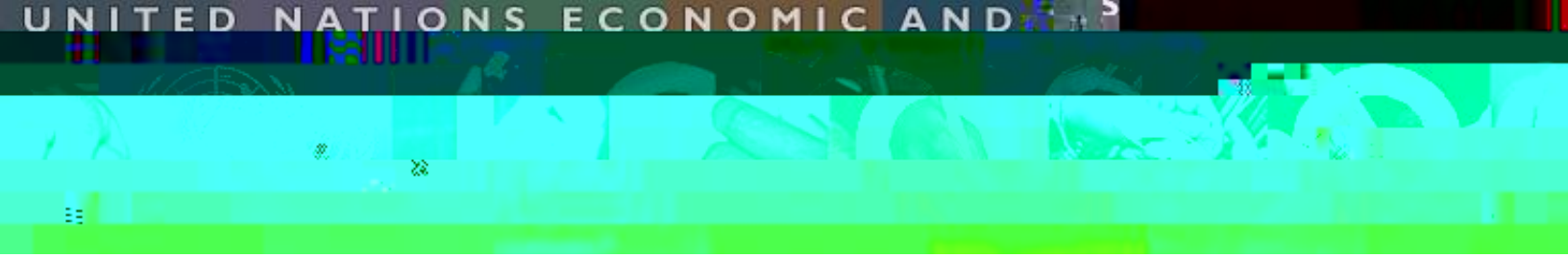

ECOSOC Annual Ministerial Review

Regional Preparatory Meeting on Promoting Health Literacy
Beijing, China, 29-30 April 2009

Background Note[1]

1. Background

The Annual Ministerial Review (AMR) of the Economic and Social Council (ECOSOC) was established by Heads of State and Government at the 2005 World Summit. It serves as instrument to track progress and step up efforts towards the realization of the internationally agreed development goals (IADGs), including the Millennium Development Goals (MDGs), by the 2015 target date.[2] The theme for the 2009 AMR is "Implementing the internationally agreed goals and commitments in regard to global public health".

The AMR process features three main elements: national voluntary presentations, country-led regional

consultations also promote stakeholder engagement early on in the process leading to the

noncommunicable diseases (NCDs), the effective management of public health emergencies such as Avian Flu and SARS, as well as the development of worldwide actions to combat issues that pose a threat to sustainable development, such as climate change. It is desirable to focus at the regional meeting on some of the most pressing issues for the region, such as (1) the achievement of health-related MDGs - the reduction of maternal and child mortality, under-nutrition and HIV transmission in particular; and (2) the reduction of disease burden due to NCDs, through implementation of initiatives such as the Global Strategy on Diet, Physical Activity and Health (DPAS) and the Framework Convention on Tobacco Control (FCTC).

Since 1990s, progress has been made within the Asia and Pacific region to reduce maternal and child mortality, under-nutrition and HIV infection. Results have been uneven however. Many women and children continue to die in an early stage of life. In brief, East Asia has seen a considerable decline in the proportion of children under five who die or are underweight. The proportion of maternal death and adult women living with HIV has also dropped in East Asia. However, these proportions continue to be high

Health gains have been made through the actions taken so far, but unless those actions are accelerated and broadened, the chance of meeting the development goals and public health commitments will become increasingly challenging.

5. Links between health, education and development

Improved health literacy is considered critical to the achievement of health and development. Examples of success have been found in patient education in clinical settings and in advocacy and community action in community settings across many health and disease issues, including those targeted by the many IADGs and public health commitments. Issues include improving maternal health, reducing child mortality, eradicating child hunger and combating HIV/AIDS, as well as implementing the FCTC and the Global Strategy on Diet, Physical Activity and Health. [12] [13] [16] [17] [18] [19] [20] [21] [22]

While the link between health literacy and development is not well documented, strong links exist between health literacy and education and also between education and development.[23] [24]

and reduce maternal mortality. Similarly, the burden of overweight and obesity on health can be more effectively tackled if people in the community know for example how many grams of sugar or fat one should eat in a day, what caloric intake against expenditure means, what and how to cook a healthy meal at home, and what can be done to use up the excess calories. Learning how to advocate and act collectively for an environment that can help promote healthy eating and physical activity may also be helpful in this regard.

6. Objectives of the regional ministerial meeting

Given the general low level of health literacy in the region and worldwide and the urgent need to speed up the progress in meeting the MDGs, and the reported positive impact of health literacy on health and development, there is a need for increased and sustained action.

It is imperative to examine how health literacy can be improved in order to achieve the overall objective of these consultations, which is to accelerate action on achieving health related MDGs and commitments. The means through which improved health literacy can

Accordingly the following issues have been selected for discussion at the regional meeting:

Assess the impact of health literacy on health and development and identify and develop measures for reporting progress;

Strengthen multisectoral collaboration at the national, regional and international levels to undertake joint actions for increasing health literacy;

Promote better access and use of information through information and communication technology and empowerment; and

Build capacity for sustained action to increase health literacy.

Through identifying and sharing examples of success and lessons learned, the objective of these consultations is to accelerate actions to achieve the health related MDGs and combat NCDs, including through the development of a regional action plan.

7. Assess the impact of health literacy on health and development and identify and develop measures for reporting progress

Impact of health literacy on health and development

Over the years, there has been evidence of effective interventions to increase health literacy. The evidence largely comes from the United States however, on patient-focused interventions.[17] [28] [29] It was found that the applicability of such evidence outside of the United States might well

population on the impact of tobacco use.[32] In tobacco control, many of the demand reduction strategies were linked to increased health literacy, whereby individuals, organizations and governments were able to gain better access to information on the full extent of the risks of tobacco and increase

Key questions that could be discussed by the panelists could include:

> What works to increase health literacy in order to improve health outcomes, health choices and opportunities, particularly in achieving selected health-related MDGs including maternal and child mortality, HIV infection and under-nutrition as well as combating NCDs particularly in reducing tobacco use, unhealthy diet and physical inactivity? (If some of these interventions are pilot projects, how can they be sustained and implemented at a wider scale?)
> How does this evidence of success inform policy development and practice in the region?
> What are the barriers that hinder the improvement of health literacy where it is low?
> How can access to and use of primary health care by people with low levels of health literacy be improved?

Measuring and reporting progress

Turning to the need for measures to report progress, there is no data available to determine the level of health literacy in most countries in the region of Asia and Pacific. To increase health literacy, baselines, indicators and benchmarks at the individual and community levels need to be developed to inform action and report on progress. Though measures for quantifying health literacy such as IALS (International Adult Literacy Survey), TOFHLA (Test of Functional Health Literacy in Adults) and REALM (Rapid Estimate of Adult Literacy in Medicine) are available, their use is mainly confined to developed countries, and effort is still needed to improve the validity and reliability of these measures.[43] [44] The applicability of these measures to countries with different levels of development, different languages, customs, etc, is also unclear. Moreover, as the way people define and manage health and illness varies from one culture to another, the meaning of health literacy may well also differ. Unless the concept of health literacy and the determinants are known, it is difficult to develop a measure which is valid and reliable.

It would be helpful for countries in the region to have a set of recommendations available on the core content areas of health literacy and a set of guidelines for undertaking measurement.

Baselines, targets and benchmarks for achieving the above mentioned international goals and agreements will also be required at the impact level, for example in terms of behavioural change and service use. Examples include increase in breastfeeding and use of antenatal services, universal access to sexual education, increase in availability of school meals, reduction in smoking prevalence among young people and women, increase in quit rates, daily activity levels and levels of consumption of dietary salt and fruit and vegetables. Apparently, the development of baselines, targets and benchmarks requires systematic collection of valid and reliable data over time. Moreover, the data

[43] Nutbeam D. Advancing health literacy: a global challenge for the 21st Century. HPI 2000; 15 (3), 7-8
[44] Kickbusch I. Health literacy: addressing the health and education divide. HPI 2000; 16 (3), 63-71.

collected must be properly used. There are both financial and human resource implications for the collection and use of data, which may be seen as a barrier to data collection and use particularly in low income countries. Yet, the Community Health Audit of Gonoshathaya Kendra, a NGO in Bangladesh, is an example of success that demonstrates how data can be collected and used for reporting progress and achieving accountability, with limited resources.

Key questions that could be discussed by the panelists could include:

What are the present levels of health literacy throughout Asia-Pacific?
To what extent can the current measures such as TOFHLA and REALM be used in Asia-Pacific?
What indicators could be used at the impact level (e.g. behavioural change and

breastfeeding and (3) professional associations, such as the medical and pharmacists associations who takes stances against tobacco use for example.

The business sector has also been playing a role in promoting health literacy through occupational health services. The economic consequences of lost productivity and the shift of the financial burden for medical coverage to employers suggest that the corporate sector will increasingly support these initiatives. Recently, some countries such as Japan have subjected employers with fines and penalties for their overweight employees.

However, the extent to which the business sector can be engaged in health literacy activities with a focus that may run counter to its interests, however - for example, the promotion of food items such as powder milk[47] and medicines[48] - should be further explored. While it is important to look at how to engage the business sector to promote health literacy through responsible marketing for example, it is of equal importance to look at the extent to which the business sector's involvement will potentially lead to any conflicts of interests and more importantly, the measures that can be undertaken to avoid such conflicts. This has been particularly the case of the tobacco industry.

Aid development agencies, together with the United Nations and international organizations have also been increasingly active, in undertaking health literacy activities for combating public health emergencies for example, such as SARS, the

What actions can be taken and/or policies implemented by governments, civil society and the private sector to increase the level of health literacy to achieve health related MDGS including maternal and child mortality, HIV infection and under-nutrition and

Mobile devices such as mobile telephones, Personal Digital Assistants (PDAs), and laptops, as well as wireless and satellite communications are giving remote communities an opportunity to be connected and have access to information. These developments offer exciting opportunities for expanding the availability of health information - one of the building blocks of health literacy.

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health priorities and meet their respective health needs to meet their health needs[51] and "to make governments and the private sector accountable for the health consequences of their policy and practices".[52]

Communication is not only dissemination of information, but also a means for fostering participation and ownership, facilitating mutual understanding and building trust among key stakeholders[53] and a process of community involvement to "espouse common values of humankind".[54] Participation, ownership, stakeholder management, as well as common values of humankind are all elements of participation. Other critical elements include self esteem, confidence and worth.[55]. Health literacy is a means to empower people to have control over the factors that affect their health through the acquisition of knowledge and skills in self development and influencing others. Vice versa, empowerment can also help to improve health literacy through advocacy and community action for health.[56]

Evidence of interventions that show improved health from empowerment through health literacy is still limited in many countries, particularly in low and middle income countries. However there are some examples of success, such as those

What models of good practice in empowerment are available and could be replicated within the Asia and Pacific Region in interventions that aim to increase health literacy for improved health particularly the achievement of MDGs and other public health commitments such as the Framework Convention on Tobacco Control and Global Strategy on Diet, Physical Activity and Health?

9. Building capacity for sustained action to increase health literacy

As mentioned above, examples of success in increasing health literacy and improving health are available. To increase the level of health literacy and improve health, interventions shown to be effective need to be put into practice within and between countries, in order to have an impact. This requires translating evidence into practice and transplanting these examples of success, taking into consideration the differences in context of each