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Technical briefing on measuring health literacy in the European Region

**Monday, 17 September 2018
13:00–14:30, Sala Andrea Pininfarina**

1. There is increasing interest in the concept of health literacy (HL) all over the world. Growing empirical evidence suggests that HL supports health-conducive decisions over the whole spectrum of health promotion, prevention and treatment: good HL is linked to healthy lifestyle decisions, to the adequate utilization of preventive health services, and – for patients – to better treatment-related choices and better self-management. Over the life course, better HL is also linked to better health and fewer chronic diseases. HL is also a key determinant of better clinical outcomes and quality of life.
2. But what does HL mean? The WHO publication, *Health literacy: the solid facts*, uses the following definition that was developed for the first comparative European survey on population health literacy (HLS-EU): “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”.
3. According to the results of the HLS-EU, 48% of the adult population in the eight countries that participated in the survey report considerable difficulties in some of these areas. It is of particular concern that some groups of chronically ill people and older people – in other words, population groups that usually have a high need for health care – report even more difficulties than the general population. This means they are at higher risk of limited outcomes from the health care they receive.
4. HL can be improved by person-oriented educative interventions, which is particularly important for patients with chronic conditions. But interventions on the level of systems and services are equally important to effectively address the large proportions of the population affected by low HL. Interventions on this level may include the provision of neutral and trustworthy health information, support in navigating health care systems, efforts to improve the quality of communication regarding health care, or incentives for health care organizations to become more HL-sensitive. Overall, interventions to improve HL are linked to the implementation of Health 2020 and are an important pillar for achieving the Sustainable Development Goals (SDGs).

5. Many European countries have already become active in measuring and promoting the HL of their citizens. In order to add value to the efforts of these countries, and following a recommendation made in Health literacy: the solid facts, the Action Network on Measuring Population and Organizational Health Literacy (M-POHL) was established under the umbrella of the European Health Information Initiative of the WHO Regional Office for Europe, in February 2018. M-POHL aims to:

- institutionalize regular, high-quality, internationally comparative surveys of population HL;
- support the collection and analysis of data on organizational HL; and
- support evidence-informed (policy) decisions to improve HL, in line with Health 2020 and other policy frameworks, including the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development.

6. Against this background, the Technical Briefing will:

- provide a rationale for, and the current status of, population and organizational HL measurement in Europe;
- introduce the work of M-POHL and its relevance for Europe from the perspectives of different partners and stakeholders, in particular in view of Health 2020 and SDG targets;
- collect feedback from participants on their views and expectations of M-POHL and the next steps.

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