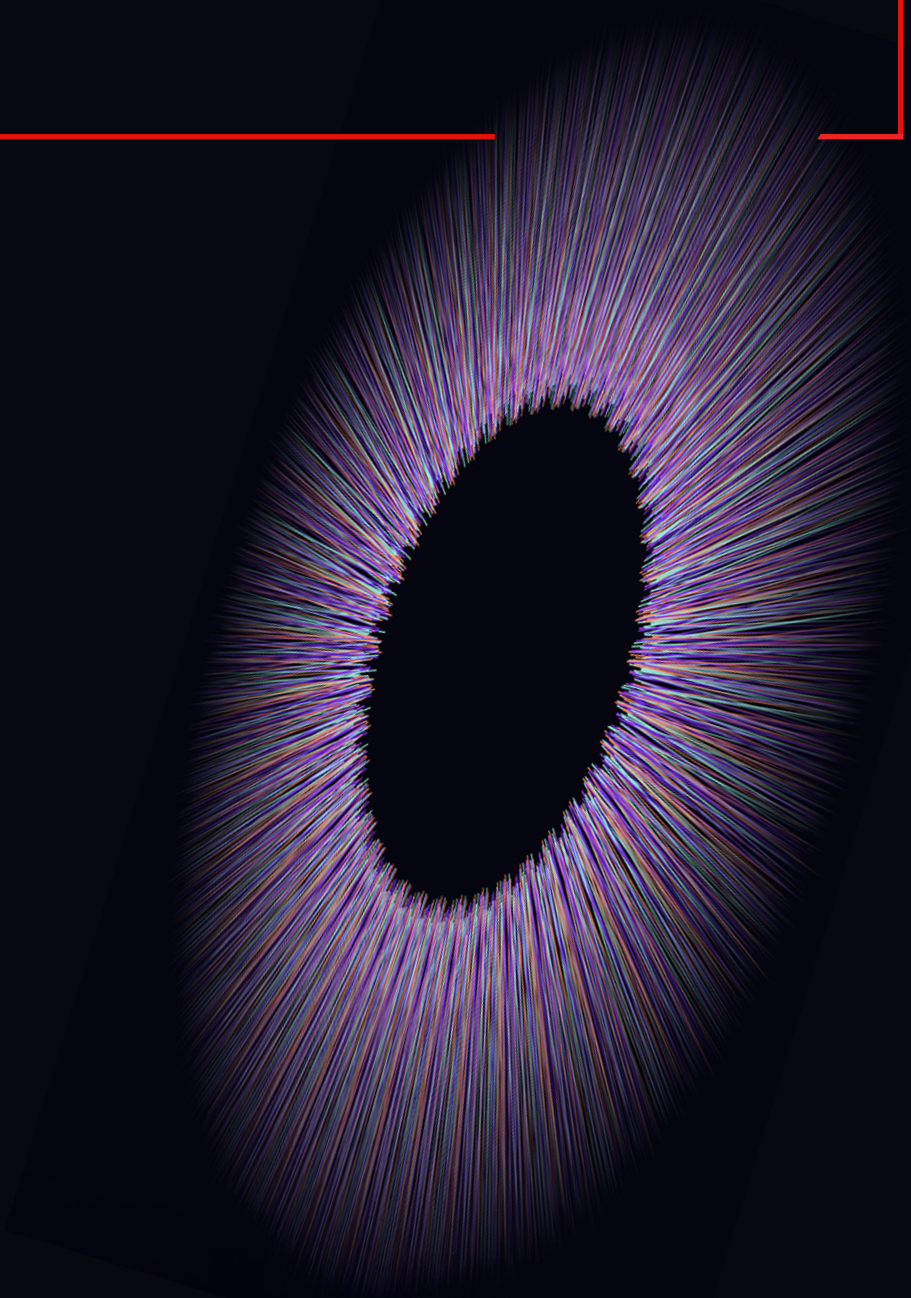
ECONOMIST IMPACT

# From consensus to action: driving progress on health literacy



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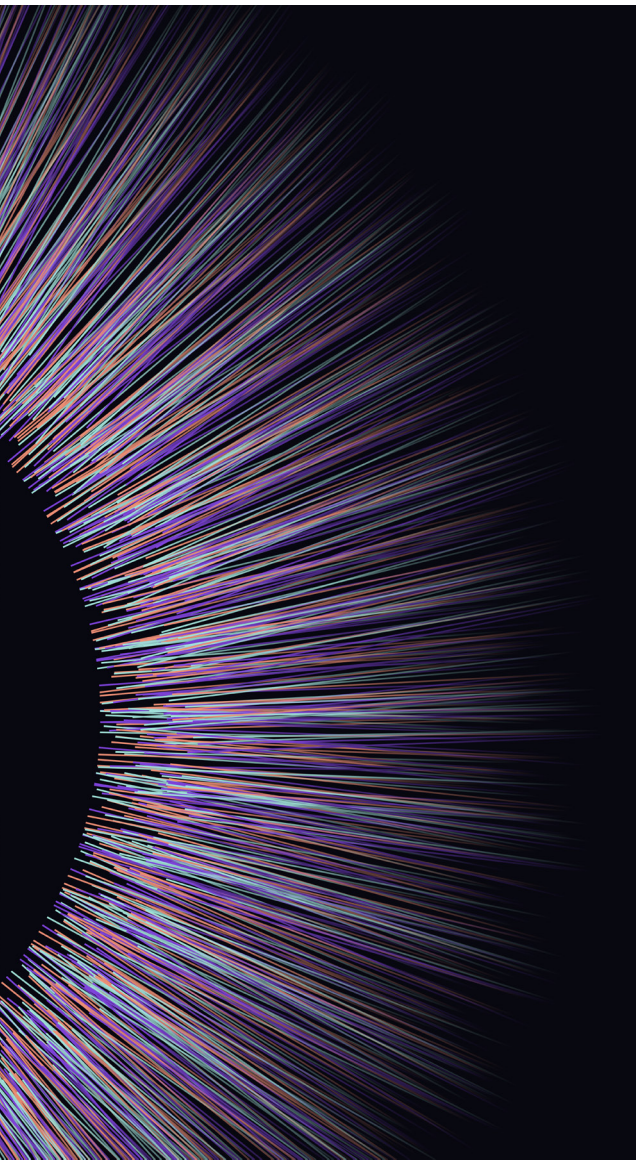
# About this report



***From consensus to action: driving progress on health literacy*** presents the latest in a series of work as part of the Health Inclusivity Index, a global research programme conducted by Economist Impact (supported by Haleon) to measure and advance global health inclusivity. Earlier phases of the Index revealed a critical insight: health literacy is a key driver of health inclusivity and improved health outcomes, yet data, shared understanding and practical pathways for improvement remain limited. With nearly one in four adults across the 40 Index countries experiencing low health literacy, the consequences—poorer health outcomes, higher costs and widening health inequities—underscore the need for coordinated action.

In this phase, we are laying the foundation to address the challenge of low health literacy directly by expanding the evidence base, identifying effective solutions, and empowering individuals, communities and health systems with the knowledge, confidence and resources they need to achieve better everyday health. Supplemented by desk research, the insights in this policy brief are the fruits of group discussions and one-on-one interviews with leading experts in health literacy.

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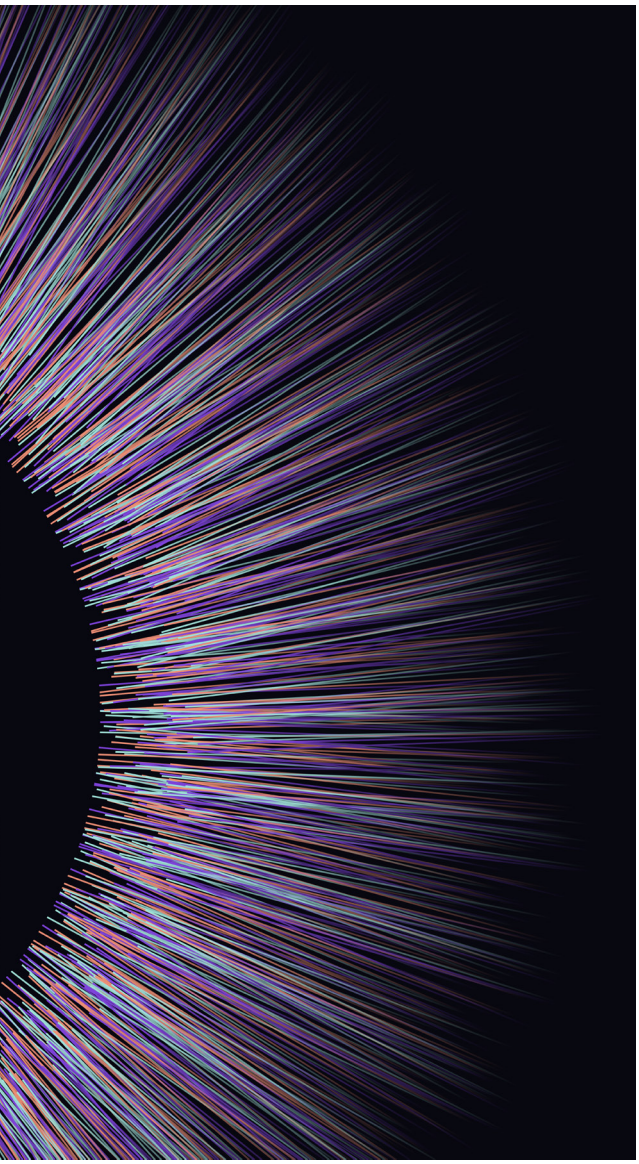

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# Introduction

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 reducing health inequities.[1] Higher health literacy is associated with better health outcomes, patient safety and patient satisfaction.[2,3] It enables people to take informed everyday decisions about self-care and disease prevention and to participate meaningfully in managing their health across the life course, which in turn helps to narrow avoidable gaps in health outcomes between groups and drive health equity.[1]

Alongside the health and social benefits of higher health literacy, there is also a clear economic benefit. Economist Impact found that the 40 countries covered in the Health Inclusivity Index could save US$303bn in annual healthcare costs if the proportion of people reporting low health literacy was reduced by 25%. This saving would arise from better medication adherence, reduced emergency room visits and fewer hospital admissions.[4]

Yet, large proportions of the global population, spanning countries of all income levels, experience low health literacy. People facing socioeconomic disadvantage, chronic illness, disability, migration, language barriers and digital exclusion experience particularly high burdens, contributing to avoidable illness, delayed diagnosis, poorer health outcomes and higher health system costs.[5-8] "There's a significant equity issue in terms of who has access to health information," says Lorie Donelle, professor of nursing at the University of South Carolina.

Perhaps one of the biggest challenges with improving health literacy is changing how it is perceived. 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 either help or hinder people's understanding and use of health information and services. Health literacy must instead be understood as a shared, system-level responsibility: governments, organisations and professionals must design information, communication and care pathways that are clear, easy to navigate and responsive to diverse needs so that people are not left to carry the burden alone.

"It's not only about the health literacy of patients—there is much, much more to it," reiterates Prof Okan. Some of the most significant missed opportunities arise, adds Shyam Sundar Budhathoki, senior teaching fellow (global health) in the School of Public Health at Imperial College London, when "people have partial understanding and strong motivation [to take actions in relation to their health], but structural and communication barriers are blocking those actions."

**"Through health literacy, you put people in a place where they can make informed decisions about their health."**

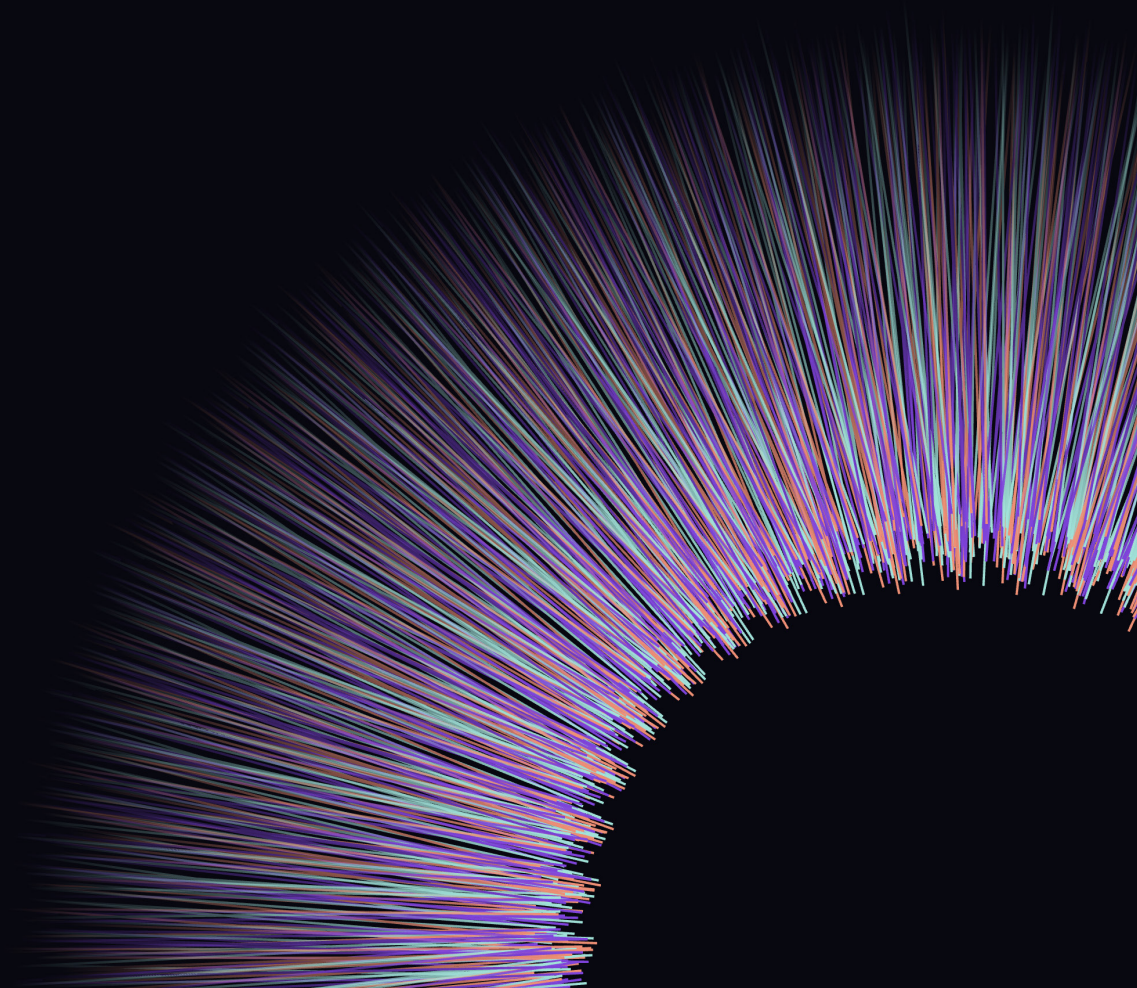
Orkan Okan, president of the International Health Literacy Association

Improving health literacy requires action across three interlinked levels:

- **Personal health literacy:** empowering people with the skills, resources and confidence that are needed for individuals, families and communities to manage their health, navigate services and engage in decisions throughout the life course.
- **Professional health literacy:** building knowledge, attitudes and effective communication practices among health and social care workers—including community health workers—and educators with a focus on how to understand different groups' needs and adapt communications and ways of engaging accordingly.
- **Organisational health literacy:** ensuring that organisations—including private sector companies, healthcare institutions and public systems—make it easy for all people to access, understand, and use health information and services, regardless of background or ability.

Economist Impact engaged leading experts to plot a course towards achieving the full health, social and economic benefits of health literacy. By understanding it as a systemic, multisectoral issue, we examine what can be done, who should be involved, and how to track progress at the personal, professional and organisational levels. Working with the experts, we devised a consensus statement outlining five key opportunities for meaningful progress. In this policy brief, we take a deep-dive into these five opportunities, outlining why they matter and how they can be achieved.

# Opportunities for action: five steps towards a more health-literate society



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

**Health literacy must be driven by policymakers across the health, education, employment and social sectors. Beyond government, the private sector—from healthcare companies to media and tech firms—has a major role to play, as do civil society and health advocacy bodies. But the health sector must lead.**

The conditions for understanding and using health information are shaped not just in hospitals and community health centres but also in homes, educational institutions, workplaces, communities, public spaces and digital platforms. To improve health literacy, countries must take a whole-of-government and whole-of-society approach. From a policymaking perspective, governments themselves should look not only to the health system but also embed health literacy in education, social, digital, consumer and employment policies. Just as with access to healthcare, governments should enshrine health literacy as a shared national goal and human right. "The responsibility does not only lie with the Minister of Health," says Kristine Sørensen, founder of the Global Health Literacy Academy. "It's about getting that dialogue with all the stakeholders that can actively impact health literacy from an organisational level [and] a societal level."

The private sector—healthcare companies, pharmaceutical and medtech firms, pharmacies, and retailers—has a key role to play in building health literacy as part of a whole-of-society approach. For example, in-store communications and product packaging can help people access the information, guidance and resources needed to make informed health choices. Meanwhile, companies can also partner with health providers, civil society and patient organisations to develop joint campaigns and initiatives that leverage each other's strengths to reach people more effectively and at a greater scale.

Media and technology companies can also play important roles in fostering health literacy. We live in an increasingly digitised world, including within healthcare—between 2021 and 2024, there was a five-fold increase in the number of commercially available prescription digital therapeutics tools approved for use in the United States and the European Union, and the number of marketed digital clinical care programmes almost doubled.[9] These digital resources have the potential to increase access to health and healthcare; at the same time, we need to be mindful that the digital divide, which can occur along socioeconomic and generational lines, do not exacerbate existing inequities. Media and tech firms, therefore, have a responsibility to ensure that apps, portals and other forms of remote care and information resources provide easy-to-access, accurate information that is inclusive of all users. Partners from civil society and health advocacy also have important roles to play in this regard— an example of this is WHO Fides, launched in 2020, which engages healthcare professionals active on social media, to build an online network of trusted voices to combat online misinformation.[10]

One hazard is that the broad remit of a society- and government-wide approach will hamper progress. "My great concern ... is that health literacy will continue

to be seen as everyone's business but nobody's responsibility," says Donald Nutbeam, Chair of the WHO Ad-hoc Advisory Group on Health Literacy and professor of public health at the University of Sydney. Competing priorities in areas outside of health mean that healthcare policymakers and leaders will need to coordinate approaches through clear goals and action plans. "Addressing health literacy can contribute to wider, whole of government and societal ambitions to address inequities and inclusivity in health," says Prof Nutbeam. "[But] in all my experience, nothing will happen without health systems leading by example."

Embedding health literacy in government and society does not end with the publication of action plans and strategies. At present, many countries face persistent gaps between ambition and implementation of health literacy plans, with fragile funding, short political cycles and limited institutional adoption threatening their sustainability over time.[18] "A national action plan is only the beginning," says Diane Levin-Zamir, professor of public health at the University of Haifa and research co-chair of the WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL). "Unless health literacy is backed by stable structures and permanent budget lines, it risks being a beautiful blueprint that never truly reshapes the system." Put simply, comprehensive plans and strategies must be brought into being using sustained political commitment, dedicated funding and tracking of progress.

### LEADERSHIP IN ACTION

#### National health literacy strategies

In Scotland, the Making it Easy (2014) and follow-on Making it Easier (2017-25) health literacy action plans were designed to focus on raising the health and social care workforce's awareness and capability, promoting practical techniques, and building supportive infrastructure and tools that fit people's needs.[11, 12] A government review of the Making it Easy plan found that it had yielded greater health worker awareness and training in health literacy, clearer pre-appointment and post-discharge information, and better safety and support offerings around self-care and medication use.[11] Countries such as Australia, China, New Zealand, Slovenia, Turkey and the US also have health literacy action plans in place.[13-17] In 2018, Germany published a national action plan recognising that improving health literacy is "a task for all of society which requires a systematic approach and a comprehensive, nationwide programme", with action spanning disease prevention and health promotion in everyday life, navigation of the healthcare system, shared decision-making and the management of chronic disease—underlining that health literacy is fundamental across the full continuum of care, not only when people are already unwell.

**"Unless health literacy is backed by stable structures and permanent budget lines, it risks being a beautiful blueprint that never truly reshapes the system."**

Diane Levin-Zamir, professor of public health, University of Haifa, Israel; research co-chair, WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL)

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

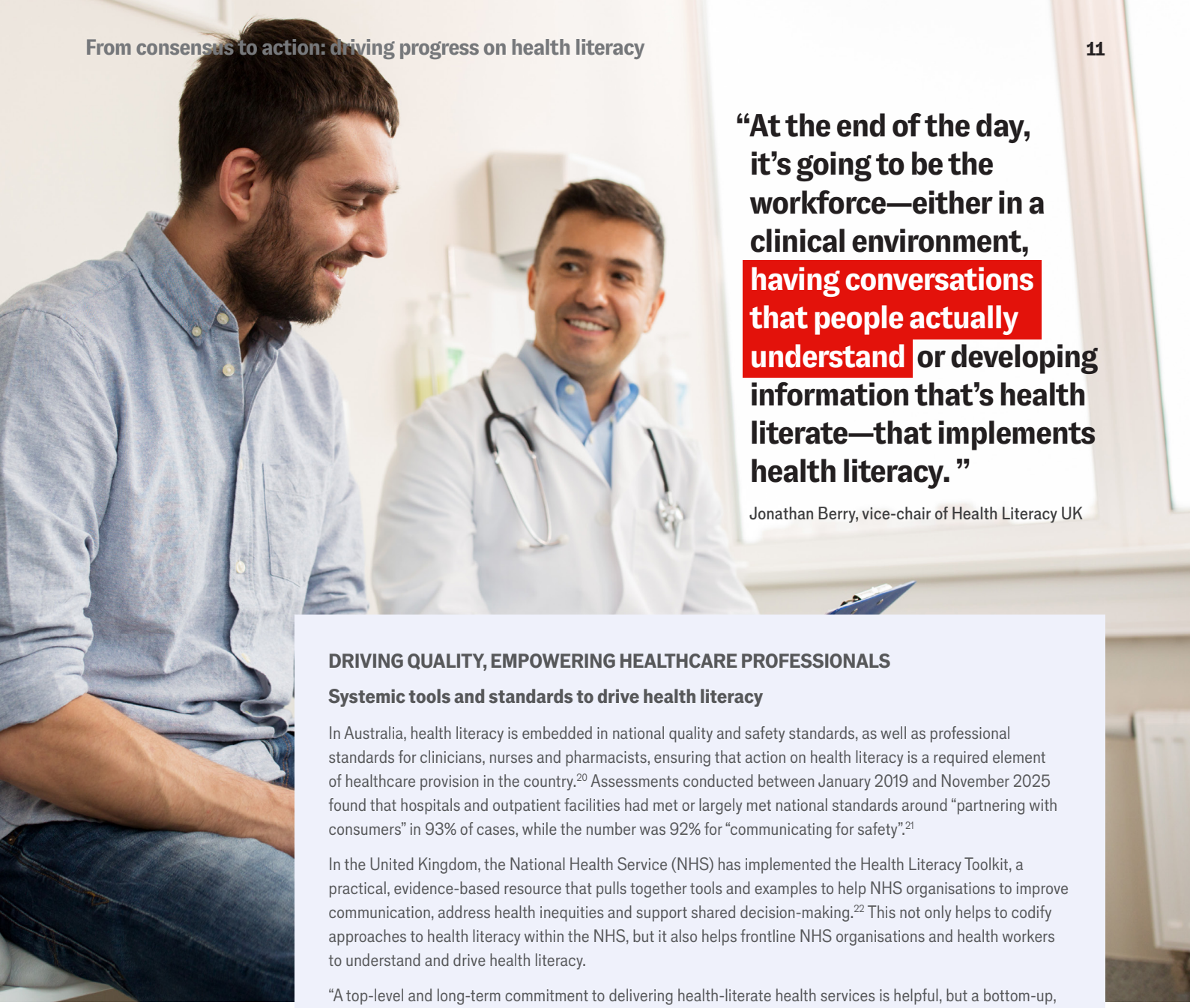

**Self-care and preventive behaviours are vital to population health—and are reliant on good organisational health literacy. The know-how and standards embedded within health and social care services drive healthy behaviours and wellbeing in society.**

For too long, the focus of health literacy has been on individuals rather than the systems and services that are supposed to serve them. Health and social care organisations must commit to becoming health-literate organisations—places where structures, processes, communication and environments are intentionally designed to help people from all backgrounds easily understand and navigate health information and services. In its health literacy framework, New Zealand's Ministry of Health set a target of reducing "health literacy demands" on individuals as one of two key expectations.[19] "Success", the framework states, "includes the health system empowering and supporting individuals and whānau [family groups, in Maori] to make informed decisions on health and well-being."

To become truly health literate and reduce the demands on individuals and their families, organisations must put in place processes and standards that build health literacy and make it easier for individuals to navigate health information and services. A key part of this is increasing health literacy capabilities among healthcare professionals so that they are equipped to meet different people's needs. This requires embedding health literacy into educational curricula and continuing professional development so that staff can apply key principles in their day-to-day work. "We really have to look at capacity building, training and making sure that we're not just discussing this on the academic level," says Prof Levin-Zamir.

"What we think [individuals] need to know is often quite wide—the expectation management is often forgotten," says Catina O'Leary, president & CEO of Health Literacy Media. "Our job is to be compassionate providers of information and education and meet people where they are, all of the time."

The key principles include providing clear, accessible, culturally-sensitive, multilingual communication; prioritising patient-centred care; and ensuring that people have the appropriate support to navigate information and services and self-manage their health. Co-design is a key part of both patient-centricity and health literacy—patients, families and communities must be engaged as partners in design, implementation and evaluation. Policies, forms, signage, digital tools and workflows must also be reviewed and redesigned to make services easier to use.



> **"At the end of the day, it's going to be the workforce—either in a clinical environment, having conversations that people actually understand or developing information that's health literate—that implements health literacy."**
>
> Jonathan Berry, vice-chair of Health Literacy UK

## DRIVING QUALITY, EMPOWERING HEALTHCARE PROFESSIONALS

### Systemic tools and standards to drive health literacy

In Australia, health literacy is embedded in national quality and safety standards, as well as professional standards for clinicians, nurses and pharmacists, ensuring that action on health literacy is a required element of healthcare provision in the country.[20] Assessments conducted between January 2019 and November 2025 found that hospitals and outpatient facilities had met or largely met national standards around "partnering with consumers" in 93% of cases, while the number was 92% for "communicating for safety".[21]

In the United Kingdom, the National Health Service (NHS) has implemented the Health Literacy Toolkit, a practical, evidence-based resource that pulls together tools and examples to help NHS organisations to improve communication, address health inequities and support shared decision-making.[22] This not only helps to codify approaches to health literacy within the NHS, but it also helps frontline NHS organisations and health workers to understand and drive health literacy.

"A top-level and long-term commitment to delivering health-literate health services is helpful, but a bottom-up, top-down approach is needed," says Jonathan Berry, vice-chair of Health Literacy UK. "The approach must speak to healthcare professionals in a way that helps them understand that doing this will improve patient outcomes, patient experience, and be beneficial to their clinical practice. At the end of the day, it's going to be the workforce—either in a clinical environment, having conversations that people actually understand or developing information that's health literate—that implements health literacy."

Teach-back is one strategy included in the NHS Health Literacy Toolkit (and also used in the US and Australia). The strategy, which involves healthcare professionals asking patients to recount health advice and guidance back to them to demonstrate understanding, has been shown to be effective in 95% of studies, spanning a broad range of patient groups and outcomes.[23] As part of teach-back training, healthcare professionals are encouraged to "chunk and check" by breaking information into small, manageable segments and checking understanding after each key point, which helps reduce cognitive load and supports people to remember and act on advice in their daily lives.

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

**Health information resources must enable people to understand treatment and care (and their own role in it), rather than creating barriers or simply meeting legal requirements. Co-creation with consumers and patients is vital to ensuring that health communications are user-friendly.**

The quality and accessibility of health information are major determinants of how people engage with health services and manage their own well-being. If people face difficulties accessing, understanding, using or trusting health information, its impact will be limited. "A very significant proportion of individuals who leave the healthcare system, particularly the hospital system, have not been provided with adequate information in a form they can understand and that would actually assist them in their recovery," says Prof Nutbeam. In an age where health information (and misinformation) is more widely available than ever before, the risks are unprecedented. Health information should be carefully designed and co-developed with the people it is intended to serve—this will help ensure that high-quality guidance can be accessed easily and equitably, while reflecting the demands, cultures, and lived realities of all.

Health literacy is also dynamic. As Christopher Trudeau, associate professor of law at the University of Detroit Mercy School of Law, notes, "Health literacy is a state, not a trait—it fluctuates with context, emotion and stress." Even people who are generally confident in navigating health information may find their capacity diminished in moments of vulnerability, such as when receiving a serious diagnosis. Recognising this fluid nature of health literacy reinforces the need to design materials that can be understood by anyone, at any time, not only those in optimal circumstances.

This co-creation must be systematic, engaging communities, patients and civil society to ensure that materials use plain language, avoid unnecessary jargon, and are available in multiple formats (written, visual, audio, digital and in-person) to accommodate different literacy, sensory and digital abilities. Plain language does not necessarily mean the dominant language in a location—in most settings, health information will need to be available in several languages to ensure that specific individuals and communities are not neglected. Information should also be actively tailored for key settings, such as schools, workplaces, primary care, hospitals and community services, and across different life stages. Health information should also be tested regularly with intended users to ensure clarity, relevance and usability.

Prof Nutbeam notes that digital tools, including AI-driven large language models (LLMs), are already being used to enhance the quality and reach of health communications. "We can use existing tools to simplify the language used in patient communications and, in diverse communities, to translate health information into different languages," he explains, while emphasising the need for human oversight. "It's important that content generated in this way is reviewed for clinical accuracy, local relevance,

and cultural nuance." This approach helps ensure that information is clear, accurate, accessible, and unbiased. Other practical tools highlighted by experts include text message follow-ups after consultations or treatments—to check on patients and provide opportunities to seek further information—and the use of digital "health literacy editors" designed to help healthcare providers ensure their written materials are easy to understand.[24]

Again, co-creation is vital—input must be sought from individuals on the development and ongoing use of digital services, and trust in their implementation. "I don't call it a digital divide, but rather gaps in "digital development" as it is an issue of ever-changing digital resources and capabilities for digital health," says Prof Levin-Zamir, "as organisations and healthcare become more digital, policymakers will want to make sure that all people are on board [with digital adoption within health services]."

## WORKING WITH PATIENTS AND CONSUMERS

### Co-designing health information

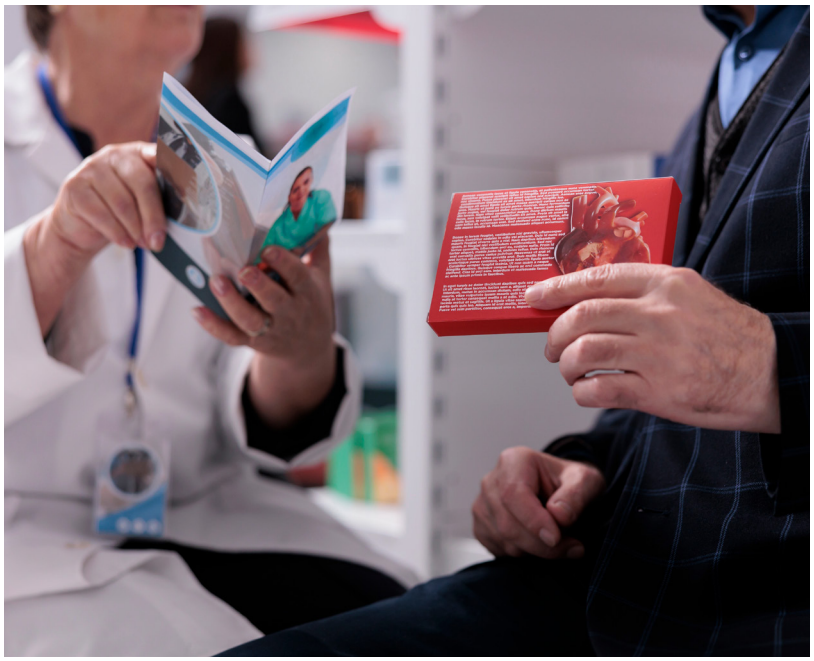
"Co-design is magic," says Dr O'Leary, citing the example of work undertaken by her organisation to redesign a pharmaceutical company's consent form for drug trials. Dr O'Leary and her colleagues shared a generic version of the firm's existing form with a focus group and redesigned it based on the feedback provided. Among other changes, the final version employed signposting, such as colour-coding, charts and icons, so that the form functioned as a daily or week-by-week guide for trial participants, rather than simply a legal contract—although the legal language remained in the form.

"The first group of people in the focus group said things like, 'We don't know what this is trying to say. We don't trust this company,'" says Dr O'Leary. "Second time around, people told us, 'You know what, there's some weird legal language in this, we don't really know what that part means, but we trust this company and we'd do anything [the company running the trial] asked."

Experts highlighted that patient information leaflets (PILs)—the technical inserts included in every medicine package—are often poorly designed for most people and remain a significantly underused opportunity for improvement. "What you get in a box of medicine is essentially a compromise between what regulators, marketing authorisation holders and insurers require—all squeezed into tiny print that most people cannot use in any meaningful way," says Laura Sahm, professor of clinical pharmacy in the School of Pharmacy at University College Cork, adding that current PILs often serve primarily to protect systems rather than to support patients. She argues that this is "exactly the space where we could and should do far more to give people clear, practical information they can act on."

One possible way to offer clearer, more user-friendly information is through electronic patient information (ePI), accessed via QR codes or barcodes on the medicine pack. This can make it easier to keep information up to date and, in some cases, to offer options such as larger text or audio versions. At the same time, it introduces new health literacy considerations. "When [manufacturers] use a QR code [to provide ePI], we're adding a separate set of health literacy challenges," says Ms O'Leary. These include differences in how familiar people are with QR codes and smartphones, and the need to make sure on-screen text is easy to read and navigate. Rather than reasons to avoid ePI, these are issues manufacturers can address by designing simple, inclusive digital tools and keeping paper options available for those who need or prefer them.

# 4. Combat misinformation and strengthen critical appraisal skills



**Misinformation spreads across online and offline communities, hindering self-care, disease prevention and population health. People must be provided with trusted information sources and equipped with the skills to appraise health information, no matter where it originates. Context is important—tailored approaches are needed.**

Misinformation is a major global challenge in healthcare and beyond. In 2024, the World Economic Forum named misinformation and the technology that spreads it as a global threat, while the WHO has made health misinformation a priority area.[25] As health information and misinformation proliferate via the internet (and especially social media), and are further amplified through the use of AI tools, people face increasing difficulties in discerning low-quality versus high-quality information.[26,27] Unfortunately, the impact of misinformation is currently felt first and hardest by groups with lower health literacy, who are less equipped to make informed judgements about the information they are receiving, often exacerbating existing health inequities.[28]

As such, policymakers must contend with the fact that one of the most useful health promotion tools available also functions as a major barrier to health literacy. They must therefore work to combat the spread and impact of health misinformation, while building media literacy (people's confidence and ability to question and critically appraise what they see, hear and read). People do not necessarily always access health information via "advanced or sophisticated resources", says Prof Donelle. "So scientific literacy, media literacy is super important as we're trying to decipher what's accurate, what's reliable, what's effective in terms of health information."

Community pharmacists are a particularly important ally in this work. "Pharmacies sit in the heart of the community, on the high street," observes Prof Sahm. "They offer a unique opportunity for people to walk in and speak with a trusted health professional who can take very complex medical information and translate it into language and examples that make sense in everyday life." In countries such as Ireland, the Netherlands and Australia, community pharmacies are required to have a private counselling or consultation room, creating space for confidential, face-to-face conversations about medicines and health concerns. "A good consultation room should be a safe space where people feel comfortable bringing the rumours, worries and half-truths they've picked up from Dr Google or elsewhere, and know those questions will be dealt with in a timely, accessible and responsible way," Prof Sahm notes.

## MEETING PEOPLE WHERE THEY ARE

### Tailored approaches to health literacy

Researchers in Malawi, taking advantage of the fact that 53% of households in the country own radios, launched Umoyo Nkukambirana, a health-talk radio programme designed to improve engagement between researchers, clinicians and the general public. Research found that the programme, broadcast on national radio, improved knowledge of medical research and health, and dispelled misconceptions around health-related issues.[32]

In Ethiopia, huge improvements in child and maternal health have been seen in the past two decades—under-5 deaths due to HIV, tuberculosis and malaria dropped by 71% between 2000 and 2023, while maternal deaths declined by 73%.[33] These improvements are due at least in part to the Health Extension Programme, which has trained and deployed 40,000 community-based health workers nationwide since launching in 2003. Health extension workers play a crucial role in raising awareness about available services, from antenatal care and vaccinations to family planning and treatment for infectious diseases, and in helping people understand when and how to seek care. The vast majority of health extension workers are women, which, as Guda Alamayehu, founder of the African Health Literacy Network, explains, helps build trust among women during pregnancy, childbirth and beyond. As Dr Alamayehu notes, "Health extension workers are not just service providers; they are trusted members of the community, and this trust makes it easier for people to listen, ask questions and act on health information."

Education programmes across the life course should foster critical health literacy—including awareness of basic concepts such as risk, uncertainty, the quality of evidence and trusted sources. They should also provide practical tools that help people to compare different sources of health information, develop judgment around what types of information can be trusted, and encourage people to seek advice from healthcare professionals where they have concerns or doubts. These efforts are especially important in digital environments, where the volume of information can easily overwhelm conventional health literacy skills.

Steps to improve media literacy and information access include partnering with schools, media organisations, community leaders and digital platforms. Such collaboration can be utilised to help develop educational and knowledge-sharing tools, promote evidence-based content, apply responsible recommendation and labelling practices, and rapidly address harmful false claims. Signposting patients and the public to reliable health sources can help. The Patient Information Forum (PIF) in the UK, for example, promotes access to reliable health information for patients, caregivers, the public and healthcare providers by marking trusted health information from certified sources with a "PIF TICK" to signpost the public to these data.[29] It is important not only to offer such resources, but also to ensure the continuous promotion of approved information sources, such as the NHS's "Conditions A to Z" portal, which offers information on symptoms, when to seek care, types of treatment, and dos and don'ts for hundreds of health issues.[30]

As with other areas of health literacy, combating misinformation is not a one-size-fits-all task. Some populations may encounter misinformation in different ways to others. For example, social media usage patterns in rural communities differ from those in urban and suburban communities, reflecting differences in age and other demographic factors.[31] Therefore, it may make less sense to launch a campaign focused on TikTok-spread misinformation, for instance, than a Facebook-focused campaign in rural areas, whereas the opposite may be true in a nearby city or large town. In many communities worldwide, social media and the internet may not even be a major source for health information—yet this does not mean that misinformation will not penetrate.[31] A tailored approach is key.

# 5. Strengthen measurement, research and data use

**A fragmented measurement landscape means that it is hard to grasp health literacy levels and develop a clear picture of the factors that drive them. Broad measurements and ongoing tracking are needed, as are granular tools to enable health services to design adaptable, tailored approaches. Measurement is complex, and a one-size-fits-all approach will not work.**

Sustainable, inclusive progress in health literacy cannot be achieved without reliable, nuanced measurement and tracking. Comprehensive, longitudinal measurement is needed to assess countries' progress on health literacy, specifically in relation to the goals of national action plans, which may not always be the case currently. "Several countries have developed and published national health literacy strategies, and one of the challenges, I think, is that it's been really hard then to see what those countries have done to deliver on them," says Prof Nutbeam.

The experts we consulted pointed to a vast number of existing measures—over 200 exist, depending on priorities, says Dr Sørensen, which means on the one hand that a variety of areas, ranging from screening to benchmarking and intervention design, are covered; on the other hand, it results in a fragmented measurement landscape. There is no gold standard for the measurement of individual health literacy, and instruments often lack holistic assessments. Some domains, such as cultural competence and social determinants of health are rarely measured, while comprehensive measurement scales are long and difficult to administer.[34] Furthermore, while health literacy measurement is common in research settings, its use in clinical practice is less prevalent.[35,36] Therefore, there is a need to translate academic guidance and findings into tools that equip frontline health organisations to drive health literacy in a practical way.

The experts we consulted raised a range of elements that should be measured:

- 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, and evaluates the impact of policies and interventions.

There is one potential conundrum with developing universal tools to measure health literacy globally. Although there are clear benefits to developing a global assessment of health literacy over time, there is a risk that such tools may not account for differences inherent to specific countries and cultures. It is a question of context: in seeking to build measurement tools and place national progress in a global context, does the influence (and importance) of local context—cultural specificities, health-system structure and so on—risk being obscured?

## TRACKING HEALTH LITERACY WORLDWIDE

### Measurement in action

One initiative, the WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL), which is open to all WHO Europe member states, is well established to tackle many of the issues facing health literacy measurement.[37] M-POHL seeks to generate high-quality, internationally comparable data to support political decision-making and help deliver practical interventions that drive health literacy; it also incorporates organisational health literacy, a vital yet less well-covered element of measurement. M-POHL aims to strengthen collaboration between research and policy, institutionalise internationally comparative population health literacy surveys, support assessment of organisational health literacy, and ultimately foster evidence-based policy and practice. "We've been very lucky [to have] many countries and tens of thousands of people participating in surveys using more or less the same tool," says Prof Levin-Zamir, professor of public health at the University of Haifa and research co-chair at M-POHL.

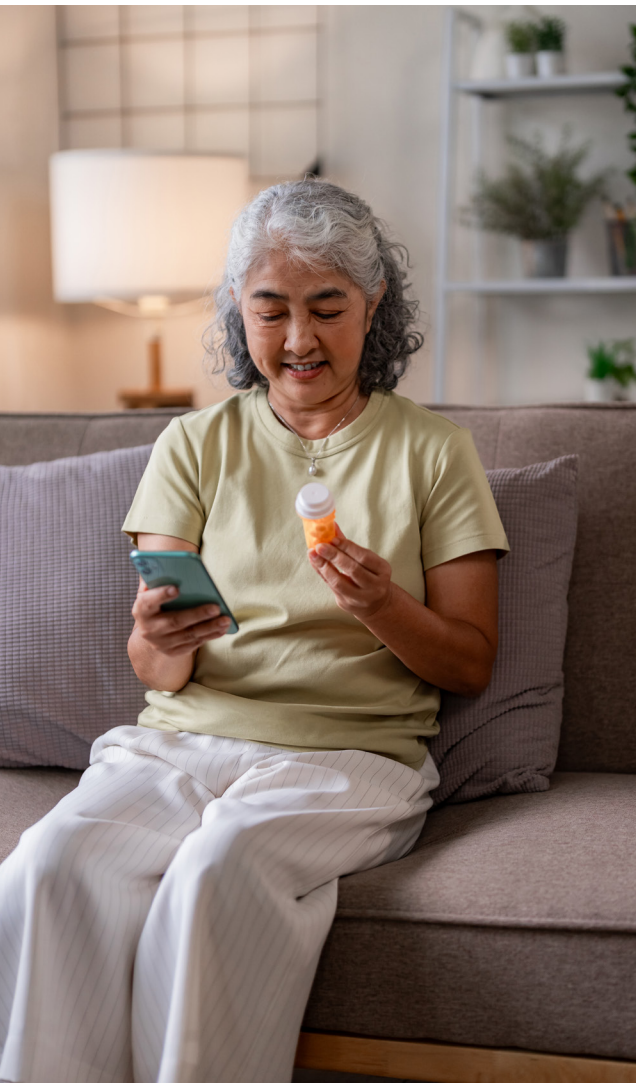
Developed in Australia in 2013, the Health Literacy Questionnaire (HLQ) is another assessment tool that can be employed across contexts.[38] Used to inform policymaking in more than 80 countries, the HLQ has can be employed to support surveys, trials, PREM/PROM assessments, and evaluation over time. Research has found that the HLQ has "exceptional robust psychometric properties across cultures and languages".[39]

On a national level, China performs population-level health literacy surveys on a yearly basis. The Chinese Health Literacy Scale spans three domains: 1) basic knowledge and attitudes, 2) healthy behaviour and lifestyle, and 3) health-related skills.[40] Health literacy in China increased from 6% in 2008 to an estimated 29.7% in 2023, close to the national goal of achieving 30% by 2030.[14,41] Singapore and Malaysia have also collected national-level health literacy data through population-based surveys.[42,43]

For any multi-setting use of a measurement tool, adaptability is key. "The ideal tool is a tool that has been validated in its core, but [is] flexible enough to be able to be adapted to a local context," says Prof Levin-Zamir, who adds that there is work underway to adapt longitudinal monitoring tools like the M-POHL-led Health Literacy Survey (HLS) to more countries worldwide.[44] "We don't want to compare between countries because it's an issue of context," says Prof Levin-Zamir. Instead, by using these tools, which are consistent yet adapted for local contextual factors, a country or organisation can regularly benchmark its own progress over time and identify areas for further improvement.

Beyond the potential broad scope of tools and initiatives like M-POHL, there is also a need for tools to measure change at a more granular level, to equip organisations with practical tools that help them design interventions that are adaptable to the different populations that they serve. "We have to make sure we're measuring in a way that captures diversity and understands what different groups need, what they're saying, and also cultures that are in transition," says Prof Levin-Zamir. "There won't be a one-size-fits-all measure, ever." She also notes that governments are increasingly taking notice of low health literacy scores, pointing to Austria, where HLS findings acted as a "wake-up call" and helped to spur the creation of the Austrian Health Literacy Alliance and inclusion of health literacy in national health targets. The other key element of health literacy measurement is that it should only ever be used to identify and address barriers, track progress and drive improvement, not to label or blame individuals or populations.

# Conclusion



Health literacy is key to individual and population health and the functioning of health systems—it empowers people to practise self-care and disease prevention while ensuring that know-how and understanding are embedded in health systems and wider society. This policy brief and the accompanying consensus statement lays out five major opportunities for policymakers to embed health literacy in society, and ultimately, improve population health. Yet, these five areas do not exist in isolation; instead they are interlinked by cross-cutting aspects that underlie the nature of health literacy and its status in the world today.

Most pressing of these is the need to take a collaborative, systems- and society-wide approach that embeds health literacy as a right, rather than treating it as an individual responsibility. Just as with wider healthcare access, barriers and inequities must be removed for individuals, rather than by them. The responsibility lies with health systems and a wide range of stakeholders—other government ministries, the private sector, civil society and patient and consumer organisations, the technology sector, among others—to work together to promote health literacy and enshrine it in society.

“What we can do is change the system so that people get information in a language they understand, at a literacy level that they can deal with and using a media that they are actually familiar with,” says Prof Nutbeam. “Those are all system responses, as opposed to focusing on what individuals need to do.”

Next, understanding what health literacy means in different contexts is vital. Within regions, countries, different demographics, different cultural contexts and so on, embedding health literacy in an equitable and sustainable manner will require tailored approaches and different types of co-operation. An open-minded, holistic approach, grounded in user co-design, action plans and nuanced, comprehensive measurement, is the only way to move forward.

Positively, progress is being seen. “We see the settings have changed, not only in the healthcare sector, but also in schools, at work,” says Dr Sørensen. “The role of business is changing, the private sector is also tapping into the health literacy

agenda, political organisations are joining now, a lot of philanthropy organisations and foundations are looking into it. So, we see a much wider range of stakeholders. The capacity building, community building around health literacy and learning from each other—that's the result of many people's engagement and dedication to get it on the agenda."

This positivity is the final cross-cutting point that policymakers should keep in mind as they seek to embed health literacy within the societies they serve. "We see health literacy as an asset," says Prof Levin-Zamir. "We look at it in a way in which we're promoting people's abilities and skills because that encourages intervention—and that encourages action."

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Prof Donald Nutbeam

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