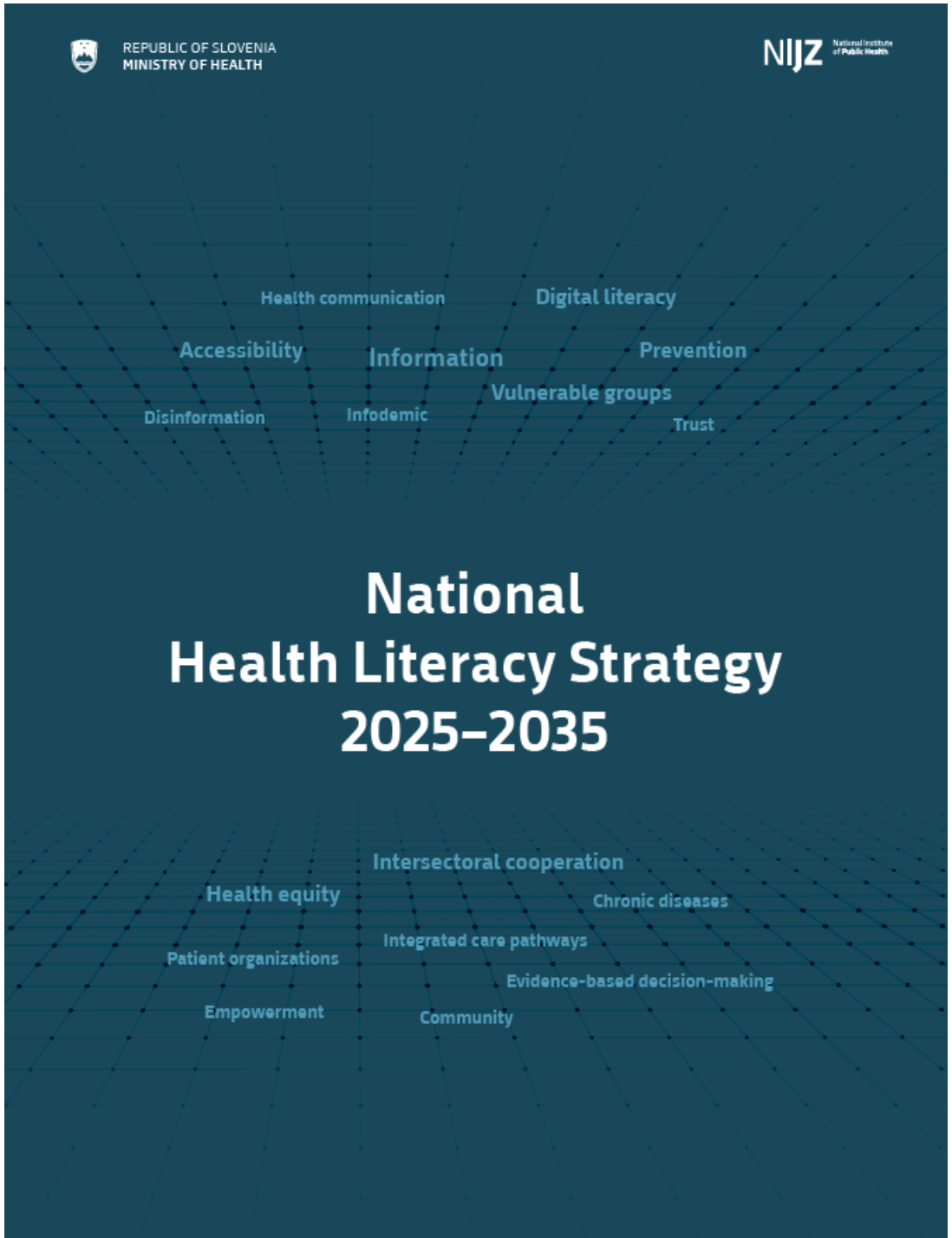


PORTUGAL 2023-2030

The country is pioneering a **whole-of-society** model for health literacy that unites government and community efforts to **improve national well-being**



Examples are illustrative—not a ranking of national approaches.

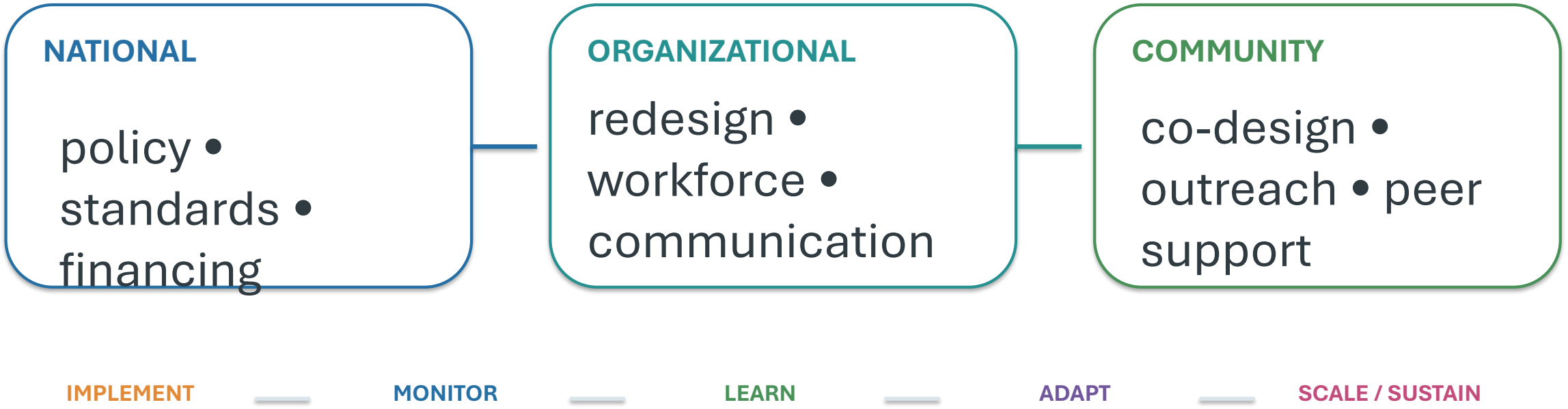


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Implementation: move from plan to practice

Implementation needs feedback loops, local ownership and adaptation.



Implementation is a learning process, not the final step after planning.

WHO national health planning principles; WHO 2025 policy-blueprint review

Evaluate change at more than one level

Do not wait for population outcomes to discover that implementation failed—or succeeded.

1	**PROCESS**	Did we do what we planned?
2	**STRUCTURAL**	Did policies / organizations change?
3	**CAPABILITY**	Did people and professionals gain capacity?
4	**OUTCOME**	Did health-literacy patterns change?
5	**EQUITY**	Who benefited—and who did not?

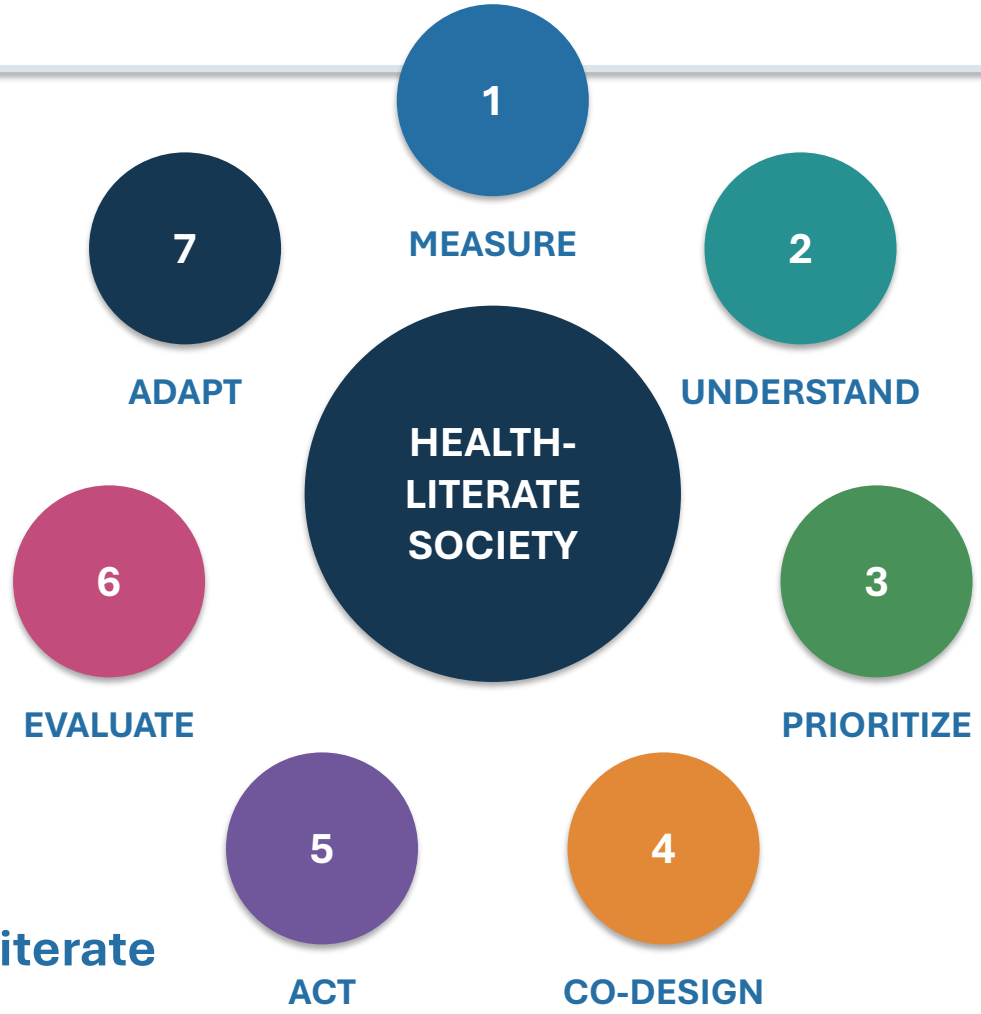
Evaluation should support adaptation—not simply prove success or failure.

The journey: measurement is the beginning

A national health-literacy strategy is a continuous cycle of evidence, action and learning.

Three messages to leave with:

- Measure to understand—not to label.
- Act at the level where change is possible.
- Build evaluation into the action cycle.



“The goal is not simply more health-literate people.
It is more health-literate societies.”

Selected sources: WHO (2022, 2025, 2026) • M-POHL • Australian Government (2026) • Slovenia National Strategy (2025)

Measure. Understand. Act. Transform. Sustain.
The Journey to a Health-Literate Society



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Resources

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WHO (2021), Health Promotion Glossary of Terms

WHO national health planning principles; WHO 2025 policy-blueprint review

Resources

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- Straßmayr, C. et al. (2025): Assessing organizational health literacy in hospitals by using the International Self-Assessment Tool for Organizational Health Literacy of Hospitals - a feasibility study in six European countries. In: BMC Health Serv Res 25/1:1265 https://link.springer.com/article/10.1186/s12913-025-13367-4

Thank you for your attention
Questions/Comments!

khop khun kha (ขอบคุณค่ะ)



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