GCM/NCD National Health Literacy Demonstration Projects (NHLDP)
Health literacy Research (HLQ) – exponential expansion
WHO National Health Literacy Demonstration Projects (NHLDP) for the Control and Management of NCDs

Concept Note for WHO GCM/NCD Working Group 3.3 on Health Education and Health Literacy for NCDs

Version #6, September 2017

Overview and purpose

National Health Literacy Demonstration Projects (NHLDPs) launched by WHO GCM/NCD, aim to advance international health literacy practice in support of accelerated progress in countries towards realizing high-level commitments for the prevention and control of NCDs. In order to better fulfil the commitments of Shanghai Declaration from 9th Global Conference on Health Promotion, and also the Beijing Declaration from the “Belt and Road” Forum, the NHLDPs seek to build a pathway for a better, healthier future for people all over the world. Systematic development, implementation and scaling of NHLDPs across nations will build the necessary local, regional and inter-regional knowledge base to accelerate global progress towards meeting the UN Sustainable Development Goals (SDGs).

It is necessary for all Member States to underpin actions towards the SDGs with the three pillars identified in the Shanghai declaration. Of these, health literacy is a critical element to ensure all actions structurally and systematically seek to fulfil the SDG commitment to “leave no one behind”.
GCM/NCD National Health Literacy Demonstration Projects (NHLDP)

Projects may focus on:

- using health literacy to **improve current programs or to develop new programs** to reduce the gap between those with and without the resources needed to access, understand, appraise and use information and services;

- using health literacy to **inform and empower communities and/or individuals** (considering the continuum from highly communal societies to more individualistic societies) to make decisions and engage in healthy behaviors and access appropriate services;

- **optimizing health education and service provision** including stakeholder outreach, engagement and commitment; and

- **scaling up best practices and strategies in organizations** so that organizations are responsive to the health literacy needs of the communities they serve, including through sustained improvements to practice, culture and policy.
Egypt
“NCD prevention & control in fishing villages”

• Project lead
  – Prof Wagida Anwar

• Capacity building
  – WHO EMRO funded 4 days intensive training
China
“CVD health in low socioeconomic regions”

• Project lead
  – Dr Lixin Jiang

• Capacity building
  – Two staff attended 2 day training in Australia
  – Project design underway

• ISHAQ – Information and Support for Health Questionnaire
  – Translated
Myanmar

• Project lead
  – Dr Phyu Phyu Aye, Head of Health Literacy and Health Education Section, MoH

• Capacity building
  – Completed.

• ISHAQ (Information and Support for Health Questionnaire) currently being translated

• Project planning underway

• Waiting for monsoon season to finish before field work
Other potential sites

- New Zealand
- China (Mental Health)
- Norway (COPD)
- Denmark (Diabetes / Organisational health literacy)
- Bennin
- Philippines
- Slovakia
GCM/NCD National Health Literacy Demonstration Projects (NHLDP)

• Concept Note
  – Background
  – Overview of setting up a WHO NHLDP
  – Phases of the Ophelia approach
  – Specific activities
  – Evaluation
  – Resources and materials
  – Time Frames for running an Ophelia project
GCM asked for a simpler ‘starter kit’
3 Phases

Phase 1
- Local data about health, health behavior, service engagement, organizational responsiveness, and health literacy are systematically collected.
- These data are analyzed and presented to stakeholders for discussion and interpretation.
- Effective local practices and innovative intervention ideas are then identified.

Phase 2
- Local stakeholders make decisions about local priorities for action.
- Interventions with potential to respond to local health literacy challenges, or to improve information and service access and availability, are designed and implementation is planned.

Phase 3
- Health literacy interventions are applied within quality improvement cycles.
- Organizations develop and implement trials, and actively evaluate and improve the effectiveness, local uptake and sustainability of the interventions.
What should I consider prior to setting up a NHLDP?

STEP 1: Is the NHLDP suitable for my organization, community or project?

STEP 2: Establish an NHLDP Support Plan with the WHO Collaboration Centre for Health Literacy, Deakin University, Australia.

Step 3: Identify a project focus, scope and overall aim for the project

STEP 4: Establish a project team and identify roles and responsibilities
Next steps

Needed recourses

Mobilisation of additional Member States

Additional stakeholders to Engage: e.g., NGOs