Scope and purpose

Third Meeting of the WHO GCM/NCD Working Group on health literacy for NCDs (Working Group 3.3, 2016-2018)

26-27 February, 2018 – Chateau de Penthes, Fontana Pavilion, Geneva

The WHO GCM/NCD Working Group on health education and health literacy for NCDs was established to recommend ways and means of encouraging Member States and non-State actors to promote health education and health literacy for NCDs, with a particular focus on populations with low health awareness and/or literacy. All GCM/NCD Working Groups address one of the mechanism’s key objectives, to provide a forum to identify barriers and share innovative solutions and actions for the implementation of the WHO Global NCD Action Plan 2013–2020 and to promote sustained actions across sectors.

Context

Noncommunicable diseases are now the leading cause of death and disability worldwide, threatening social and economic prosperity and wellbeing at individual, household, national, and global levels. Each year, 38 million people die from NCDs. Of these deaths, approximately 15 million are premature (between the ages of 30 and 70). The probability of dying prematurely from an NCD is four times higher for people living in developing countries than in developed countries. Dramatically, most premature deaths from NCDs (representing 27% of all global deaths) could have been prevented.

As part of the 2030 Agenda for Sustainable Development, world leaders agreed in September 2015 to “by 2030, reduce by one third premature mortality from NCDs through prevention and treatment” (SDG target 3.4). However, data from the WHO NCD Progress Monitor, updated in 2017, still reveals insufficient progress made by countries in the implementation of key indicators for NCD prevention and control and the current rate of decline in premature mortality from the four main NCDs is insufficient to meet SDG target 3.4.

The Shanghai Declaration (2016) highlights health literacy as one of the key health promotion pillars to achieve agenda 2030, and it recognizes that health literacy is a critical determinant of health and promotes focused investments in its development. Improving health literacy in populations provides the foundation on which citizens are enabled to play an active role in improving their own health, engage successfully with community action for health, and push governments to meet their responsibilities in addressing health and health equity. High levels of health literacy among decision-makers and investors support their commitment to enhanced health impacts, and the identification of the co-benefits and the effective actions across the determinants of health. Health literacy is founded on inclusive and equitable access to quality education and life-long learning and must be an integral part of the skills, and competencies developed over a lifetime, first and foremost through the school and professional curriculum. By taking a health literacy approach to policy and programs, and to service development or improvement, progress towards Governments’ high-level commitments to prevent and control NCDs can be accelerated.
Key Points from the two first Working Group meetings

There is a specific request from countries represented in the Working Group for support in moving from commitment to action by building the political and business case for health literacy. The Working Group outlined preliminary country-specific target groups and decided to collect as many context-specific challenges and opportunities as possible in order to identify common areas and critical gaps across population groups which health literacy interventions should address. In order to increase individuals control of their own health and its determinants, the Working group members have prioritized harnessing the potential of digital technology (digital or e-health literacy) as a cross-cutting enabler. The need for a mapping of context-specific cost-effective interventions on health education and health literacy was agreed upon but not realized so far.

The Working Group has identified six priority areas that require specific recommendations and/or actions: (i) enhancing current NCD programs and policies; (ii) improving the quality and impact of new NCD interventions through incorporating health literacy into design and implementation; (iii) making health care systems health literacy responsive; (iv) building the health literacy of communities across the life course; (v) capacity building (of educators and curricula; of healthcare workforce through competency-based medical education; of policy makers; of researchers, of institutions, etc); and (vi) research and innovation.

At the end of the second meeting and after a series of in-depth stakeholders hearings, the Working Group agreed on a list of eight preliminary draft recommendations, which have been integrated in the draft interim report, as the primary working document for the 3rd meeting.

Objectives of the third Working Group’s meeting

- Discuss and finalize the draft interim report.
- Discuss the outcomes of the virtual exercises, launched in preparation for the 3rd meeting.
- Initiate the journey towards the final report which will include sound, precise, demand-driven and implementable recommendations
- Consolidate the list of country-specific target groups.
- In-depth mapping of context-specific “best buy” health literacy interventions.
- Reflect on how to address the pending gap of health workforce literacy for NCDs.
- Update the participants on ongoing National Health Literacy Demonstration Projects and stimulate ideas for expanding development phases and sites.

Proposed outcome of the third Working Group meeting

The required content and form of the interim report will be agreed upon. A preliminary mapping of context-specific health literacy interventions will be produced. A preliminary list of core NCDs competencies for professional and non-professional health workforce will be produced. Expanded development and dissemination strategy of National Health Literacy Demonstration Project will be defined.

The outcomes and other ideas emerging from the discussions will then be further processed by the Working Group members through phased virtual exercises during 2018, in the lead up to the 4th meeting (TBC).