



# The WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL)

## About M-POHL

M-POHL was launched in February 2018 under the umbrella of WHO's European Health Information Initiative (EHII) and has currently (in 2022) 22 participating member countries, 8 observer countries from the WHO European Region, and in addition observers from Asian countries. M-POHL as a WHO Action Network is closely cooperating with WHO-Europe. M-POHL member countries are represented by a policy representative and a research expert (principal investigator). Policy representatives are usually appointed by the MoH or other public policy body and should be part of national decision making processes in relation to health literacy measurements and interventions. Principal investigators should also be appointed by the MoH, have experience with population-based measurements and should be related to a research institution.

M-POHL is governed by a General Assembly and by two international co-chairs for research and for policy. These two M-POHL co-chairs who are elected by the M-POHL consortium should have international expertise in measuring health literacy and implementing health literacy policies.

M-POHL's overall aim is to support evidence-informed policy by supporting the availability of high-quality internationally comparative data on health literacy (HL) as a comprehensive and relational concept. This entails both the institutionalization of periodical comparative surveys on population HL and of organizational HL or HL-sensitive healthcare organizations, settings, and systems, to facilitate the identification and selection of specific aspects of HL that can be best be improved by health policies and strategies (<https://m-pohl.net/sites/m-pohl.net/files/2020-08/Concept%20Note.pdf>).

M-POHL's first project was the European Health Literacy Population Survey 2019–2021 (HLS<sub>19</sub>) which was conducted in 17 countries. It demonstrated the relevance of general HL and specific HLs for considerable proportions of adult residents with low HLs, a social gradient for HLs, and significant potential effects of HLs on health-relevant indicators. Based on the HLS<sub>19</sub> results, recommendations to improve HL were developed (see <https://m-pohl.net/Results>). In 2022, a project on measuring organisational HL was started.

## Why participate in M-POHL?

M-POHL as an international Action Network with its focus on measuring and improving HL in populations and organizations (see workplan below) contributes to the much-needed evidence on HL. M-POHL connects expertise from research and policy and fosters evidence-based policy decisions. It puts HL on the international and national agenda sustainably. Thus, participating in M-POHL offers high-level international exchange on up-to-date HL developments, data, evidence, and experiences to improve research and national policies, as well as participating in framing the international HL agenda in close cooperation with WHO and other international bodies. Such agenda-setting for HL is needed more than ever since the orientation in the field of health is becoming increasingly challenging due to a number of dynamic trends, including health threats induced by the climate crisis, the chances and challenges of the digital transformation, pandemics like Corona, mental health challenges in the context of the current global multi-crisis, and the fast-growing medical and health knowledge and technologies.

HL can help to mitigate the effects of these crises on health on different levels: HL guides and empowers individuals to increase their chances for health. HL data on population HL and on health literate organizations, as well as evidence for effective interventions to improve HL support decision makers to develop national interventions on improving HL in populations and organizations – including healthcare systems.

## Workplan of M-POHL 2023–2027

M-POHL suggests three projects for the timeframe 2023 – 2027 to ensure that its aims are met:

- » Project 1: Measuring Population Health Literacy by HLS24/25
- » Project 2: Measuring Organizational Health Literacy
- » Project 3: Collecting, mapping, and evaluating evidence on effective interventions to deal with low HL and improve HL

In addition, the M-POHL Action Network is also responsible for the management of the archive and results of the previous M-POHL project HLS<sub>19</sub> (and in the future also of other completed projects). The administration and coordination work of M-POHL is provided by an International Coordination Center (ICC).

## Funding of M-POHL's international activities

Until 2022 the coordinating and administration work of M-POHL by the ICC was included in the expenses of the international coordination of the HLS<sub>19</sub> project. For the next period, a basic fee is proposed to cover the expenses for the network management by the ICC, including the cooperation and coordination with the members, with the M-POHL chairs, with WHO Europe and probably, from 2023, with an advisory board. The fee would include the planning and administration of two annual meetings, the maintenance of the M-POHL website, issuing the M-POHL newsletter, and answering inquiries. Furthermore, it would include the processing of applications for the HLS<sub>19</sub> instruments from the previous survey, the maintenance of the HLS<sub>19</sub> international database and the support of dissemination activities on HLS<sub>19</sub> results. Paying this fee would allow a country to become a voting partner in the M-POHL Network.

M-POHL members were invited to vote on the introduction of the fee in July 2022 (together with this invitation, a draft with suggested fees per country was sent out). Depending on the vote, the fee would either be introduced, or, if rejected, the basic network management costs would be included in the costs for M-POHL projects. The fee would be on an annual basis and based on the national GDP. As observer countries also require some coordination work, they would pay half of the suggested fee for their country. Sponsorship or patronage for members and observers with difficulties on administering the fee will be possible.

In case a majority vote of M-POHL members supports the introduction of an M-POHL fee, participating countries would be asked to ensure funds for the fee as part of their other M-POHL related expenses. These should also include (possible) travel costs for the participation of national policy representatives and principal investigators in the M-POHL meetings (at the moment, only online meetings are planned, but this may change if circumstances allow), and for any contributions to the international development of M-POHL by their representatives.

Typically, national participation in M-POHL will be commissioned by an MoH or other public policy body. The funding of all related 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)).