

# Collecting, mapping, and evaluating evidence for effective interventions to deal with low health literacy and to improve health literacy

Why, after measuring national population health literacy, do we need an overview on the evidence for effective interventions to deal with low health literacy and to improve health literacy?

Results from the most recently conducted European Health Literacy Population Survey 2019–2021 (HLS<sub>19</sub>) demonstrate the relevance of general health literacy (HL) and of specific HLs for considerable proportions of adult residents: Low HLs are widespread, HLs are associated with a social gradient, and there are significant potential effects of HLs on health-relevant indicators. Based on the HLS<sub>19</sub> results, first recommendations to improve HL were developed (see <https://m-pohl.net/Results>).

But, while the data from the HLS<sub>19</sub> provided evidence for areas where interventions are needed, further research is required to analyse or assess the feasibility, effectiveness, efficiency, or cost-effectiveness of potential existing interventions to improve HL and, where effective interventions cannot be identified, to highlight the necessity to develop them. This type of work is beyond the scope of a HL survey and requires a project of its own.

Therefore, for the 2023–2027 period as a follow-up project, M-POHL is initiating a project on collecting, mapping, and evaluating evidence for effective interventions to deal with low HL and to improve HL. The project aims to facilitate the connection between research, policy, and practice and to support the exchange of knowledge and experiences on the implementation of interventions between M-POHL member countries.

Countries participating in this project will have the opportunity to present their national experiences in implementing HL interventions, to influence priority setting concerning the focus of collecting and mapping interventions, and to learn from the experiences of other participating countries. Furthermore, participants can be leading authors or co-authors of papers and publications that result from the project. For being able to co-steer the planning and execution, it is recommended to join the project in early 2023, although later membership will be possible.

## Workplan of the project on collecting, mapping, and evaluating evidence for effective interventions to deal with low HL and to improve HL

During the explorative phase of the project, which will build up on the HLS<sub>19</sub> results in general and on the 'Recommendations for policy, practice, and research' in specific, the priority areas of interest will be determined, and the research questions for these areas will be formulated. For example, the focus could be on specific population groups most affected by limited general HL, or on specific concrete tasks that were identified as especially difficult by the HLS<sub>19</sub> survey, or on specific HLs such as digital HL, navigational HL, communicative HL, or vaccination HL. Subsequently, working groups will be set up to develop study protocols to answer the research questions in the specific fields of interest and to guide the collecting, mapping, and evaluation of relevant evidence. In order to allow covering different areas of

interest in an extensive and comprehensive way and to incorporate new and emerging topics along the way, a five-years project timeline is envisaged.

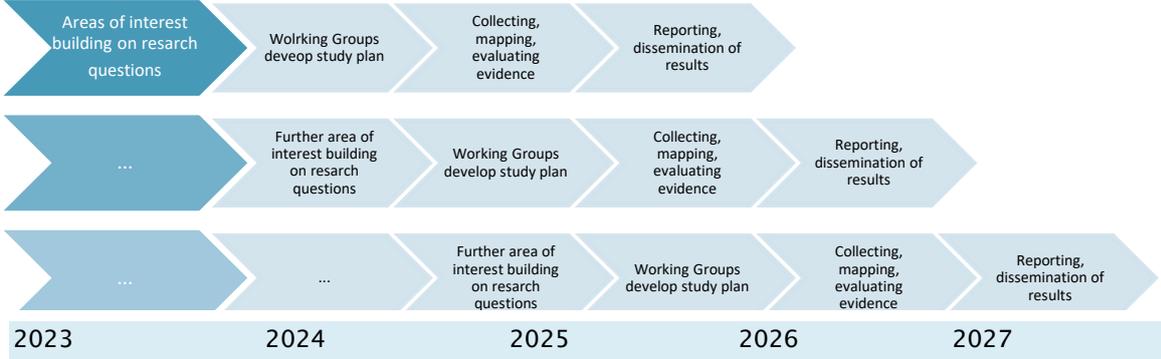


Figure 1: Process of collecting, mapping, and evaluating the evidence for effective interventions to deal with low HL and to improve HL

### Funding of the project on collecting, mapping, and evaluating evidence for effective interventions to deal with low HL and to improve HL

The International Coordination Center (ICC) will provide international coordination, administration, and scientific support. This will include the facilitation of the development of research questions and study plans, the support of working groups, the support of national and international collection of evidence, the structuring and analysis of results, the coordination of international reporting and editing, and support in disseminating results. Participating countries will share the costs of the ICC according to their GDP. A first draft on the expected fee for the international support of the ICC was distributed in July 2022.

In addition to the project fee, each participating country will need to ensure funds for the following national activities:

1. working time of national researchers involved in the project,
2. supporting the collecting and mapping of evidence on the national level, for example by identifying relevant national sources or experts,
3. (possible) travel costs for participation of national policy representatives and principal investigators in project meetings (at the moment online meetings are planned, but this may change depending on the circumstances),
4. national dissemination activities.

Typically, national participation in the project on collecting, mapping, and evaluating the evidence for effective interventions to deal with low HL and to improve HL will be commissioned by a MoH or other public policy body. Financing of the project activities needs to be in line with WHO funding rules. This applies to all actors involved in the project. In case of the involvement of non-state actors, they will have to meet the funding criteria outlined in the Framework of Engagement with Non-State Actors (FENSA) (see [https://apps.who.int/gb/ebwha/pdf\\_files/wha69/a69\\_r10-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf)).