

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

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Executive summary

Health literacy empowers people to find, understand, judge, and use information and services to inform health-related decisions and actions for themselves and others for better health and quality of life. Yet, studies reveal prominent health literacy challenges in many countries. It is critical that governments recognize the role they can play in the improvement of health literacy from a structural point of view. To improve health literacy at a wider scale, political buy-in is needed. Political leaders, governments and inter-governmental organizations play a crucial role in promoting health literacy as part of their commitment to improving public health, advancing health equity and supporting sustainable health systems. Government policies provide a framework for deciding priorities and allocating resources to improve health literacy in populations and some countries have embarked on this journey. Much can be learned from the examples in different countries. This technical background report introduces the concept of health literacy, then presents its political mandate and the insights gained from the development of national health literacy policy blueprints in countries around the world as tools for change toward health literate systems and societies.

The study design included a mixed methods approach to analyse the policy content and context of standalone national health literacy blueprints based on: 1) a systematic review of policy documents in November-December 2022 to identify specified policy tools representing standalone national health literacy

blueprints and 2) an informal consultation with key informants from WHO and beyond.

Nine relevant blueprints representing four different types of national policy initiative were included in the analysis representing Australia, China, Germany, New Zealand, Norway, Portugal, United Kingdom of Great Britain and Northern Ireland (Scotland) and the United States of America.

The actions and strategies presented in the blueprints reveal how a proper health literacy response requires intersectoral and interdisciplinary coordination across many government departments and agencies, as well as the private sector and civil society. Strengthening health literacy capacity systematically requires a strong focus on several structural aspects to overcome the detrimental impacts of low health literacy including 1) leadership, 2) a two-sided approach including both institutions and the public, 3) an asset-based approach regarding health literacy as an asset, rather than low health literacy as a burden to avoid stigmatization, 4) a life-course approach acknowledging that application of health literacy is content- and context- specific, 5) a horizontal approach highlighting the importance of health literacy for many agendas and sectors, and 6) the importance of relevant funding streams to develop resources and training, interventions and evaluations of health literacy impact. Moving forward, more governments are encouraged to develop and implement strategies to promote health literacy for all.

1. Introduction

Health literacy is increasingly becoming a policy priority. It helps provide an equal opportunity for all people to fully develop their potential and advance their right to the highest attainable standard of physical and mental health for everyone, everywhere (United Nations, 2015, 2019). Health literacy empowers people to find, understand, judge, and use information and services to inform health-related decisions and actions for themselves and others for better health and quality of life. Yet, according to European research more than one in three face health literacy challenges and similar trends are found elsewhere (Sørensen et al., 2015; HLS19 Consortium of the WHO Action Network M-POHL, 2021). It is critical that governments and health providers acknowledge the challenge and recognize their role in the improvement of health literacy from a structural point of view (Koh et al., 2012).

As a concept interconnected with broader political and social issues, the 2009 Ministerial Declaration of the United Nations Economic and Social Commission (ECOSOC) stressed the importance of health literacy to health outcomes and recommended that countries develop appropriate action plans to promote health literacy (ECOSOC, 2009). The European Commission included health literacy as a policy priority in their “Together for Health 2008–2013” strategy focusing on health systems and patient empowerment (European Commission, 2007). Moreover, health literacy was recognized in the 2019 Political Declaration on Universal Health Coverage (UHC) as critical to the viability and success of UHC policies and programmes and the broader ambitions of the 2030 Agenda for Sustainable Development. Additionally, the Council of Europe Steering Committee for Human Rights in the fields of Biomedicine and Health links health literacy to human rights as an approach to increase equitable access to health care (Council of Europe, 2023). However, despite being a salient issue for health policy today, it is often neglected in political dialogue (M-POHL, 2023). Moreover, most countries find themselves with no, poor, or little access to data on health literacy, hindering the evidence-based development of policies, interventions and strategic actions.

To improve health literacy at a wider scale, political buy-in is needed (Trezona, Rowlands & Nutbeam, 2018). Political leaders, governments, and intergovernmental organizations play a crucial role in promoting health literacy as part of their commitment to improving public health, advancing health equity and supporting sustainable health systems. Government policies provide a framework for deciding priorities and allocating resources to improve health literacy in their populations and some countries have embarked on this journey. Much can be learned from the examples in different countries.

This technical background report introduces the concept of health literacy and presents its political mandate, and the insights gained from the development of national health literacy policy blueprints in countries around the world as a tool for change toward health literate systems and societies.

1.1 Health literacy – a modifiable social determinant of health

Health literacy is considered a modifiable social determinant of health (Nutbeam & Lloyd, 2021). According to WHO's *Health Promotion Glossary of Terms 2021* (2021b), health literacy represents

the personal knowledge and competencies that accumulate through daily activities, social interactions and across generations. Personal knowledge and competencies are mediated by the organizational structures and availability of resources that enable people to access, understand, appraise, and use information and services in ways that promote and maintain good health and well-being for themselves and those around them.

Thus,

it includes the ability to exercise critical judgement of health information and resources, as well as the ability to interact and express personal and societal needs for promoting health. By improving people's access to understandable and trustworthy health information and their capacity to use it effectively, health literacy is criti-

cal to both empowering people to make decisions about personal health, and in enabling their engagement in collective health promotion action to address the determinants of health (WHO, 2021b).

Health literacy is not the sole responsibility of individuals. It is content- and context-specific and mediated by cultural and situational demands (Sørensen et al., 2012). For instance, the skills needed to learn about healthy choices in schools are different from those needed to understand and apply health advice in a busy clinic, and different again to those needed to find accurate, trustworthy health information online. Health providers are encouraged to build capacity within their organization to facilitate timely, trustworthy and relevant services for the people and patients they serve, also known as “organizational health literacy”. Organizational health literacy is the “degree to which organizations equitably enable individuals to find, understand, judge, and use information and services to inform health-related decisions and actions for themselves and others” (CDC, 2022).

In recent years, toolkits and resources have been developed to guide efforts to improve organizational health literacy in various settings (Brach et al., 2012, Dietscher & Pelikan, 2017; Farmanova, Bonneville & Bouchard, 2018; Kirchhoff et al., 2022; Trezona, Dodson & Osborne, 2017, Council of Europe, 2023).

1.2 Improving health outcomes and equity requires a health-literate population

Population studies offer guidance on people’s needs as well as potential barriers to action on health literacy. Generally, two approaches have been applied. Traditionally, countries used population adult literacy or general skills surveys to estimate health literacy such as the National Assessment of Adult Literacy (NAAL) in the United States and the OECD Program for the International Assessment of Adult Competencies (PIAAC) focusing on literacy, numeracy and problem-solving concerning life skills applied at home, at work and in the wider community (Pleasant & McKinney, 2011). Later, specified surveys targeting population health literacy were initiated by the European Commission and followed up by the OECD and WHO. As an example, the HLS19 survey by the WHO Action Network on Measuring Population

and Organizational Health Literacy (M-POHL) presents health literacy data from 17 countries (HLS19 Consortium of the WHO Action Network M-POHL, 2021). Based on research, general literacy surveys tend to be inadequate with regard to coverage of health aspects and health literacy-specific surveys are more likely to provide analytical insights that can guide national policy development and effective interventions.

Population research across the world has revealed health literacy disparities with considerable repercussions for policy and practice (Duong et al., 2017; Sørensen et al., 2015) as the social distribution of poor health literacy compounds the impact of wider social and economic determinants of health (Nutbeam & Lloyd, 2021). Limited health literacy is independently linked to increased health care utilization and costs, including higher rates of emergency service use, prolonged recovery and complications (Palumbo, 2017); poorer management of chronic disease and less effective use of medications (Persell et al., 2020) as well as less use of preventive health services, such as immunization and health screening (Kino & Kawachi, 2020). The same patterns were identified during the COVID-19 pandemic in relation to health literacy (Paakkari & Okan, 2020). The HLS19 study showed considerable variations between and within countries and that the population groups most at risk of low general and digital health literacy include people with poor self-perceived health, low education, high financial deprivation and low self-reported social status (HLS19 Consortium of the WHO Action Network M-POHL, 2021). The above should be of concern as health systems become more digitalized, increasing health literacy challenges.

1.3 Making health literacy a national policy priority

The policy case for health literacy centres on its critical role in improving individual health outcomes, reducing health care costs, enhancing public health resilience and fostering equity in health care. Policies that prioritize health literacy address the barriers that individuals face in understanding, accessing and utilizing health information, which is essential for making informed decisions about their own and their families’ health and ultimately, support the provision of quality care, prevention and health promotion.

Improving health outcomes

Health literacy empowers individuals to understand health information, follow treatment plans and adopt preventive health behaviours. With greater health literacy, individuals are better equipped to navigate complex medical decisions. Policies that support clear and accessible health information make it easier for people to make informed choices aligned with their values and preferences. Policies promoting health literacy reduce the likelihood of miscommunication and medication errors, leading to better overall health outcomes. Moreover, health literacy empowers patients to actively engage in their health care decisions, from understanding treatment options to managing chronic conditions. Policies that support health literacy strengthen patients' role in self-care and preventive health, leading to improved outcomes.

Reducing health care costs

Health literacy initiatives are cost effective. Reducing hospital readmissions, emergency visits and complex treatments due to misunderstandings or delayed care results in significant savings for health systems. Low health literacy is associated with higher rates of chronic disease such as diabetes, hypertension and asthma. Patients with low health literacy are more likely to experience complications, hospitalization and emergency room visits, which drive up health care costs. It is estimated that the additional costs related to limited health literacy for health services range from US\$ 143 to 7 798 per person annually, while additional costs at a system level range from 3% to 5% of total health care expenditure (Eichler, Wieser & Brügger, 2009). Meeting the needs of people with limited health literacy could potentially save appropriately 8% of total costs (Haun et al., 2015). Newer research estimates that the additional health care expenditure produced by the inadequate ability of patients to process and understand health information ranges from 2% to 115% of the average health spending per capita (Palumbo, 2017). Thus, investing in health literacy reduces the economic burden on the health system.

Enhancing public resilience

Health literacy encourages individuals to engage in preventive care such as vaccinations, screenings and wellness checkups. Policy support for health literacy improves early detection and management of diseases, reducing the need for costly interventions

later. Moreover, in public health crises such as pandemics or natural disasters, clear communication is essential to ensure compliance with health directives (e.g. vaccinations, quarantine measures). Health literacy policies enable more people to understand and trust public health messages, which is crucial for controlling the spread of disease and ensuring community resilience.

Fostering health equity

Health literacy is deeply intertwined with socioeconomic factors such as education, income, language and cultural background. By implementing policies that address health literacy, governments can help mitigate these social determinants of health, creating more equitable care access for disadvantaged populations. Health literacy improves inclusivity. The ethical underpinning of health literacy to achieve health equity at an individual level (Levin-Zamir & Bertschi, 2018; Paakkari & George, 2018) and societal level (Stormacq, van den Broucke & Wosinski, 2019) is imperative. Marginalized groups, including low-income individuals, racial and ethnic minorities, and immigrants often experience lower health literacy levels (Nordic Welfare Centre, 2022). Health literacy policies that include targeted support such as language services, culturally sensitive materials and community outreach help ensure that everyone, regardless of background, can make informed health decisions.

Combatting misinformation

In today's digital world, health misinformation can quickly spread and mislead individuals. Policies that promote health literacy strengthen individuals' ability to critically evaluate information sources and reduce the impact of misinformation on public health (Briand et al., 2021). Many communities, particularly those with a history of discrimination, have a mistrust of health systems. Policies that prioritize clear, transparent communication build trust, empowering individuals to seek care when needed and to participate in preventive measures.

Essentially, the policy case for health literacy underscores its role in achieving a healthier, more equitable and economically resilient society. By focusing on health literacy, policymakers can enhance individual and public health outcomes, promote equity and reduce health care costs, creating wins for individuals, health systems and society.

1.4 WHO's response to health literacy as a global policy concern

WHO seeks to develop the global agenda on health literacy to support the progress towards achieving the Sustainable Development Goals, the Organization's 13th and 14th General Programme of Work (GPW) and its Triple Billion targets. The Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development (WHO, 2016a) and the *Draft WHO European roadmap for implementation of health literacy initiatives through the life course* (WHO Regional Office for Europe, 2019) established a clear mandate for the prioritization of health literacy within public policy, promoting the role and responsibility of governments to act. Countries and regions are responding to this call to action. The WHO Health Evidence Network synthesis reports on health literacy policies and interventions in the WHO European Region (Rowlands et al., 2017, 2018) show evidence of the demand for guidance on effective health literacy solutions. Technical support is provided through the *Health literacy toolkit for low- and middle-income countries* focusing on South-East Asia (Dodson, Good & Osborne, 2015) and the four-volume report *Health literacy development for the prevention and control of noncommunicable diseases* (WHO, 2022).

Strengthening countries' capacity to further develop and implement health literacy policies and programmes across the spectrum of health promotion, disease prevention and acute and chronic health care will help Member States to incorporate health literacy into public health policies and implement programmes as a way forward for improving people's health.

To this end, the WHO Department of Health Promotion seeks to explore how countries are developing and implementing national health literacy actions. Led by the Enhanced Wellbeing Unit, this technical background report presents an analysis of national policy initiatives that Member States have undertaken to develop and implement health literacy to build healthier populations and more inclusive systems. The lessons learnt can help inform health literacy policy on a local, regional and global scale.

1.5 Aim and focus of the review of national health literacy policy blueprints

The scope and scale of health literacy have developed exponentially in recent years (Okan et al. eds., 2019). Several health literacy policy reviews have been conducted to examine the progress, each with a specific focus. A US review focused on health literacy implications for care reform (National Academies, 2011). In Europe, a study on sound evidence for a better understanding of health literacy in the European Union was launched in 2015 after the report on the European Health Literacy Survey from 2012 (Heijmans et al., 2015; Sørensen et al., 2015). A Health Evidence Network synthesis report was published by the WHO European Office, *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?* (Rowlands et al., 2018) An evidence-based health literacy policy guide has also been published by the M-POHL consortium (M-POHL, 2023). In addition, in-depth case studies have been published in the *International Handbook of Health Literacy* (Okan et al., 2019) and other scientific publications (Berkman et al., 2011; Trezona, Rowlands & Nutbeam, 2018).

However, no reviews yielded an in-depth analysis of national health literacy policy blueprints such as national action plans, strategies and frameworks.

Building on the previous work, the aim of this study is, therefore, to explore the characteristics of dedicated national policy blueprints as a policy tool for change to improve health literacy at a national scale. The lessons learnt will inform recommendations for WHO and its Member States on how to enhance the global policy agenda on health literacy.

2. Methods

The study design included a mixed methods approach to analyse the policy content and context of standalone national health literacy blueprints based on:

- A systematic review of policy documents in November-December 2022 to identify specified policy tools representing standalone national health literacy blueprints.
- Informal consultations with key informants from WHO such as the two WHO action networks on health literacy: the International Health Literacy Association (IHLA) and the International Union of Health Promotion and Education (IUHPE) Global Working Group on Health Literacy (GWG-HL).

2.1 Data collection

Three online databases (PubMed, Google, Google Scholar) were searched. The search terms applied were “national” and “health literacy” in combination with “policy”, “action plan”, “strateg*”, “framework” and “program*”. Policy initiatives were identified by applying the following inclusion criteria: a) published in, or translated to English or Dutch, German, Scandinavian languages such as Danish, Norwegian, and Swedish; b) a policy initiative focused on the national level, and c) commissioned by a governmental body. Policy initiatives that were not at national level and where health literacy was an add-on to other policy priorities were excluded. For each selected plan, an in-depth web-based search was undertaken to identify additional policy documents related to the political process, for instance by exploring the websites of relevant organizations or other actors involved. Key informants were engaged when more profound insights were needed.

2.2 Data selection

Despite a search generating thousands of hits including research articles, policy documents, strategies, scoping reviews, briefings, concept papers, and legislation, it was only possible to identify a limited number of relevant national blueprints matching the inclusion criteria. Clearly, policy processes have taken place in more countries as illustrated in previous wider reviews, however, the outcomes have not (yet) resulted in specific national blueprints on health literacy.

2.3 Data analysis

Core information was extracted from the data to gain an overview of the policy stages and key actors involved. This was followed by a two-step content analysis including an internal analysis of each source, then a synthesis across the various sources with regard to content and political context. Finally, the implications of the analytical insights were discussed followed by a reflection on their relevance for the advancement of the global health literacy policy agenda.

2.4 Informal consultation

An informal review consultation was held to provide feedback on the study and report, allowing stakeholders from the international community to share insights, raise concerns, and suggest improvements in an open and constructive setting. The informal nature of the consultation encouraged active participation and candid discussion, contributing to a more refined and contextually relevant final report.

3. Results of the review of national health literacy policy blueprints

Essentially, nine relevant national health literacy blueprints representing four different types of national policy initiative were included in the analysis. The blueprints encompass a national health literacy statement and a draft strategy framework from Australia, a national health literacy framework from New Zealand, a national health literacy strategy from Norway, and national action plans on health literacy from China, Germany, Portugal, United Kingdom of Great Britain and Northern Ireland (Scotland) and the United States.

The analysis yielded a summary of the historical evolution and in-depth insights regarding the content and contextual factors and actors influencing the development of each national health literacy blueprint (Fig. 1). The summaries are presented below.



Fig. 1. Timeline of national health literacy policy blueprints

3.1 China: improving health education and basic public health services

The concept of health literacy was introduced in China in 2005 and in 2008, the nationwide health literacy promotion initiative was launched and the first government document, *Chinese Resident Health Literacy—Basic Knowledge and Skills* was released focusing on 66 aspects of health literacy, including fundamental knowledge and beliefs, healthy lifestyles and behaviours, and basic skills. The initiative informed the *Chinese Resident Health Literacy Promotion National Action Plan (2008–2010)*, which was accompanied by a health literacy scale used for the first national survey of health literacy. The State Council of the People's Republic of China also released a strategy for free basic public health services including health education to support health literacy. Moreover, a “gradual and stable” health literacy monitoring system was established (Li et al., 2022).

In 2014, China released the second edition, the *National Health Literacy Promotion Action Plan (2014–2020)*. Focusing on the future development of health promotion and health education, the new national plan laid out the goals and tasks for health literacy promotion, with the objective of increasing adequate health literacy to 20% by 2020. It focused on six action areas: 1. Establish a scientific concept of health; 2. Improve basic medical literacy; 3. Improve the literacy of chronic disease prevention and treatment; 4. Improve the literacy of prevention and treatment of infectious diseases; 5. Improve maternal and child health literacy, and 6. Improve the health literacy of traditional Chinese medicine (National Health Commission of the People's Republic of China, 2014). These national action plans had clear measurable goals to improve the health literacy of the population and monitoring systems were put in place.

In 2016, the Health China 2030 initiative was launched with the goal of increasing the national health literacy level to 30% by 2030. Meanwhile, the impact of the environment on health literacy became a growing concern, leading the Ministry of Ecology

and Environment to release the *Chinese Resident Ecological Environment and Health Literacy* report in 2018 (Li et al., 2022).

3.2 United States: acknowledging limited health literacy as a public health problem

The first national health literacy action plan was launched in the United States in 2010 (US Department of Health and Human Services, 2010), inspired by the 1993 National Adult Literacy Survey and the 2003 National Assessment of Adult Literacy. The growing body of health literacy research revealed essential gaps in health care, especially among vulnerable populations (National Academies, 2011). In turn, Parker, Ratzan & Lurie (2003) highlighted that:

Improving health literacy is a tool for improving health and health care in America. It is both a process and an outcome. Creating a truly health-literate America is a challenge requiring leadership, strategy, cooperation, and most importantly, a democracy with citizens who are well informed. It may not be easy, but it is the right goal for health policy.

These studies – along with the growing volume of health literacy studies in clinical and medical journals that consistently found limited health literacy to be associated with worse health outcomes and higher health care costs – led to the launch of the “Healthy People 2010” agenda in 2000 (National Center for Health Statistics, 2012), which set an objective to improve the health literacy of the US population. In response, acknowledging limited health literacy as a public health concern, the *National Action Plan to Improve Health Literacy* was launched by the US Department of Health and Human Services in 2010 and continues to inform the work of the sector.

The development of the National Action Plan was the result of many years of work by numerous public and private sector organizations and individuals to draw attention to health literacy as a major public health issue. The development process was led by the Health Literacy Workgroup of the Department of Health and Human Services based on the 2006 Surgeon General’s Workshop on Improving Health Literacy, a series of town hall meetings in 2007 and 2008, and feedback from stakeholder organizations in 2009. Health care organizations and providers, re-

searchers, educators and communicators participated in the workshops, while representatives from local organizations joined the town hall meetings. All these events were geared to facilitate a multi-stakeholder process with the aim of enhancing the participation of academia, policymakers and civil society.

The National Action Plan was based on two core principles:

- All people have the right to health information that helps them make informed decisions.
- Health services should be delivered in ways that are easy to understand and that improve health, longevity and quality of life.

It contained seven goals to improve health literacy and strategies for achieving them:

1. Develop and disseminate health and safety information that is accurate, accessible, and actionable.
2. Promote changes in the health care system that improve health information, communication, informed decision-making and access to health services.
3. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in childcare and education through to university level.
4. Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community.
5. Build partnerships, develop guidance and change policies.
6. Increase basic research and the development, implementation and evaluation of practices and interventions to improve health literacy.
7. Increase the dissemination and use of evidence-based health literacy practices and interventions.

The purpose of the action plan was to stimulate a coordinated process resulting in a society that is more informed, empowered, and engaged in health protection, health care and health promotion. Through interconnected, multi-tier and multisector approaches, it ultimately aimed to improve the accessibility, quality and safety of health care; reduce costs; and improve the health and quality of life of millions of people in the United States. Towards this goal, the

action plan sought to engage organizations, professionals, policy-makers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy. It was a framework that clinical and public health professionals, including nurses, could use to identify and address health literacy barriers that negatively affect patient care and individual and community health outcomes within and beyond the health care sector (Baur, 2010).

The action plan has facilitated the development of a range of national initiatives and enabled individual States to take locally relevant actions that fit with their population priorities including investments in attributes of organizational health literacy, health literacy measurement, and the development of workforce health literacy capacity (Baur, Harris & Squire, 2017; Platter, Kaplow & Baur, 2019).

3.3 Australia: improving organizational health literacy and leadership

The Australian health literacy blueprint is the *National statement on health literacy* (Australian Commission on Safety and Quality in Health Care, 2014). Health literacy has been on Australia's health agenda since the 1990s and was prioritized in the National Mental Health Plan 2009. Health literacy surveys and studies also informed public health and health promotion policy development. However, a major trigger for the Australian Commission on Safety and Quality in Health (ACSQHC) was the US National Academy of Medicine report *Ten attributes of health literate organizations* (Brach et al., 2012) highlighting the organizational and systemic aspects of health literacy. The ACSQHC initiated a scoping review which in turn informed a background report entitled *Consumers, the health system and health literacy: Taking action to improve safety and quality* (Australian Commission on Safety and Quality in Health Care, 2013) which was widely shared for stakeholder consultation. The consultation resulted in 114 responses from consumers, health professionals, ministries, patient organizations and research institutions. As a result, the government launched the National Statement on Health Literacy in 2014 signed by national and federal health ministers and the ACSQHC developed accompanying resources such as fact sheets and infographics for specific target groups such as citizens, health professionals and managers.

In 2022, a consultation process was launched to shape a National Health Literacy Strategy Framework as one of eight immediate priorities under the National Preventive Health Strategy. The objective of the National Health Literacy Strategy was to provide an evidence-based health literacy environment, where health information is person-centered, accessible, and culturally and linguistically appropriate, and to improve the health literacy of all Australians. It was envisaged that improving the health literacy environment for all Australians would offer a critical platform for the long-term success of the Strategy. It would lead to improved navigation of the preventive health system, improved service delivery and a reduced burden on the health system. Building on stakeholder and community feedback, it was ensured that diverse perspectives, experiences, and knowledge of all stakeholders and interested members of the community would be included, valued and respected.

3.4 United Kingdom of Great Britain and Northern Ireland (Scotland): reducing inequalities by building health literacy and making it easier

United Kingdom of Great Britain and Northern Ireland (Scotland) is a frontrunner with its two action plans on health literacy. The first was launched in 2014 and after a policy evaluation, a second was published in 2017 (NHS Scotland, 2014; Scottish Government, 2017). The action plans build on a vision for United Kingdom of Great Britain and Northern Ireland (Scotland) to be a health-literate society that enables all to have sufficient confidence, knowledge, understanding and skills to live well, on their own terms, and with any health condition that they may have.

Politically, the health literacy agenda was informed by studies highlighting the population's problems dealing with health-related information. Moreover, health professionals seconded to the Scottish Government were instrumental in championing health literacy as a political priority. Subsequently, the Government convened the National Health Literacy Action Group consisting of research, governmental and NHS representatives as well as third sector organizations. Chaired by the chief executive of a nongovernmental organization, the group developed *Making it easy, a health literacy action plan for Scotland* (NHS Scotland, 2014) through a series of meetings between Novem-

ber 2011 and May 2013 to close the gap between the demands of modern health care and people's abilities in order to reduce health inequalities and strengthen the well-being of individuals and communities. In June 2017, the Government published a report outlining the progress of the plan's implementation, leading to the development and launch of *Making it easier: a health literacy action plan 2017-2025* (Scottish Government, 2017) which sets out an action plan to remove barriers and improve how services are designed and delivered.

3.5 New Zealand: implementing a cultural shift towards a health literate system

The Ministry of Health in New Zealand developed a framework for health literacy stemming from its commitment to a "health system that enables everyone living in New Zealand to live well and keep well" (Ministry of Health New Zealand, 2015). The framework outlined expectations for the health system, health organizations and all of the health workforce to take action that:

- supports a "culture shift" so that health literacy is core business at all levels of the health system
- reduces "health literacy demands" (as defined below) and recognizes that good health literacy practice contributes to improved health outcomes and reduced health costs.

Because of the way health systems are organized, individuals and whānau (Māori for "extended family"; used in everyday New Zealand English as well as in official publications) can often face a series of demands on their health literacy. Health literacy demands are tasks that individuals and whānau need to achieve to get well and keep well, and those created at points of contact with health services. For example, tasks may include arranging appointments: understanding a letter and its instructions, making a phone call to confirm, arranging time off work and transport to attend appointments. Moreover, it can include attending appointments, navigating an unfamiliar environment to find a service, interacting with reception staff, answering questions, providing a history and personal details, and understanding health practitioners' instructions about tests, medications, and follow-up appointments. It all refers to their capacity to obtain,

process and understand basic health information and services to make informed health decisions.

Importantly, a health-literate health system reduces these demands on people and builds the health literacy skills of its workforce, and those who use its services. It provides high-quality services that are easy to access and navigate and gives clear and relevant health messages so that everyone living in New Zealand can effectively manage their own health, keep well, and live well. The framework reflects how each part of the health system can contribute to building health literacy so that all New Zealanders can make informed decisions about managing their health, or the health of those they care for. To bring the framework to life in the health system, it is necessary to build leadership and knowledge of health literacy approaches. In this way, the health system can make the long-term and sustainable changes needed to become health-literate. The framework also identifies some success indicators that individuals and whānau can expect to see from every point of contact with the health system. Essentially, it covers three areas of action:

1. Leadership and management: Championing health literacy and taking the lead on a "culture shift" towards a health-literate health system. It means that health system leadership sets the expectation that good health literacy policy and practice help individuals to live well, keep well and get well. Success is when the health system responds to its role in reducing health literacy demands placed on people when they access health care.
2. Knowledge and skills: Improving our knowledge of how health literacy demands can be reduced, and health equity achieved. Thus, the health system builds an evidence base that identifies the changes needed to improve health literacy, reduce demands and support effective innovations. Success means that the health system has a sophisticated approach to health literacy and builds knowledge that identifies hurdles to accessing health care at every point of contact. These problems are then prioritized for meaningful action.
3. Health system change: Being committed to a culture shift so that change occurs at all levels of the health system, leading to better health outcomes for individuals and whānau and reduced health costs. Hence, the health system is committed to

good health literacy practice and invests in changing the way it is organized to improve outcomes. Success includes the health system empowering and supporting individuals and whānau to make informed decisions on health and well-being.

The framework of action is based on a review of international evidence and a guide has been developed to support boards of health organizations to conduct reviews and design action plans to become health-literate organizations (Health Quality & Safety Commission New Zealand, n.d.).

3.6 Germany: promoting research-driven health literacy actions

The National Action Plan Health Literacy (Vogt et al., 2018) was launched in 2018 after the European Health Literacy Survey in Germany revealed that approximately one in two adults had limited health literacy (Sørensen et al., 2015). People with limited health literacy find it difficult to find, understand, appraise and apply health-related information. The promotion of health literacy is, therefore, considered an important task that touches upon all areas of public life and requires the commitment of many actors – in the health sector as well as in the areas of education, training, work, research, communication and consumption.

The plan of action was developed by a group of scientists and practitioners and thoroughly discussed in consultation with representatives from politics, society, members of various health professions, representatives of civil society organizations, as well as patients and citizens. The Federal Minister of Health, Hermann Gröhe, personally committed to the process.

The action plan is guided by five principles which seek to:

- Reduce social and health inequality
- Change individual as well as structural conditions
- Enable participation and shared decision-making
- Use the possibilities digitalization offers
- Establish the cooperation of actors from all sectors of society.

The plan addresses health literacy with regard to prevention and health promotion in everyday life

contexts, in the health care system, in living with chronic disease, and in research to promote health literacy based on 15 recommendations:

1. Enable the education system to promote health literacy early in life;
2. Promote health literacy in professional life and at the workplace;
3. Strengthen health literacy in dealing with consumption and nutrition offers;
4. Facilitate the handling of health information in the media;
5. Empower communities to strengthen the health literacy of citizens in their living environment;
6. Integrate health literacy as standard at all levels of the health care system;
7. Facilitate navigation within the health care system, increase transparency, and reduce administrative barriers;
8. Create comprehensible, effective communication between health professions and users;
9. Create user-friendly health information;
10. Facilitate and strengthen patient participation;
11. Integrate health literacy into caring for the chronically ill;
12. Facilitate and support a health-literate handling of disease progression and its consequences;
13. Strengthen the self-management ability of people with chronic disease and their families;
14. Promote health literacy for coping with everyday life and chronic disease;
15. Develop health literacy research.

The implementation of the action plan involves actors from all sectors with joint efforts by doctors, caregivers, hospitals, health insurance funds, pharmacies, self-help and consumer organizations as well as federal and state authorities to significantly strengthen health literacy in the country. As an example, health literacy has been integrated into the Health Promotion and Prevention Act.

3.7 Norway: advancing people-centred care through health literacy

The Norwegian health literacy strategy aims to advance people-centred care (Ministry of Health Norway, 2019). Health literacy research from the previous decade sparked political interest in Norway and health

literacy champions within the Ministry of Health helped shape the health literacy agenda, leading to the launch of the national health literacy strategy with the overarching aim to create a patient-centred health system. It was acknowledged that it requires that patients and users have competencies and opportunities to manage their health in the best possible way. Health services must be organized so that they engage patients and users to a wider degree by asking ‘what is important to you?’ Health literacy is a requirement for the realization of patient-centred health services.

The strategy highlights that the purpose of the strategy is to increase the health literacy of the population by focusing primarily on health and social care professionals, decision-makers and leadership in health and social care services as well as patient and consumer organizations. Other stakeholders and sectors play an important role too, such as the education sector. The Ministry of Health will increase the population’s health literacy by:

- using the term *helsekompetanse* as the Norwegian translation of the English term “health literacy”;
- preparing targeted efforts to increase the health literacy of the population;
- highlighting for health professionals how important health literacy is for the realization of patient-centred care;
- developing a health and care service that is designed to be able to take care of and make people health competent, and that has attitudes among the employees that reflect this;
- describing the health literacy of the population;
- describing different types of interventions to increase health literacy in different population groups, showcasing examples of various activities that already exist to promote health literacy without being labeled as such;
- describing health literacy research conducted in Norway;
- describing how health providers aim to increase health literacy in the general population as well as specific population groups.

The action plan is being implemented in the health sector and in municipalities. Capacity-building on health literacy is taking place within and beyond the governmental structures.

3.8 Portugal: promoting health literacy during the life-course

Recognizing the importance of health literacy, in 2017 the Health Directorate in Portugal created the Division of Literacy, Health and Well-being. With an intersectoral group of experts, it defined the national policy for health literacy. An action plan was developed based on international best practice for the definition and implementation of actions to promote health literacy, taking into account that these actions should explore different approaches such as life-cycle and stage of development, and taking advantage of all the opportunities to promote health literacy and self-care (Direção-Geral da Saúde, 2018).

Building on the increased awareness of health literacy as a health disparity apparent from research, the Portuguese health literacy action plan was published in 2018. Whilst keeping the individual as the central focus of the intervention, the action plan intended to continuously improve the health literacy of the Portuguese population in a sustainable way. It placed importance on navigation of the National Health Service and the health system in general.

The national health literacy action plan supports a life-cycle approach and frames its implementation by setting, context and strategic objectives in line with the framework of the National Health Plan, which is guided by priorities such as “health citizenship”, “equity and access to health care”, “quality in health” and “healthy policies”.

Implementation is being conducted in an ambitious manner, alongside partners and citizens, in order to enforce a wide set of measures and products aimed at achieving sustainable growth in health literacy levels, directly contributing to informed self-management of health processes for the improvement of the Portuguese population’s health levels. Partners include public, social and private sectors, ministries, general-directorates, interministerial committees, National Health Plan health programmes, other structures belonging to the Ministry of Health, academia, professional bodies, scientific societies, private institutions for social solidarity, NGOs, media, social media, digital media, civil society and patient associations.

The implementation strategy of the action plan focuses on three pillars: health professionals, the population and all stakeholders who share the target of promoting health literacy with the aim to:

1. Adopt healthy lifestyles as part of everyday life
2. Train for proper use of the health system focusing on staff, patients, and caregivers
3. Promote well-being focusing on people living with chronic disease.

Essentially, the tasks presented in the action plan seek to:

- provide health professionals with instruments and tools to promote health literacy;
- carry out campaigns and thematic interventions for the population to promote health literacy;
- broaden the network of stakeholders to incorporate and strengthen health literacy promotion interventions, increasing the impact of these interventions in different settings;
- establish a monitoring committee with the purpose of supporting the prioritization of actions and measures, and as a resource of excellence for the development of strategic information.

The conditions for the implementation of the national health literacy action plan in Portugal were strengthened by the modernization of the health system. New initiatives include the SNS (*Serviço Nacional de Saúde* – National Health Service) Portal, an online health service access point. It is the first tool to integrate the action plan, being a digital repository of resources to support the promotion of health literacy, accessible at all times. The resources include interactive digital health books and “My Health Journal,” which encourages people to organize their health information and take control of their health throughout their lives.

The action plan also aims to bring these resources to people in various everyday contexts, such as public libraries, schools and day centres. At the same time, the digital modernization now allows health information to be made available in the citizen's area of the SNS Portal, for example, by facilitating each individual's confidential access to their electronic medical records. The dynamic process of implementing the national health literacy action plan aims to encourage all citizens to participate in its construction and evaluation, and consequently in its adaptation and continuous improvement.

4. Cross-cutting features of national health literacy blueprints

Reviewing the blueprints from a cross-cutting perspective, similarities and differences emerge.

4.1 Format of the blueprints

The format of the blueprints varied from a one-page framework (NZ) to short, coloured, policy briefs (Australia, United Kingdom of Great Britain and Northern Ireland (Scotland), Norway and Portugal) and longer reports (United States, Germany) of up to 73 pages. Yet, to a greater or lesser degree, all national health literacy blueprints displayed some common features:

- A vision, explicit and specific aims, and a designated target audience
- Acknowledgement of the problem of limited health literacy and its political and societal relevance
- Description of the prevalence of limited health literacy and of particular risk groups
- The primary areas of action to improve health literacy
- The actors who were involved in the agenda-setting and formulation phases
- The relevant actors needed for the implementation of the plan.

4.2 Use of health literacy definitions

The blueprints define health literacy in different ways, although they overlap greatly in their focus. The US action plans (2010 and 2020) use the definition introduced by the Institute of Medicine (now the National Academy of Medicine). Australia and United Kingdom of Great Britain and Northern Ireland (Scotland) highlight the two-sided aspect of the health literacy definition referring to the response of the individual as well as the environment. New Zealand focuses on the ability of individuals to make effective decisions. Norway includes self-care as part of their definition and Portugal implies quality of life in their definition and Germany applies the definition from the European Health Literacy Project (Sørensen et al., 2012).

China — Health literacy refers to an individual's ability to access and understand essential health information and services, and to use them and services to make sound decisions to maintain and promote their own health. Health literacy is not only an important indicator to measure the health and family planning work and the health quality of the people, but also a comprehensive reflection of the level of economic and social development.

United States — Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Australia — “Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it.” The Statement separates health literacy into two components: (i) individual health literacy, and (ii) health literacy environment.

United Kingdom of Great Britain and Northern Ireland (Scotland) — No definition of health literacy, but the plan highlights: “Many of us lack the knowledge, understanding, skills and confidence to take an active role in our own wellbeing, despite a strong desire to do so.”

New Zealand — Health literacy is the capacity to find, interpret and use information and health services to make effective decisions for health and wellbeing.

Germany — Health literacy is linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course.

Norway — Health literacy concerns an individual's ability to understand, appraise and apply health information to form evidence-based decisions related to one's own health both in terms of healthy lifestyle, disease prevention, self-care and use of health and care services.

Portugal — Health Literacy involves the knowledge, motivation, skills, and activation required to assess, understand, and use health information to protect and promote one's health, prevent diseases, improve quality of life and well-being, promoting one's engagement and active citizenship in health.

Table 1: Definitions of “health literacy” used in national blueprints

4.3 Government-led and co-created health literacy blueprints

The national health literacy blueprints differ in the way they were developed. Some were designed primarily by governmental agencies (New Zealand, Norway, Portugal), others by a stakeholder committee (Australia, Scotland) and another was co-created with the wider health literacy community (the United States). Co-design was also used by the Australian government to develop its new National Health Literacy Strategy Framework. Often inspiration was sought internationally during the phases of agenda-setting and formulation. Several countries commissioned scoping reviews to explore the state of the art and often key informants from the global health literacy community were involved to guide the policy development processes.

4.4 Collective call to action

Each blueprint is unique and tailored to respond to the specific health literacy concerns and challenges in that country. Each highlights new perspectives on health literacy. The synthesis of the blueprints illustrates the essence of the combined “call to action” highlighting the need for leadership, because health literacy is a public health concern and an asset to be promoted through individual and organizational health literacy development. It is part of a cultural shift towards the creation of health literate systems in research-driven ways that improve people-centred care and development during the life-course to reduce inequalities.

The actions and strategies presented in the blueprints show how a proper health literacy response will require intersectoral and interdisciplinary coordination across many government departments and agencies, as well as the private sector and civil society. Strengthening health literacy capacity systemically requires a strong focus on structural aspects to overcome the detrimental impacts of low health literacy:

- Leadership: Governments have an opportunity to demonstrate leadership and innovation in health system transformation by raising awareness and developing health literacy in the population.
- Two-sided approach: While governments and policies can set important preconditions as enablers to move a health literacy agenda forward, people must still be empowered to participate in their health and well-being and support those of others.

- Asset-based approach: A people-centred, asset-based approach is recommended to shift the culture toward health literate systems building on health literacy as an asset to be developed in an individual, family and community.
- Life-course approach: Health literacy is content- and context-dependent and it develops during the life-course and may, therefore, differ within and across settings and population groups.
- Horizontal approach: Health literacy is a cross-cutting issue which is relevant within multiple policy areas, either as a standalone policy priority or mainstreamed and integrated into other policy agendas.
- Funding: Framing health literacy as a national priority should include a formal funding vehicle for health literacy measurement, interventions and evaluations.



Fig. 2. Collective call to action in national health literacy blueprints from seven countries

5. Discussion

This review found only a small number of specified national health literacy blueprints, yet it also revealed that health literacy is being integrated into health policies and strategies in many other ways.

Governmental scoping reviews to support health literacy agenda-setting

Some countries have engaged in health literacy agenda-setting without progressing to policy development. For instance, scoping reviews were made by the Danish Health Authority (*Sundhedsstyrelsen*) in 2009 and the Welsh Government in 2010 (Puntoni, 2010; Sundhedsstyrelsen, 2009), however they did not result in further national policy actions at the time. Meanwhile, the Danish Health Authority launched a new report on organizational health literacy in 2022 which indicates a renewed commitment to putting health literacy on the national health agenda (Sundhedsstyrelsen, 2022). Moreover, policy-led scoping reviews were initiated in Belgium and the Netherlands, but data is not yet available. Notably, a white paper was launched by Belgian health literacy advocates in support of the health literacy policy agenda (HealthNest, 2023).

Integration of health literacy into national policy priorities

Examples of governments that have started the formulation of policies include Austria and Thailand (Federal Ministry of Health Austria, 2022; National Strategy Committee, 2018). Austria prioritized health literacy as a health target for the 2012–2032 period to improve the health literacy-friendliness of the health care system, individual health literacy (with focus on vulnerable groups) and the health literacy-friendliness of the economic system. The inclusion of the target was based on the evidence from the 2012 European Health Literacy Survey which brought the matter to the Austrian policy agenda. This has sparked multiple initiatives, including the Austrian Health Literacy Platform for stakeholders involved in health literacy, but there is not yet a concrete national health literacy strategy or action plan with more details on how to implement the tar-

get and its objectives. In Asia, Thailand emphasizes health literacy and well-being literacy in the National Strategy 2018–2037. A national implementation committee has been established to lead the policy development process.

Thailand's 2018–2037 health strategy

§4.5 Enhancing well-being among Thai people covering physical, mental, intellectual, and social well-being dimensions, with key emphases on integrated well-being promotion and administration that can enhance individuals' ability in managing and taking care of their well-being and promotion of public participation in well-being promotion and health literacy of Thai people.

§4.5.1 Promoting well-being literacy among Thai people by providing and publicizing accurate and reliable health and well-being knowledge for the general public; monitoring and preventing distribution of false and misleading information regarding well-being which can be accumulated into intellectual and social skills needed to better manage well-being and health of the Thai people such as adjusting personal habits and behavior for better health and getting enough physical activity daily.

At state level in Australia, the Tasmanian Department of Health developed the Health Literacy Action Plan 2019–2024 and in Israel, the Ministry of Health included health literacy in the National Strategic Plan for NCDs (Israel Ministry of Health, 2023). Other examples include adding health literacy as a priority in specified policy areas such as nutrition (Mansfield, Wahba & de Grandpré, 2020) and national cancer control plans (Sørensen, 2020).

5.1 Advancing health literacy policy development

The existence of these policies and plans gives confidence that governments around the world understand the importance of improving health literacy in their populations, have identified this as a priority and have developed a locally relevant, system-level response to the challenge it represents. It is therefore of interest to explore how the policy agenda on health literacy can be further advanced.

Policy Stage	Actors
Agenda-setting	Policy universe
Policy formulation	Policy subsystem
Decision-making/ Adoption	Government decision-makers
Implementation	Policy subsystem
Evaluation	Policy universe

Fig. 3. The policy stages and actors framework by Howlett, Ramesh & Perl (2020)

Inspired by Howlett, Ramesh & Perl's framework of public policy development (Fig. 3) which refers to the policy universe of the various policy stages and actors involved, the health literacy policy process can be disaggregated into multiple, interrelated stages from input to output (Howlett, Ramesh & Perl, 2020). By accumulating empirical insights from the multiple cases in this study, new models and theories of the policy process can be generated. Hence, reviewing each stage in health literacy policy formulation and implementation – and the relevant actors, content and decision-making points – can lead to a practical programme of action that can be implemented and evaluated. Fig. 4 and the summary below indicate new suggestions on the way forward with regard to each policy stage and group of actors.

- **Health literacy agenda-setting** can be improved by scaling up the analytics based on health literacy research worldwide. This can be done by developing a global health literacy data dashboard fed by local, national, regional and global data to generate analytical insights relevant for global policy development. Moreover, transformation needs can be identified where improving health literacy

can make a change to the health and well-being of people as well as the quality of services provided in the realm of health emergency response, health care, disease prevention, health promotion and self-care. Actors involved in this stage may be the health literacy community and stakeholders involved in local and global health agendas.

- **Health literacy policy formulation** may be informed by global scoping reviews, technical reports, guides, and toolboxes for Member States and WHO and its regional offices on how to proceed considering local, national, regional and global needs. It may also be a result of general strategies on health that imply actions on health literacy. While this work has partly been initiated by WHO headquarters and in some WHO regions and Member States as described in this report, it would be beneficial to involve more global and regional actors from various systems, sectors and disciplines to facilitate true global representation in the development of the policy initiatives.
- **Decision-making regarding health literacy policy** may result in standalone resolutions on health literacy at national, regional and global level or as an integral policy objective in specified health strategies on, for instance, cancer control or antimicrobial resistance. The actors involved include governments and WHO leadership and governing bodies.
- **Health literacy policy implementation and evaluation** will be brought to life based on the concrete policy adopted. It is recommended that implementation be supported with secured funding and facilitation mechanisms such as regional action networks, a global health literacy hub or compact, and monitoring mechanisms to evaluate the global impact such as global, regional and national surveys. WHO has an established role in international monitoring of health and disease and the implementation of the health literacy policy would fit well with this role.

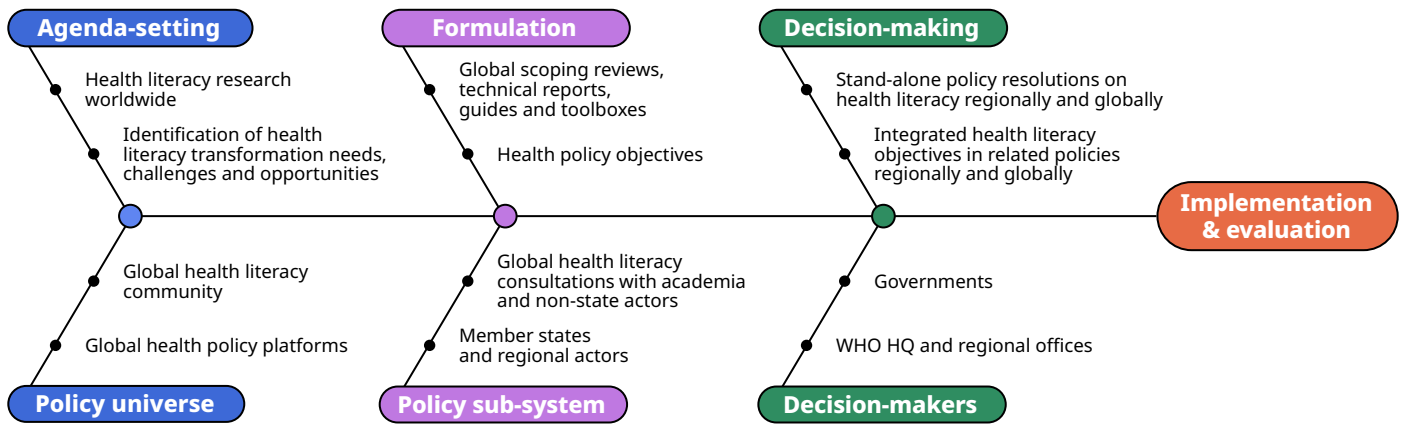


Fig. 4: Advancing health literacy policy development

5.2 Implications

Modern health systems are under pressure to develop people-centred services of high quality despite scarce resources (WHO, 2016b). Global emergencies and the burden of diseases as well as changes in demographics and political stability hamper progress toward the better health of people and the planet. Hence, policy efforts are needed to improve the health literacy of individuals, families and communities as well as the capacity of health providers and organizations to deliver a better health literacy response worldwide (Sørensen et al. 2021).

It should be recognized that limited health literacy is not an individual concern alone. It is a systemic challenge that affects neither a single component nor a single sub-system. The problems incurred by limited health literacy are often reproduced by factors and actors working in the field which may in turn create a persistent pattern of systems failure (Sørensen et al., 2021). New approaches are needed to mitigate health literacy gaps at a systems level. Co-design at local, national and global level is recommended to qualify the policy design process and make sure that those most in need are heard and engaged in finding suitable and timely solutions to lower health literacy barriers in communities and systems. Collaborative approaches, including the support of NGOs advocating for global health literacy, add strength to the development and implementation of health literacy policies to ensure that health literacy responsiveness is provided in easy and friendly ways (Sørensen, 2018; Sørensen et al., 2018; WHO, 2022; Bröder et al., 2018).

Globally, health literacy research has grown exponentially. Moreover, ripple effects from one policy area to another are seen when health literacy is prominent on the health agenda in a country or a region (Sørensen, 2020). These developments may help amplify the policy agenda and support formulation, decision-making and implementation in the future. It is important to acknowledge that governments and WHO can play an active role as change agents and champions to speed and scale up the process. Moreover, health literacy is deeply linked to emerging and transformative agendas such as planetary health (Horton & Lo, 2015) and digital health (WHO, 2021a). While these aspects are not widely reflected in the current national action plans, it is recommended that they be integrated into the policy agenda to a higher degree in the future along with other impactful trends.

Politically, health literacy is tied to rights, such as the right to access information presented in ways that are understandable, memorable and usable for people to manage their health and navigate health systems (Council of Europe, 2022). Resolutions and the use of softer policy tools such as declarations, statements, standards and guidelines can help countries to establish and strengthen health literacy as a prominent policy priority that can enhance equitable access to health. Shaping health-literate systems requires strong health literacy leadership (Sørensen et al., 2021). In a heavily regulated field like health, governments with the support of the WHO can play an active role in leading the way to build systemic capacity to deal with health literacy challenges and ensure no one is left behind.

6. Moving forward

The analysis of the national health literacy action plans and strategies provides profound insights into the policy development process. However, it also reveals a striking lack of implementation. Changes of government have strongly impacted the execution and follow-up of intentions and plans in the United States and New Zealand. The call to action must, therefore, emphasize the importance of identifying sustainable policies and programmes that can endure changes in government and political priorities. This has been initiated in Australia with a focus on incorporating health literacy into national standards for the accreditation of health organizations.

Moreover, it is a strong concern that the policies are not consistently connected to funded and sustainable actions. Some are overtly “enabling” with the expectation that others will fund and take actions in response to the plan, while others advocate specific actions but without evidence that these actions have been funded in a sustainable way. The disconnect between strategy and practical response must be avoided and substituted with verifiable actions in response to policy priorities. Therefore, to make a sustainable impact on health literacy, policymakers need to establish long-term, inclusive and adaptable strategies that address the structural, educational and social barriers to health literacy.

Policy is all about creating sustained results and societal impact. Here is a set of actionable steps policymakers can take to create lasting improvements in health literacy:

- Develop and fund a national health literacy strategy that sets clear goals, performance indicators, and accountability measures for improving health literacy at national and local levels.
- Incorporate health literacy into education systems at primary, secondary and tertiary levels.
- Integrate and implement health literacy standards to improve quality of care, prevention and health promotion.
- Develop policies to address health literacy for vulnerable populations.
- Encourage cross-sector collaboration and partnerships.

Empowering people with health literacy is an investment in healthier futures, reducing barriers and building resilience for generations to come. The pivotal role of health literacy in achieving equitable and effective health outcomes makes it an important and urgent policy goal that needs to be addressed sooner rather than later.

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