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Note verbale dated 26 June 2009 from the Permanent Mission of China to the United Nations addressed to the President of the Economic and Social Council

The Permanent Mission of the People's Republic of China to the United Nations presents its compliments to the President of the Economic and Social Council and has the honour to transmit the report of the Asia-Pacific regional preparatory meeting, for the annual ministerial review of the Council, held in Beijing on 29 and 30 April 2009 (see annex).

The meeting, on the theme "Promoting health literacy", attracted multi-stakeholder participation, including high-level officials, experts and non-governmental organizations. The participants discussed the issues related to health literacy, shared good practices and recommended ways of scaling up effective health literacy interventions. The meeting highlighted the positive impact of health literacy on health and development and the urgent need to make progress on achieving the Millennium Development Goals and combating non-communicable diseases, given the generally low level of health literacy in the region and worldwide. The Government of the People's Republic of China believes that the report will constitute a valuable contribution to discussion on implementing the internationally agreed goals and commitments in regard to global public health, to be held during the annual ministerial review of the high-level segment of the 2009 substantive session of the Economic and Social Council.

The Permanent Mission of the People's Republic of China would appreciate it if the present note verbale and its annex could be circulated as a document of the Economic and Social Council for consideration at its 2009 substantive session, under item 2 (b) of the provisional agenda.

* E/2009/100 and Corr.1.



**Annex to the note verbale dated 26 June 2009 from
the Permanent Mission of China to the United Nations
addressed to the President of the Economic and
Social Council**

**Report of the regional preparatory meeting on promoting
health literacy for the annual ministerial review of the
Economic and Social Council**

Summary

1. As part of the annual ministerial review process of the Economic and Social Council, an Asia-Pacific regional meeting on the theme “Promoting health literacy” was held in Beijing on 29 and 30 April 2009, hosted by the Government of the People’s Republic of China. Organized as a multi-stakeholder event, with the participation of health ministers and other high-level representatives, the consultations consisted of plenary meetings and panel discussions.
2. The meeting was attended by 110 delegates, including representatives of Governments of the Asia and the Pacific region, and experts from the United Nations system and other international organizations, academia and the private sector. The delegates examined the notions of health literacy, shared experience of good practices and recommended ways of scaling up effective health literacy interventions, given the generally low level of health literacy in the region and worldwide, the reported positive impact of health literacy on health and development, and the urgent need to make progress on achieving the Millennium Development Goals and combating non-communicable diseases.
3. Through the presentations and discussions, consensus was reached among the participants at the meeting on a number of key issues in respect of promoting health literacy, in particular scaling up of effective health literacy interventions; demonstrating how improved health literacy can enhance the effectiveness of primary health care; developing culturally appropriate measures for reporting progress; strengthening joint action within and beyond the health sectors; promoting use of modern information and communications technology (ICT) and encouraging the media to ensure information accuracy; and building community capacity through empowerment and institutional capacity for sustainable action, including the use by practitioners of the evidence-based approach. The participants also felt that a clear understanding of the notion of health literacy would be helpful when efforts were undertaken to scale up actions on promoting health literacy.
4. As reflected in the recommendations emanating from the plenary and dialogue sessions, there was also a consensus among the meeting participants that these actions could be achieved through exchange of replicable examples of good practice efforts within and between countries in the region and beyond, and through development of reference materials for evidence-based actions. Moreover, the meeting participants recognized that these actions and recommendations had to be undertaken in a planned, collaborative and coordinated manner. To this end, there was a suggestion that a regional plan be developed.

5. A total of 10 meeting recommendations, reflecting the key issues raised by the delegates, as mentioned above, are set out later in the report.

6. The meeting did not conclude only with recommendations. Concrete actions to scale up effective health literacy interventions in order to accelerate progress towards achieving the Millennium Development Goals and combating non-communicable diseases were also discussed. Among the more notable actions proposed was the development of a regional plan to achieve envisioned changes in a collaborative and sustained manner. To this end, efforts must be made to put the mechanisms and processes in place at the country level. Indicators and timelines for reporting progress must also be developed. In other words, immediate action by China's Ministry of Health and its counterparts at the country level in the region, together with the Economic and Social Council and the World Health Organization (WHO), is required to kick-start the process. This would include reporting back on the key recommendations of the meeting to the Council at the annual ministerial review to be held in Geneva in July. To facilitate the process, actions will also be initiated with a view to harmonizing with the recommendations of other 2009 Council regional preparatory meetings on health-care financing, non-communicable diseases and m-health, how partnership with non-governmental organizations, professional associations, academic and research institutes and the media can be forged, and how the role of the partners will be delineated.

7. In sum, the meeting concluded with a set of priorities for action as well as a sense of enthusiasm, commitment and solidarity. The participants were ready to endeavour to work together with other partners to promote health literacy as a means of accelerating progress towards achieving the Millennium Development Goals and combating non-communicable diseases.

I. Introduction

8. It was suggested that the Economic and Social Council hold annual ministerial reviews by Heads of State and Government at the 2005 World Summit (see General Assembly resolution 60/1, para. 155 (a)). They serve as an instrument for tracking progress and stepping up efforts towards the realization of the internationally agreed development goals, including the Millennium Development Goals, by the 2015 target date. The theme for the 2009 Annual Ministerial Review is "Implementing the internationally agreed goals and commitments in regard to global public health".

9. To provide input to the 2009 Annual Ministerial Review, on 29 and 30 April 2009, the Government of China, under the leadership of Dr. Chen Zhu, Minister of Health, with the support of the Department of Economic and Social Affairs of the United Nations Secretariat, hosted a regional preparatory meeting in Asia and the Pacific on the theme "Promoting health literacy".

10. The meeting provided an opportunity for the countries in the Asia and Pacific region to accelerate action on promoting health literacy through sharing best practices and lessons learned related to how increased literacy can contribute to achieving the Millennium Development Goals and combating non-communicable diseases.

11. The meeting provided the delegates with an opportunity to work collaboratively in using the evidence-based approach in the context of a synthesis of

examples of success and lessons learned in the development and implementation of health literacy interventions.

12. It addressed a number of key issues in respect of accelerating action on promoting health literacy, in particular through the examination of how the concept of health literacy can be better understood, including the availability of indicators and baselines for its measurement.

13. Questions discussed included how joint actions could be undertaken by key stakeholders, given the significant contributions that new and additional stakeholders within and beyond the health sector can make; how ICT could be used more effectively given the unprecedented and enormous capacity of digital ICT, and the speed with which it could disseminate information and the extensive range of the population groups reachable by ICT; how the information could be better used through people empowerment, which has been considered critical to information use; and how capacity to improve health literacy in countries could be built.

II. Proceedings of the regional preparatory meeting

A. Welcoming and opening remarks

1. Welcoming remarks

14. Dr. Chen expressed his pleasure at the convening of the meeting and extended a warm welcome to all the delegates from the ministries of health of various States; relevant United Nations organizations; and academic institutions both at home and abroad, as well as representatives of non-governmental organizations.

15. Dr. Chen reminded everyone, first, that it was at the United Nations Millennium Summit that the Millennium Development Goals had been established, three of which were directly related to health, and second, that universal access to health knowledge was essential for achieving these three goals. He pointed out that people needed to avail themselves of common, simple health knowledge: for example, if they washed their hands frequently, they would effectively prevent the occurrence of diarrhoea. Therefore, in the health sector, health literacy is our best weapon and the most effective vaccine against diseases, one that helps greatly in preventing diseases. Only when people become health-literate can they avoid in a scientific way being harmed when threatened by diseases and take the initiative in seeking the health services they need to effectively protect themselves.

16. China's Ministry of Health attaches great importance to health literacy. In 2008, we issued "Health literacy for Chinese citizens: basic knowledge and skills" and published "Sixty-six articles of health: readings in health literacy for citizens of China", in which the basic health knowledge and skills that citizens of China should possess are presented in detail. We have made efforts to promote health literacy, change unhealthy lifestyles and advocate the concept of healthy life in order to improve the health of our people through organizing various activities like seminars and distributing brochures.

17. Dr. Chen proposed the following recommendations on how to transmit health knowledge to the public. First, support in promoting health literacy should be offered to developing countries in order to ensure the achievement of the

Millennium Development Goals. Second, the leadership role of the health authorities should be given full play in promoting health literacy. Third, the entire society should be mobilized to promote health literacy, increase people's awareness of self-care and improve people's health. Fourth, international cooperation on health literacy should be strengthened. Therefore, members of the international community should strengthen cooperation, help each other, share knowledge and join hands in defeating the public-health hazards that are threatening the health of mankind.

2. Opening remarks

18. In her opening remarks, Sylvie Lucas, President of the Economic and Social Council, thanked all the participants for their contribution and discussed the significance of the annual ministerial reviews and how they had come to be convened. Meetings at the annual ministerial review help to assess the fulfilment of each agenda and bridge the gaps.

19. The regional meeting in China, focusing on the topic of health literacy, was the second one held in 2009. The first was held in Sri Lanka on the theme "Financing strategies for health care". The next meeting, for Western Asia, to be held in Qatar in May, will discuss non-communicable diseases. That meeting will be followed by meetings in Jamaica and Ghana on HIV/AIDS and e-health, respectively.

20. A preparatory meeting for the high-level segment to be held in July was held in New York in March. An assessment was made at that meeting of where we stand in respect of achieving the public health related goals, the impact of the financial crisis and the health challenges in a post-crisis situation. In addition, efforts have been made to bring together people from diverse areas like philanthropy and business and physicians from all over the world to determine how to strengthen the health system. The outcomes and recommendations that have emanated from these discussions will be incorporated in the report of the Secretary-General and reflected in the ministerial declaration to be adopted by the Economic and Social Council in July.

21. Ms. Lucas said that greater efforts were needed to achieve our goals because of the economic crisis. Health literacy can impact the power of people to prevent and treat diseases like HIV/AIDS and malaria, tuberculosis and many non-communicable diseases as well. The objective of the meeting in China has been to accelerate action through understanding the challenges we face and their solutions.

22. Ms. Lucas emphasized that evidence-based approaches should be used to achieve better results, that ICT could also serve as an effective tool for disseminating information and that capacity-building should be carried out.

23. Sha Zukang, Under-Secretary-General, Department of Economic and Social Affairs of the United Nations Secretariat congratulated the Government of China and the Economic and Social Council for hosting this meeting. He stated that this was the most appropriate time to hold the conference inasmuch as we were dealing with existing and new challenges like the financial crisis and influenza A (H1N1) virus infection and that such gatherings could help us to better prepare for meeting them. The higher the level of health literacy, the easier it is to respond.

24. Mr. Sha said that the United Nations Secretary-General had made global public health one of his top priorities because health was a foundation for prosperity,

stability, poverty eradication and human development. As the focus of the meeting was Asia and the Pacific, he said a few words about the region's progress towards achieving the three health-related Millennium Development Goals. Though a downward trend had been seen, the pace of progress was slow. The least progress has been made in reducing maternal mortality. Half a million women around the world still die from pregnancy-related causes. The region is off-track in combating HIV/AIDS and also has the highest number of people affected by tuberculosis and malaria. He also remarked that the prevalence of non-communicable diseases was also very high in the region.

25. The Under-Secretary-General said that not only were these regions different from each other, but each one was itself highly diverse, which presented unique challenges.

26. Last, he mentioned the publication "Sixty-six articles on health literacy", which demonstrated the significance of simple measures for achieving overall health improvement, through changing people's lifestyles and increasing their awareness. He used the example of obesity to explain how people themselves could build a healthy environment and thereby avoid that health problem. Fewer health problems would mean less expenditure.

27. Improving health literacy, Mr. Sha said, was a process in which multiple sectors joined together. He noted that the level of health literacy was low worldwide, even in developed countries like Australia. The meeting, he hoped, would serve as a platform for building more efficient policies and fostering actions to improve health literacy.

28. Dr. Ala Alwan, Assistant Director General, World Health Organization (WHO), provided a detailed overview of the health status throughout the world and how it could be improved. He said that, in the year 2000, health had been recognized as a major force in boosting the socio-economic progress of any country and was therefore a large objective of the Millennium Development Goals. Assessing the advancement of the Goals, WHO had found that, although progress had been made, it was very slow and uneven. For example, in some areas, child mortality had decreased by 27 per cent, while in 16 African countries, no progress had been witnessed to date. Maternal mortality and HIV/AIDS infection are still as rampant as before. Reasons like uneven distribution of resources contribute towards the high prevalence of such problems.

29. He said that funding, commitment and technologies alone were not sufficient to achieve our goals and that capacity-building for individuals and communities was required. Primary health-care systems have to be strengthened because they are the most efficient, fair and cost-effective means of improving the entire health system.

30. Dr. Alwan said that, today, the major challenge was not restricted to infections, pregnancy-related problems and malaria but also entailed non-communicable diseases, which were responsible for more than 70 per cent of deaths. Conditions like stroke, lung cancer and diabetes pose a serious threat to socio-economic development, which in turn fosters the creation of a poverty trap for the poorest populations. A 2008 WHO report highlights a key reform, "Health in All Policies" for Governments.

31. Dr. Alwan emphasized the fact that a health-literate person could navigate the health system, receive health care and participate in community action for

prevention, all of which would lead to better health. We must all act now and come up with concrete solutions in order to achieve our goals. Shared responsibility, solidarity and a commitment to fairness and social justice are vital policy assets of this region; hence, this area has always contributed to improving the health-care system.

B. Plenary: “The challenges of health literacy in Asia and the Pacific: where do we stand?”

32. Health literacy encompasses the ability of an individual not only to gain access to health information but also to understand and use that information to promote and maintain health, including through navigating the health system, engaging in self-care and participating in community action for prevention.

33. Effective health education interventions develop health literacy so as to enable people to improve health. Good health literacy enables people’s engagement in society, which in turn promotes the productivity of a country.

34. Improving people’s access to and use of information for health can contribute to achieving the health-related Millennium Development Goals and combating non-communicable diseases. This can be carried out through already available low-cost, simple health educational interventions conducted by health practitioners, including doctors, community health workers and traditional birth attendants, as demonstrated by the success of the Philippines and Bangladesh, as well as through school health promotion programmes established internationally.

35. Promoting health literacy requires the application of modern, sophisticated health education methods, and content that not only includes basic personal health information but also promotes an understanding of social and economic determinants of health. Efforts must also be made to consider the appropriate use of new methods of communication, including new media, such as mobile phones, for the delivery of programmes to the public.

36. The recent experience of China’s Ministry of Health in the development and implementation of “Health literacy 66” has revealed that promoting health literacy requires leadership from government. Government leadership will accelerate action on strengthening health systems by, for example, providing funding, setting up demonstration projects and developing mechanisms and processes for monitoring and evaluation. Governments also need to create enabling environments for healthy choices by mandating, for example, smoke-free environments in support of tobacco control strategies. They can do so by working intersectorally, across ministries and in partnership with the private sector, civil society and non-governmental organizations.

37. There does exist a link between health literacy and primary health care, given that health promotion is a cornerstone of primary health care and health education is one of the key action areas of health promotion. However, there is a need to demonstrate more explicitly just how improved health literacy can support the establishment and implementation of primary health care.

38. There appears to be a small amount of data available for determining the level of health literacy in most countries in the Asia-Pacific region.

39. There is a need to develop measurement tools which can be adopted to reflect cultural and contextual differences between countries. Recommendations of the plenary in this regard encompass the following:

- Accelerate actions to achieve the Millennium Development Goals and combat non-communicable diseases through health literacy, including the use of low-cost, simple but effective health education interventions
- Adopt the evidence-based approach to the development and implementation of interventions to develop health literacy
- Exchange replicable examples of good practices and lessons learned, particularly in respect of strengthening health systems to support promotion of health literacy and capacity-building
- Work collaboratively in the development of culturally appropriate measures and standards for health literacy
- Provide a demonstration of how improved health literacy can enhance the effectiveness of primary health care, including the identification of delivery mechanisms for health literacy within the primary health-care framework, for example, those involving community health workers and school education programmes
- Promote new initiatives, including a consideration of the need for a regional plan on promoting health literacy

C. Dialogue session 1: “Promoting multisectoral actions”

40. Examples of success were provided to demonstrate how increased health literacy could make a contribution to achieving the Millennium Development Goals and combating non-communicable diseases, including the community-based AIDS treatment literacy programme conducted in China, the community-based education and treatment interventions to stop tuberculosis conducted in India and Bangladesh, teaching mothers about malaria prevention and treatment in Ethiopia and Zambia, empowering mothers to breastfeed through counselling in the Philippines, and the comprehensive salt reduction programme, including consumer education through a media campaign and food labelling, conducted in the United Kingdom of Great Britain and Northern Ireland.

41. It was concluded that a multisectoral approach would be necessary in order to make interventions a success. The salient features of such an approach include government leadership at national and local levels entailing, inter alia, policy, funding and education support provided by multiple ministries; participation of professionals and non-governmental organizations in popularizing scientific knowledge; involvement of business and employer groups; and spreading the right message by the media, as well as advocacy by multiple United Nations organizations. The approach was also illustrated through the success of the Philippines, where the Department of Labour and Employment, the Trade Union of the Philippines, the Employers’ Confederation of the Philippines, non-governmental organizations and WHO came together to enable breastfeeding in the workplace; of the United Kingdom, where the food and agricultural industry was involved in reducing dietary salt intake of China; and whose AIDS treatment literacy

programme encompassed the use of short message service (SMS) technology, mobilization of women's networks and the holding of forums for doctors to enable them to access important information related to difficult or time-sensitive cases.

42. In addition to the dissemination of information through different media, cross-sectoral, whole-of-society actions must be undertaken to create an enabling environment promoting healthy choices and to empower people to make healthy choices. In other words, to promote health literacy, action must also be undertaken through joint effort across the sectors to introduce and implement structural changes focusing on infrastructure and policy and to enable adoption of the community approach to promoting health literacy, which has proved sustainable and cost-effective.

43. The issue of how health literacy, its delivery and its impact on health can be better measured was also briefly discussed.

44. Recommendations of the dialogue session:

- Support multisectoral action that aims to promote access to information on making health choices, create an enabling environment, promote health choices and empower people to make healthy choices
- Accelerate multisectoral action on the adoption of the community approach to promoting health literacy
- Exchange replicable examples of success in strengthening multisectoral action on promoting health literacy
- Identify mechanisms and processes that need to be put in place in order for multisectoral actions to be undertaken, through a synthesis of examples of successes
- Identify/develop tools for measurement of health literacy and its impact on health
- Promote new initiatives, including the consideration of the need for a regional plan of which strengthening multisectoral action is a key component

D. Dialogue session 2: “Promoting health literacy through the media and empowerment”

45. The media and e-health have been successfully utilized in providing health information and achieving behavioural change through proper use of the information. This helps patients manage health problems and health, helps care providers manage patients' records and helps shape community attitudes, as reflected in the experience in Bangladesh, China and the United States of America. In Bangladesh, for example, radio, newspapers, magazines and folk performances, as well as word-of-mouth publicity disseminated by creditable people such as priests and imams, were employed to successfully improve maternal and child health, prevent diarrhoeal diseases and prevent and treat tuberculosis and HIV, as well as promote immunization and the use of contraceptive devices. In the United States, e-health is being used as a tool for bridging health disparities. Through a campaign mounted in China in 2003 to destigmatize people with HIV, it was found that to enhance campaign effectiveness, marketing plans must be well developed

and well implemented, particularly in the areas of identification of channels, assessment of the impact of the message on attitude change and selection of promotional activities. Moreover, efforts are being undertaken in China aimed at monitoring of and reporting on as well as social mobilization for health literacy, as reflected in China's adoption of the National Plan of Health Literacy Promotion Initiatives.

46. Using media and ICT as channels through which to improve health literacy requires the collaboration of multisectoral partners. While the Government needs to play a lead role in promoting health literacy, it must, at the same time, actively seek cooperation with other sectors, including partnerships with the private sector and civil society. The Government and particularly the health sector must be creative in seeking opportunities to partner with the private sector and non-governmental organizations. For example, building a relationship with members of the press on a regular basis helps promote partnering when emergencies arise. Another approach involves giving credit to the media when they have reported well, through, for example, conferring an award on reporters who have done a good job. Offering the media social impact/human interest stories on the value and critical nature of health literacy in society was also suggested as an effective approach. The stories provided were inserted in popular newspaper and magazine, giving health literacy additional opportunities to make the "popular press". The effectiveness of this approach was reinforced by the successful media campaign launched in China in 2003, which included the image of the then President of the United States, Bill Clinton, hugging a boy who was HIV-positive.

47. The health sector should also seek "usable" moments; that is to say, when the public is naturally seeking information on health, the health sector can make the information available through a medium that is instantly accessible. An example is the use of short message service text messaging to give health habits-related guidance during disease outbreaks. In fact, the use of science for innovation and technology in the area of health might well be the best way at present to ensure that ICT constitutes a trustworthy and easy-access resource for health information.

48. Some of the major challenges faced by developing countries in their efforts to promote health literacy were highlighted. They include prevalence of illiteracy; social/religious taboos; the high cost of advertising in the media; means of production and design of education and campaign materials; and means of development and implementation of strategies and programmes. There needs to be more focus on research into health literacy and the use of ICT in countries at all levels of development, particularly in Asia.

49. The media constitutes a powerful means of disseminating information and plays a critical role in promoting health literacy. Despite its brevity, it was emphasized in the session that it would be imperative for the media to take responsibility for ensuring the accuracy of the information disseminated and refrain from the temptation to engage in scoop hunting and succumb to sensationalism, and that people must be provided with the knowledge and skills needed to access and use the information.

50. Recommendations of the dialogue session:

- Support research efforts in countries in the region, including the development of a compendium of successful health literacy research projects and campaigns

for different audiences from different economies, to encompass, for example, evidence of interventions that resulted in improved health through improved access to ICT and through empowerment

- Support the adaptation and testing of standardized health literacy tools that were developed in English-speaking high-income countries for use in other languages, cultures and low- and middle-income economies
- Develop guidance for the health sector on establishing and supporting successful multisectoral partnerships
- Develop guidance on how health literacy experts can use the media as partners
- Develop and implement intervention projects so as to contribute to the achievement of target 5, as set out under Goal 8 of the Millennium Development Goals, namely, in cooperation with the private sector, make available the benefits of new technologies, especially information and communications
- Examine ways to encourage the media to take responsibility for ensuring the accuracy of information

E. Dialogue session 3: “Building capacity to increase health literacy”

51. Capacity-building in health literacy is a multisectoral endeavour which requires sustained action by key players including Governments, particularly the ministries of health and education, patients and their families, civil society and communities, the media and the business sector. All these players are both actors and receivers: they can take a lead role in building the capacity to promote health literacy while at the same time advancing their own capacity to facilitate the process of building capacity to promote health. The activities that the different players can undertake to facilitate the process encompass synthesizing evidence and compiling technical guidelines, initiating demonstration projects, training the trainers, supporting research/policy analysis, setting up data sets for measurement of progress, sharing examples of success and promoting dialogue and social responsibilities.

52. To build capacity to promote health literacy, efforts need to be made to build capacity at the workforce, organization and community levels. To build workforce capacity, efforts must be made to ensure that there is no shortage of health practitioners and that there is a high level of competency among them. For example, to be a competent health promotion and education (HPE) practitioner, one must possess the requisite knowledge and skills to fulfil key work tasks such as planning health promotion and education actions, building partnership, empowering the community, marketing healthy practice, managing activities and developing self-knowledge and other health professionals’ knowledge of and skills in health promotion and education. An example was provided of how increased capacity among practitioners can lead to increased uptake of immunization (in a community in Australia).

53. Experiences in China reveal that a good understanding of the term “health literacy” is a precondition for building capacity to promote health literacy, that medical care providers must be able to negotiate and communicate with their

patients and family, and that public-health workers must be able to undertake socioculturally appropriate community-based outreach. At the same time, patients and their family as well as people in the wider community must be able to analyse and use the information and advice given by the providers and workers to make health-related decisions.

54. An adequate number of competent practitioners is necessary but not sufficient to promote health literacy and achieve health gains. Effort must also be made to provide these practitioners with system- or organization-wide support, including in the following areas: information, funding, policy, continuing education and partnership, as reflected in the health system strengthening building blocks set out in the WHO *World Health Report: 2006* and in the *Working Together for Health* “health promotion capacity wheel”.¹

55. The extent to which health literacy can be increased also depends on the level of capacity that a community possesses. Consistent with theory-based expectation and experience in Afghanistan, there appears to be a link between community capacity and factors such as socio-economic status, access to information, women’s status, and availability of health facilities in the community, as well as support given to communities by the public sector.

56. People in the wider community must be empowered to undertake community-wide action for health, as reflected in the experience of Thailand, where improvement in health was led by increased health literacy through improved access to and use of information, resulting in better adherence and access to antiretroviral treatment of opportunistic infection among people living with HIV/AIDS.

57. The experience in Afghanistan also reveals that building capacity requires actions including advocacy for inter-ministerial collaboration, development of a national policy, establishment of a technical advisory group on health literacy, and exchange of experts and experience through affiliation programmes among countries in the region. Other actions such as development of joint regional protocols and plans for health literacy and standards for health literacy, as well as the establishment of a data sharing network and the setting up of an e-health or telemedicine network, were recommended.

58. Recommendations:

- Ensure that there is an adequate supply of skilled practitioners able to implement evidence-based interventions at the country level
- Ensure that practitioners are provided with organizational support such as policy, information, finance and delivery mechanisms
- Promote coherent collaboration among people in the community and empower the community to undertake community actions for health
- Promote collaboration, define tasks and undertake coordinated action to build capacity among key players within the government and between the government and non-government sectors at the national and regional levels
- Demonstrate how improved capacity at the workforce, organization and community levels can increase health literacy

¹ Geneva, WHO, 2006.

- Exchange replicable examples of good practices and lessons learned

F. Closing remarks

59. Ms. Lucas expressed her satisfaction with the outcome of the meeting and the wealth of valuable ideas that the discussions had produced. She was confident that the recommendations that had been put forward on how to promote health literacy and empower people to achieve the Millennium Development Goals would find their way into both legislative action at the global level and actual implementation plans at the regional and national levels.

60. The discussions showed how central improving health literacy was to achieving many of the health-related Millennium Development Goals, as well as how cost-effective. Improving health literacy in this region and worldwide has significant health benefits, which call for the strengthening of efforts in this area by all stakeholders and sectors. Without a doubt, enhancing health literacy cannot be conducted solely by the health sector.

61. The importance of multisectoral collaboration in enhancing peoples' ability to obtain and comprehend health information will be conveyed at the upcoming regional annual ministerial review meeting in Ghana on the topic of m-health. In addition, Ms. Lucas intends to bring the message regarding the importance of health literacy in controlling and addressing non-communicable diseases to the upcoming regional ministerial meeting in Doha.

62. Dr. Fiona Adshead, Director, World Health Organization, Department of Chronic Diseases and Health Promotion, believed that the meeting had offered evidence that health literacy approaches could indeed accelerate delivery of the Millennium Development Goals and action on chronic diseases. In addition, there had been many examples of how proactive approaches that were already being applied in countries and by sister international organizations were achieving the same results, which was highly encouraging.

63. As stated by the President of the Council, multisectoral approaches were central to this approach and WHO was pleased in this regard because such approaches were at the heart of its recently reinforced primary health-care approach. Approaches need to be culturally sensitive: as no one size fits all, they therefore need to be tailored. There are very good delivery mechanisms that already exist, such as that comprising community health workers and school education programmes, which must be built upon with new determination.

64. At the heart of all of these approaches is the principle that every method of delivery must be centred on people — on how they live their lives — and responsive to what they need. Assistance in building their capacity skills and capability constitutes the greatest gift that it is possible to make to the health of countries, that gift being the people themselves. People working in collaboration with professionals, Governments and the broader society are central to promoting health literacy.

65. International organizations have also been challenged and have a clear-cut responsibility to lead by example and work together to support our Member States in taking forward this work. This meeting offered a highly important opportunity for WHO to begin to work with its sister organizations in doing just that. Dr. Adshead

said that she would like to believe that some of the ideas centred around a regional action plan could be taken forward, as well as consider other mechanisms that might have been proposed by the time of the July meeting.

66. Dr. Qing Yang, Director General, Ministry of Health, China, called this first meeting on promoting health literacy a new and successful model of how to present the contribution of the United Nations to health improvement. Not only will the innovative concepts formulated at this meeting promote the advancement of the health literacy of the public, but the meeting will also be highly significant in terms of the fostering of global health and the achievement of the Millennium Development Goals. The discussions had established a platform for health literacy promotion and would encourage all the international agencies and Governments in the Asia-Pacific region to redesign policies and develop a national and regional action plan on health literacy promotion.

67. Dr. Yang believed that the key underpinning health literacy was its scientific orientation and therefore that more attention should be focussed on constructing a scientific perspective on health and on bringing core scientific information and skills related to health into the public domain and into the lives of people.

68. The second insight that Dr. Yang had derived from the meeting concerned participation and how closely health literacy was related to both public and individual health. He believed that it was necessary to promote health literacy, with the resulting emphasis on leadership advocacy, multisectoral mobilization and coordination, and the wide participation of all communities, families and individuals. Although some such efforts have been made in China, as evidenced by the initiatives merged with “Health promotion for hundreds of millions of farmers”, community health services and other projects, there remains a long way to go in promoting the health literacy of China’s citizens.

69. Lastly, Dr. Yang addressed the issue of the importance of cooperation in the promotion of health literacy, which needs not only the efforts of each country and region, but also the sharing of experiences and best practices derived from the international society. This conference had been an excellent starting point with respect to enhancing dialogue, communication and cooperation on health literacy promotion in nations and regions.

70. Mr. Sha thanked the Government of the People’s Republic of China for its generous hospitality and support in respect of the organization of the meeting, as well as the dedicated team involved.

71. Mr. Sha stated that, in the midst of the global financial and economic crisis, there was a real risk that the topic of health literacy would be left on the back burner. We must therefore ensure that this did not happen. The discussions had shown how improving health literacy could lead to substantial gains in public health and how critical it was for empowering people. Hence, it was a key to the achievement of the health-related development goals.

72. Mr. Sha stated that he would personally bring home at least three strong and clear messages from this meeting. First, greater efforts towards effecting the availability of indicators and benchmarks for measurement of health literacy and for the monitoring of progress are needed. Second, ICT must be harnessed and used wisely to ensure broad dissemination of health information and wide participation. Third, it is evident that the health sector has to engage a much broader range of

stakeholders within and outside government at all levels so as to expand health literacy in an integrated manner.

73. One of the major outcomes of the meeting, according to Mr. Sha, was the proposal to scale up effective health literacy interventions, including giving consideration to the launch of a regional action plan to enhance health literacy in the Asia and Pacific region. Actions in this area can focus on (a) measuring health literacy and its overall impact on development; (b) strengthening multisectoral collaboration at all levels; (c) promoting better access to and use of information; and (d) building capacity for sustained action. The region is an ideal setting for the implementation of such a plan because of the advances made in this area by various member States. By setting up a road map for the region, this action plan could play a key role in improving public health through expanded health literacy.

G. Plenary panel: presentations of best practices and new initiatives on health literacy

United Nations Children's Fund (UNICEF)

74. In his presentation on the practices and new initiatives of UNICEF related to health literacy, Dr. Festo Kavishe, Deputy Regional Director of the UNICEF East Asia and Pacific Regional Office, alluded to the fact that UNICEF had always promoted health literacy principles, though the term "health literacy" was not part of the jargon used daily. UNICEF uses the terms "communication for development", the "empowering triple A process cycle of assessment, analysis and action" and "rights-based advocacy and social mobilization" to promote health literacy. Health literacy goes beyond the individual and incorporates the "knowledge, attitude, behaviour and practice (KABP)" of communities, policymakers and institutions extending beyond the health domain.

75. Health literacy promotion is key to the success of UNICEF in achieving results for children and in collaborating with other partners in achieving the health-related Millennium Development Goals in an equitable manner. Behavioural change educational programmes in Cambodia, for example, had led to a fourfold increase in breastfeeding by 2005 compared with 2000. Similar programmes focusing on HIV/AIDS awareness and knowledge in Cambodia, Indonesia and China resulted in increased awareness of the risks and mode of transmission among factory workers, out-of-school youth and others groups. In addition, UNICEF publishes a popular booklet called "Facts for Life" which contains important health messages focusing on the survival and development of children and women and benefits everyone who reads it. The 2009 updated version uses a life cycle approach to provide health messages covering the period from pregnancy to birth and through childhood and adolescence.

World Health Organization (WHO)

76. The WHO Representative in China, Dr. Hans Troedsson, elaborated on the use of mass events to promote health literacy, reflecting one of the lessons learned from the 2008 Beijing Olympics. Dr. Troedsson pointed out that mass events are characterized by the turnout of large audiences, massive media coverage and security concerns. The goal of public-health promotion at such events is to prevent or minimize the risk of injuries or ill health to participants, spectators and the

resident population. Moreover, the “spirit” of the event and the vision of a future legacy permeate the atmosphere. This creates an environment conducive to health literacy promotion and a potential for impact extending beyond the event.

77. The health promotion campaign during the Beijing Olympics focused on the dangers of smoking, and the importance of physical activity, diet and food safety. Text messaging to mobile phones, the distribution of health handbooks and educational kits, and public service announcements on buses, in taxis and at airports were some of the tools used in this initiative. In addition to these educational tools, legislation must be in place to enable people to change their behaviour. The campaign helped to enhance public-health surveillance, increase the number of smoke-free public places and improve food safety and knowledge of nutrition and the benefits of physical activity. United Nations organizations and national counterparts also assisted in the training of volunteers.

International Organization for Migration (IOM)

78. Maria Nenette Motus of the IOM Regional Office for South-East Asia discussed the efforts of IOM to improve health and well-being among migrants in priority provinces of Thailand. She gave examples of IOM information, education and communications activities with regard to HIV/AIDS and “safe mobility”. These include: an animation series, a radio drama series and a life-skills activities manual, which represent forms of “edutainment” media, which means that they are both fun and informative. Every episode was dubbed in Khmer, Lao, Myanmar, Thai and Vietnamese (with English subtitles).

79. It is crucial for migrant health services and health literacy that literacy policies and delivery systems use informed cultural mediators. Active community participation is also a must in promoting health-seeking behaviours and trust. There is also a need for balanced and innovative strategies that ensure equitable primary health-care services for the host communities. Finally, there has to be orderly migration management, which includes cross-border health cooperation.

80. Ms. Motus pointed to three key messages. First, healthy migrants equal healthy communities. Second, the achievement of the Millennium Development Goals will depend, in many cases, on inclusion of migrants in the target groups. Third, migrants have specific health needs. Health literacy strategies need to be tailored to migrant groups and mobile populations and take their assessments and goals into account.

Johnson and Johnson

81. Dr. Scott Ratzan and Leying Jiang presented examples from BabyCenter, an online and mobile phone application for new and expectant mothers which reaches over 15 million people each month around the world. BabyCenter engages women over the course of their pregnancy and the first few years of their baby’s lives in health literacy in various ways. The BabyCenter model encompasses three component actions: (a) blend evidence-based expert advice with practical “mom-to-mom” wisdom; (b) personalize content based on the consumer’s stage of pregnancy in order to deliver timely, digestible, and actionable information; and (c) address the consumer’s emotional needs before addressing their physical needs.

82. In addition to the website which is available in 19 countries, a new mobile application has been developed for people without online access but with mobile phones. The application uses a mix of voice and text to overcome both literacy and language issues. It is available in English and Hindi in India, where, while using the same general model, it simplifies the content so as to focus on actionable behaviour changes in such areas as nutrition, health care and hygiene.

Conclusions and recommendations

83. Through the presentations and discussions, consensus was reached among the meeting participants on a number of key issues related to promoting health literacy, in particular scaling up of effective health literacy interventions; demonstrating how improved health literacy can enhance the effectiveness of primary health care; developing culturally appropriate measures for reporting progress; strengthening joint action within and beyond the health sectors; promoting use of modern ICT and encouraging the media to ensure information accuracy; and building community capacity through empowerment and institutional capacity for sustainable action, including the use of the evidence-based approach by practitioners. The participants also felt that a clear understanding of the notion of health literacy would be helpful when efforts were undertaken to scale up actions on promoting health literacy.

84. As reflected in the recommendations of the plenary and dialogue sessions, there was also a consensus among the meeting participants that these actions could be achieved through exchange of replicable examples of good practice efforts within and between countries in the region and beyond, and through development of reference materials for evidence-based actions. Moreover, the meeting participants recognized that these actions and recommendations had to be implemented in a planned collaborative and coordinated manner. To this end, it was suggested that a regional plan be developed.

85. The key issues mentioned above were reflected in and drawn from the 24 recommendations arising from the plenary and dialogue sessions and are summarized in the 10 recommendations set out below:

- Accelerate actions to achieve the Millennium Development Goals and combat non-communicable diseases through health literacy, including the use of low-cost, simple but effective health education interventions
- Scale up the use of the evidence-based approach to planning and implementing interventions to promote health literacy, including the development of a compendium of outcome-oriented health literacy research projects and campaigns demonstrating the links between improved health literacy and improved access to ICT and empowerment; and the development of “how-to” guides for organizing health literacy interventions, including multisectoral action among all partners, particularly the media
- Exchange replicable examples of good practices and lessons learned with respect to supporting promotion of health literacy, particularly in strengthening health systems and capacity; promoting multisectoral action; and improving access to and use of information through modern ICT and empowerment
- Work collaboratively in the development of culturally appropriate measures and standards for health literacy and the impact of increased health literacy on health

- Demonstrate how improved health literacy can enhance the effectiveness of primary health care, including the identification of delivery mechanisms for health literacy within the primary health-care framework, for example, those involving community health workers and school education programmes
- Support multisectoral action that aims to promote access to information about making health choices, create an enabling environment promoting health choices and empower people to make healthy choices, particularly through the adoption of the community approach to promoting health literacy
- Examine ways to encourage the media to take responsibility for ensuring the accuracy of information
- Promote collaboration, define tasks and undertake coordinated action among key players within the government and between the government and non-government sectors at the national and regional levels to ensure that there is adequate organization capacity, including expertise, policy, information, funding, partnership and delivery mechanisms, to intensify action on promoting health literacy
- Promote new initiatives, including the consideration of the need for a regional plan on promoting health literacy

86. The meeting did not conclude only with recommendations. Concrete actions for scaling up effective health literacy interventions in order to accelerate progress towards achieving the Millennium Development Goals and combating non-communicable diseases were also discussed. Highly notable in this regard was the proposal to develop a regional plan to achieve planned changes in a collaborative and sustained manner. To this end, effort must be made to put the mechanisms and processes in place at the country level. Indicators and timelines for reporting progress must also be developed. In other words, immediate action by China's Ministry of Health and its counterparts at the country level in the region, together with the Economic and Social Council and WHO, to kick-start the process is required, including a report back to the Council at the annual ministerial review, to be held in Geneva in July, on the key recommendations emanating from the meeting. To facilitate the process, actions will also be initiated regarding how to harmonize with the recommendations of the other 2009 regional preparatory meetings for the Council's annual ministerial review — on health-care financing, non-communicable disease and m-health, how partnership with non-governmental organizations, professional associations, academic and research institutes and the media can be forged, and how the role of the partners will be delineated.

87. To sum up, the meeting concluded with a set of priorities for action developed amid expressions of enthusiasm, commitment and solidarity. The participants were ready to endeavour to work together with other partners to promote health literacy so as to accelerate progress towards achieving the Millennium Development Goals and in combating non-communicable diseases.