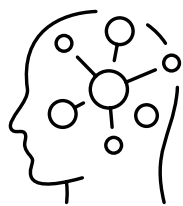


Health Literacy Consensus Statement

Supported by

HALÉON



Health literacy—people’s ability to find, understand, critically appraise and use health information and services—is essential for realising the right to health and for reducing health inequities.¹ People from countries spanning all income levels experience low health literacy. Low health literacy disproportionately affects people facing socioeconomic disadvantage, chronic illness, disability, migration, and language or digital barriers, contributing to avoidable illness, delayed diagnosis, poorer outcomes and higher system costs.²⁻⁵ When countries, health systems and organisations act to improve health literacy—by tackling its causes and consequences—they can reduce these inequities and costs while enabling better health and more effective use of services.

Health literacy has too often been framed as an individual deficit that people must “fix” themselves. A narrow focus on individual skills underestimates the complexity of modern health systems and overlooks how policies and practices can either help or hinder people’s ability to understand and use health information and services. The expert panel members who contributed to this statement (listed at the end) agree that health literacy must instead be understood as a shared, system-level responsibility. Governments, organisations and professionals should design information, communication and care pathways that are clear, navigable and responsive to diverse needs so that people are not left to carry the burden alone.

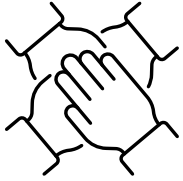
Improving health literacy requires action across three interlinked levels:

- **Personal health literacy.** Empowering people with the skills, resources and confidence that individuals, families and communities can draw on to manage their health, navigate health services and participate in decisions for themselves and those they care for.
- **Professional health literacy.** Building knowledge, attitudes and communication practices among health and social care workers—including community health workers—and other educators so they understand the needs of different groups, and can adapt communications and ways of engaging with them accordingly.
- **Organisational health literacy.** Ensuring health institutions and systems make it easy for everyone to access, understand, appraise and use health information and services, regardless of background or ability.

Alongside the health and social benefits of high health literacy, there is also a clear economic benefit for countries and health systems. An economic analysis conducted as part of Phase 3 of the *Health Inclusivity Index* found that a 25% reduction in the share of people reporting low health literacy could save the 40 Index countries US\$303bn in annual healthcare costs.⁶

To realise these gains, the expert panel prioritises the following areas for action:

Priority areas for action



1. Adopt a whole-of-government and whole-of-society approach

Health literacy should be enshrined as a human right and explicitly prioritised in policy. It should be recognised as a core component of both the delivery of quality, safe and equitable care, and people's right to accessible, understandable and reliable health information.

Given the clear evidence that low health literacy imposes substantial costs and deepens existing inequities, health leaders and systems must take primary responsibility for driving change and leading by example. At the same time, governments should position health literacy as a shared national goal for the public and economic good. It should be embedded across health, education, social, digital, consumer and labour policies, with clear leadership, accountability and coordination across ministries and sectors.

The conditions for understanding, appraising and using health information are shaped in homes, schools, workplaces, communities, public spaces, and via digital platforms and health services. That means civil society, patient and community organisations, the private sector, and media and technology companies all play important roles in creating health-literate environments.



2. Make health literacy a core capability and focus for health and social care organisations

Health and social care organisations at all levels, from primary care to hospitals and other services, should commit to becoming health-literate organisations. They must be places where structures, processes, communication and environments are intentionally designed to help people from all backgrounds understand and navigate health information and services. Policies, forms, signage, digital tools and workflows should also be reviewed and redesigned to make services easier to use, particularly in the context of rapid innovation.

Health literacy competencies also need to be embedded into educational curricula and continuing professional development so that staff can apply key principles in their day-to-day work. They must be able to deliver patient-centred care through clear, culturally sensitive communication, as well as help people navigate health systems and manage their own health.



3. Develop and co-create high-quality, inclusive information resources

Health information should be co-developed with the people it is designed to serve to ensure it reflects their languages, cultures and lived realities. This requires systematic co-creation with communities, patients and civil society to ensure that materials use plain and clear wording, avoid unnecessary jargon and are available in multiple formats to accommodate different literacy, sensory and digital abilities (eg, written, visual, audio, digital, printed and in-person communication).

Information should also be actively tailored for key settings such as schools, workplaces, primary care, hospitals and community services, and across different life stages. It should be tested regularly with intended users to ensure clarity, relevance and usability.

Priority areas for action

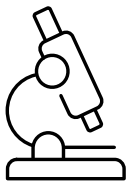


4. Combat misinformation and strengthen critical appraisal skills

Health systems, education systems and information platforms must work together to reduce the spread and impact of health misinformation, while building people's confidence to question and critically appraise what they see, hear and read. This includes partnering with schools, media organisations, community leaders and digital platforms to promote evidence-based content, apply responsible recommendation and labelling practices, and rapidly address harmful false claims.

Education programmes at all levels should foster critical health literacy, including basic concepts such as risk, uncertainty, quality of evidence and trusted sources. They should provide practical tools that help people to compare different sources of health information so they can develop judgement around what types of information can be trusted. People should also be encouraged to seek professional health advice when they have concerns or doubts.

These efforts are especially important in digital environments, where the volume and speed of information can easily overwhelm conventional health literacy skills. Strong, critical health literacy is even more essential in the era of rapidly evolving AI-generated content.



5. Strengthen measurement, research and data use

Countries and organisations should invest in robust, inclusive, consistent and repeated measurement of health literacy to guide action and monitor progress. Priorities include assessing personal health literacy using culturally appropriate tools for different populations and ensuring inclusion of underserved groups; measuring professional and organisational health literacy using appropriate self-assessment and external review tools; integrating health literacy indicators into existing surveys and information systems where feasible; and supporting research that links health literacy to health outcomes, service use, costs and equity, as well as studies that evaluate the impact of policies and interventions. This measurement should be used to identify and address barriers to drive improvement—rather than labelling or blaming individuals or populations.

Health literacy is a powerful lever for advancing people's right to health, improving quality and safety, and reducing avoidable costs; it is no longer a "nice to have" but a core requirement of resilient, people-centred health systems. By acting on the five priorities set out in this statement, countries, organisations and professionals can move from recognising the problem to redesigning policies, services and information so that everyone, regardless of background or ability, can find, understand, appraise and use health information and services to live healthier lives.

This will require sustained political commitment, investment and accountability, as well as practical support for the people and organisations implementing change on the ground. If governments, health and social care providers, civil society, communities, the private sector and media and technology companies work together, they can build environments that make it easier—not harder—for people to manage their health and navigate care. The expert panel invites leaders at all levels to endorse this shared vision of health literacy and to embed it in strategies, standards and everyday practice.

Expert panel members



Dr Guda Alemayehu
Lead, African Health Literacy Network, Ethiopia



Prof Orkan Okan
Professor of health literacy, School of Medicine and Health, Technical University of Munich; president, International Health Literacy Association; head, WHO Collaborating Center for Health Literacy, Germany



Prof Virginia Visconde Brasil
Professor of nursing, Faculty of Nursing, Federal University of Goias, Brazil; lead, Brazilian Health Literacy Network



Dr Catina O'Leary
President and CEO at Health Literacy Media, United States



Dr Shyam Sundar Budhathoki
Senior teaching fellow in global health, Imperial College London, United Kingdom



Prof Enny Rachmani
Vice president, Asian Health Literacy Association; associate professor of public health informatics and health literacy, Faculty of Health Science, Universitas Dian Nuswantoro, Semarang, Indonesia



Prof Lorie Donelle
Professor of nursing, College of Nursing at the University of South Carolina, United States



Geoffrey So
Head of strategic engagement, WHO Foundation, Switzerland



Prof Diane Levin-Zamir
Professor of public health, School of Public Health, University of Haifa; Research Co-Chair of the WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL), Israel



Kristine Sørensen
Founder, Global Health Literacy Academy; honorary professor, Aalborg University; executive chair, Health Literacy Europe, Denmark



Prof Donald Nutbeam
Professor of public health, University of Sydney, Australia; Chair of the WHO Ad-hoc Advisory Group on Health Literacy



Prof Lilliana Villa Vélez
Associate professor, Faculty of Medicine, University of Antioquia, Colombia

References

1. World Health Organization. Health literacy [Internet]. Geneva: World Health Organization (WHO). Available from: <https://www.who.int/news-room/fact-sheets/detail/health-literacy>.
2. Stormacq C, Van den Broucke S, Wosinski J. Does health literacy mediate the relationship between socioeconomic status and health disparities? Integrative review. *Health Promot Int*. 2019;34(5):e1-e17.
3. Rasu RS, Bawa WA, Suminski R, et al. Health Literacy Impact on National Healthcare Utilization and Expenditure. *Int J Health Policy Manag*. 2015;4(11):747-55.
4. Nutbeam D, Lloyd JE. Understanding and Responding to Health Literacy as a Social Determinant of Health. *Annu Rev Public Health*. 2021;42:159-73.
5. World Health Organization. Low health literacy is costing health. [Internet]. Geneva: World Health Organization (WHO). Available from: <https://iris.who.int/server/api/core/bitstreams/f80ae253-f5a0-4e82-9c36-1db337f40114/content>.
6. Economist Impact. The Health Inclusivity Index: Health drives wealth – the economic impact of health inclusivity. [Internet]. London: Economist Impact; 2025. Available from: https://impact.economist.com/projects/health-inclusivity-index/documents/health_inclusivity_index_phase3_report.pdf.

While every effort has been taken to verify the accuracy of this information, Economist Impact cannot accept any responsibility or liability for reliance by any person on this report or any of the information, opinions or conclusions set out in this report. The findings and views expressed in the report do not necessarily reflect the views of the sponsor.

Health Inclusivity Index

Explore more of the research and findings >