

Health Literacy for NCDs Prevention and Management

1. Definition¹⁻³

Health Literacy refers to the degree to which individuals, groups or people in the community as a whole have the capacity to find answers needed, get access to sources of necessary information, verify and understand information thus obtained, and make appropriate health decisions according to the context. Besides health literacy, there are other similar expressions, e.g. “health understanding”, “health awareness”, “health knowledge”, or “health intelligence”.

Non-communicable diseases (NCDs) refers to diseases that are not transmissible or caused by infectious agents and are chronic by nature, e.g. cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases.

2. Significance, situation, and trend

NCDs are serious global problems, covering especially four major diseases, i.e. cardiovascular diseases (including ischemic heart disease, cerebrovascular accident/stroke), diabetes, cancer, and chronic respiratory diseases. They accounted for 38 million deaths or 68% of the global population in 2012. Of this number more than 16 million were under 70 years old. This is considered premature death. About 82% of these premature deaths lived in the low and middle income countries.¹

Based on the technical information today, it is generally accepted that NCDs are an important health issue facing many countries worldwide, and the situation is worsening, affecting economic growth of the country, resulting in economic loss and lower productivity. It is estimated that the economic loss in the next 15 years will be about US\$ 7 billion, putting many more million people in poverty.

WHO is well aware of the problem and urgently attaches importance to the prevention and control of four major NCDs. Yet, it seems that sickness and death from these four NCDs have been on the increase on a regular basis, going against the global objective of reduced sickness and death from NCDs by 25% by 2025.²

Thailand is one of several countries in which NCDs have been a serious health issue. According to the public health statistics for 2007-2013, it is found that the number and rate of in-patients suffering from such major NCDs as hypertension, ischemic heart disease, major stroke or paresis, paralysis, and diabetes, had the tendency to increase on a regular basis. An analysis of causes of death among Thai people in 2005 and 2015 finds that the number of NCDs that were among the top ten causes of death increased from seven in 2005 to eight in 2015, while the rate of death from each disease saw an average increase of 31.9-60.9%. It also reports a trend of a higher rate of premature death in that the number of top ten NCDs that are the cause of premature death rose from five in 2005 to six in 2015 and the rate of premature death from each disease rose by an average of 16.1-39.2%.⁴

Importantly, a burden of disease and injury study of the Thai population shows that the years of life lost (YLL) among Thai people in 2013 were as high as 15.3 million, two-thirds of which due to premature death. In terms of economic costs, the amount was as high as 40% of the total budget of all the government agencies combined for that year. The main cause of life lost was NCDs, especially the four major diseases mentioned above. In this regard, if the estimates of life lost and disability due to various diseases were combined and broken down into risk factors,

1 it would find that consumption, smoking and substance abuse were major risk factors, the fact
2 that underlines the urgency of control and prevention action to be taken.¹

3 However, an important way that Thailand has adopted to stop and reduce the loss due to
4 NCDs is to encourage the public to change their risk behaviors in tobacco use, alcohol use,
5 unhealthy diet and insufficient physical activity, including campaigning for the public to see to
6 their personal factors in order to avoid the following four important factors, i.e. hypertension,
7 hyperglycemia, overweight/obesity, and hyperlipidemia.³

8 WHO's Global status report on NCDs 2014 makes a number of important
9 recommendations to control NCDs, urging all countries to invest in cost-effective interventions to
10 control risk factors, set national priorities and accountability, and foster cooperation between
11 various social sectors.

12 For all this to happen, it is necessary to make sure that the public has a proper knowledge
13 and awareness of the problem, including risk factors, as well as to develop everyday environment
14 conducive to correct decision making and behavior under the concept of health literacy. This
15 concept is globally acknowledged as one of the main impetuses leading to more effective
16 capacity building of the public than just merely providing knowledge in the traditional way.
17 Health literacy focuses on creating enabling factors for individuals, groups, communities, or
18 people in society in general to find answers for themselves, get access to necessary information
19 sources, verify and understand the information thus obtained, and conduct themselves
20 accordingly.

21 Success stories can be seen from 45 research reviews worldwide on the implementation of
22 health literacy measures and their health impacts on NCDs patients. Such interventions include
23 improving communication to suit target groups and asking the patients to rephrase or repeat the
24 advice given. In this way diabetes patients will see their health improved, especially if their
25 health literacy is low. In addition, various reviews of health literacy measures developed in many
26 countries all show that most health literacy interventions are related to organizations both in and
27 beyond the formal health system. In other words, business and industry are involved with their
28 development of new products and services providing healthier choices. All this will reinforce
29 one another in the development of target groups and social determinants of health, ranging from
30 agriculture, commerce, transportation, and law to town planning. These are the challenges facing
31 every country. How can the public be "well-informed" about various risk factors in their
32 everyday life in such a way that they can conduct themselves properly or even advice those near
33 and dear.⁵⁻¹²

35 **3. Policy, measure and law concerned**

36 **3.1 International policy⁵**

37 World Health Organization states that the development and promotion of health
38 literacy in the public is considered a capacity building and development intervention at individual
39 level to maintain personal health care in a sustainable manner. There are indicators of the health
40 system in line with the problem and public demand. There is an exchange of health information
41 between self and providers, with an ability to forecast potential health risks, set personal
42 healthcare objectives, especially the ability to manage NCDs that have become a global issue.

43 **3.2 National policy and framework of work action**

44 In the second Statute on National Health System, B.E. 2559 (2016), mention is made
45 of health literacy in Part 4. Section 4.2 *Health Promotion* gives a desired picture in which
46 promotion is made to ensure that every person has health literacy and appropriate health
47 behaviors. Principle 1(7) in Section 4.6 *Consumer Protection* mentions the right to acquire and get
48 adequate and timely access to correct information, while Principle 2 mentions that the consumer
49 protection system must be such as to defend and protect the rights of the consumers with particular
50 emphasis on four areas: (1) creation of the learning process for consumer empowerment, (2) provision
51 of correct and comprehensive information with which to make informed decision, (3) provision of

1 mechanisms for surveillance, monitoring, and examination of goods, and (4) promotion of consumer
2 participation. Principle 3 talks about health literacy in which consumers must be strong, well-
3 informed, and able to protect their own rights. Other sections include Section 4.7: *Generation of*
4 *a body of health knowledge* and Section 4.7: *Dissemination of health information*.

5 The Country's Reform Plan on Public Health 2018-2022 sets clear reform guidelines on
6 health literacy and communication. *Its 5-year goals* are: (1) Every Thai citizen has skills to get
7 access to health information and is able to process it for health decision and care. (2) Thai
8 society is equipped with health literacy in which people can access, understand health
9 information and service and use it for appropriate health decision for self and family. (3)
10 Thailand has in place health, education, social welfare systems and environment in which people
11 can access, understand, assess and utilize information and social service for appropriate health
12 decision for self and family. The work is to be carried out under *five work plans/projects*:
13 development of health information systems; development of health, education, cultural and belief
14 systems; evaluation research; development of health literacy workers; and development of
15 mechanisms to advocate and implement health literacy. Their *indicators* are: (1) the public
16 receive correct and up-to-date health information, (2) the public enjoy a greater degree of health
17 literacy, (3) more people of all age groups have desired behaviors, (4) the public see a lower rate
18 of illness, and (5) Thailand enjoys lower healthcare costs.

19 Under the Ministry of Public Health's Strategic Plan for fiscal year 2017 action was
20 carried out to promote health literacy and desired behaviors in the Thai population and to reduce
21 dependency. The Department of Health was entrusted by the Ministry of Public Health's senior
22 official meeting to coordinate in the drive for health literacy. An agency was thus created,
23 "Office of DOH 4.0 and Health Literacy", to implement the health literacy policy.

24 In addition, when National Health Commission Office (NHCO) set important strategic
25 issues for participatory healthy policy in 2017, seven issues were identified to be carried out
26 through mechanisms or instruments as prescribed by the National Health Act B.E. 2550 (2007).
27 One was health literacy.

28 29 **4. Role of organizations and bodies concerned**

30 1) The Ministry of Public Health is the lead agency for driving health literacy under the
31 National Strategy (2018-2037) and the Country Reform Plan.

32 2) The role of the Ministry of Education is to develop the pedagogical system at every
33 level and create a body of knowledge and environment that enables children and young people to
34 acquire health literacy, knowledge and experience about consumption and personal health care.

35 3) The role of the Ministry of Digital Economy and Society is to develop health ICT that
36 enables every group of people to get easy access to health information conducive to the
37 development of their skills and capacity for health literacy.

38 4) The role of the Ministry of Interior is to support the work of local agencies and local
39 government organizations in their efforts to create the network of cooperation between the people
40 sectors to develop the quality of life of the people.

41 5) The role of the Ministry Finance is to recommend economic and fiscal policies, and
42 manage public revenue collection, the country's treasury, and public assets to ensure the
43 country's fiscal security and strengthen its competitiveness. Over the years it has come up with
44 policies and measures to control, prevent and resolve health issues, such as tax measures for
45 alcohol, tobacco, sugar and others.

46 6) The Ministry of Commerce plays a role in consumer protection within its jurisdiction,
47 while promoting and developing trading and service businesses.

48 7) The Ministry of Social Development and Human Security plays a role in developing
49 people and society to their full potentials, equipped with immunity to change, including providing
50 a welfare system appropriate to the context of Thailand to ensure insurance and security in life,
51 especially for children, women, people with disabilities, and vulnerable people in society.

1 8) The Ministry of Labor plays a role in campaigning and communicating how to get
2 access to healthcare services and health information and advocate a policy on the quality of life
3 for workers in cooperation with business operators.

4 9) The Department of Public Relations plays a role in supervising and ensuring the
5 operation of radio and television broadcasting stations in compliance with the law.

6 10) The National Broadcasting and Telecommunication Commission plays a role in the
7 supervision and consumer protection in matters relating to broadcasting and telecommunication
8 activities to ensure public maximum benefits.

9 11) Agencies that look after the public rights and health-related welfare are National Health
10 Security Office, Social Security Office, Comptroller General's Department under the Ministry of
11 Finance, and Medical Funds under local government organizations. They play a role in
12 advocating main health benefits and are responsible for communicating appropriate information
13 to each target group of people, thus motivating and enabling the public in health promotion and
14 protection for themselves and in utilizing health services accordingly.

15 12) The Thai Health Promotion Foundation plays a role in knowledge management and
16 communication campaigns for health promotion, using social marketing principles in the
17 promotion of personal health care in the public.

18 13) The Health Systems Research Institute plays a role in health research planning and
19 analysis of health policy implementation so that the work can be further developed and answer
20 the needs of health and social systems more effectively.

21 14) The role of the Thai Chamber of Commerce and the Board of Trade of Thailand is to
22 coordinate the work between the public and private sectors in the operation, promotion, and
23 regulation of trade under the laws concerned.

24 15) The role of the Federation of Thai Industries as representative of private industrial
25 operators is to ordinate and work with the State, including promoting and developing industrial
26 enterprises.

27 16) The role of the Office of the Consumer Protection Board is to develop consumer
28 protection mechanisms, promote and develop consumer potentials, advocate policy, and review
29 laws in response to social problems that may occur.

30 17) The Foundation for Consumers, as a non-profit non-government agency, plays a role in
31 the campaigning, communication, receiving complaints and advocacy of consumer protecting
32 policy.

33 34 **5. Status of health literacy in Thailand**

35 Over the years most health literacy work in Thailand has been in the hands of the
36 academic sector, especially universities, while such technical departments as the Department of
37 Health, Ministry of Public Affairs, have shown some degree of interest. Nevertheless, it was
38 never advocated as national policy, and there was no serious attempt to connect or integrate the
39 issue with health promotion, disease control/prevention, health care, and rehabilitation in the
40 health service/delivery system. It was not until after 2016 that health literacy has been raised in
41 health-related policy forums on a regular basis. Constant demand has been made for national
42 agencies to advocate the issue and integrate it with their regular work in a serious manner.
43 Consequently, progress has become more evident:

44 1. The Ministry of Public Health is well aware of the impacts of the health literacy issue
45 on the public ability to look after their health care and on the country's health system as a whole.
46 Low health literacy in the public will have an adverse effect on their ability for personal health
47 care. They will not be able to seek and verify information necessary for the purpose; as a
48 consequence, they cannot take care of themselves properly against preventable diseases. They
49 will not go for medical checkup. They will not follow the advice of medical personnel while
50 undergoing treatment. They will not have the ability to analyze the pros and cons. They will find
51 it difficult to make health decisions on what choice to follow. They will not have the necessary

1 skills in what media to follow, including how to assess the correctness of the information
2 received from various social media. This will lead to greater risks in the occurrence of diseases.
3 This is especially true with NCDs which are more related to personal behaviors, not to mention
4 increasingly higher costs and burden per health service unit.

5 In its 20-year plan, the Ministry of Public Health focuses on advocating health literacy
6 through integrated cooperation from all sectors, leading to more correct health behaviors, reduced
7 incidence of diseases, reduced health costs, and better health of the public as a whole. Health
8 literacy should consist of the following characteristics: access to health information and service,
9 understanding about health behavior, communication to further health expertise, media and
10 information literacy for better health, correct health decision, and self-management for better
11 health. In this connection, the Ministry of Public Health has set strategies for health literacy
12 development, aiming to create a health culture and healthcare competency through the following
13 four measures: 1) creating a trend and alertness for information for greater health literacy, 2)
14 creating learning opportunity in and out of school, 3) strengthening the capacity of the Thai
15 public regarding media literacy, and 4) developing cooperation mechanisms between partner
16 networks both domestically and internationally. Action is also to be taken to develop
17 management mechanisms to reinforce health literacy through the following three measures:
18 creating a national information management center, 2) developing a national integrated plan to
19 advocate, supervise, monitor, expand, and develop health literacy on a continuing basis, and 3)
20 developing cooperation mechanisms between partner networks domestically and internationally.

21 In addition, the ministry has come up with a plan to develop a cooperation network to
22 achieve health literacy 4.0 through cooperation with the following partners:

- 23 a. Thai Health Promotion Foundation, the main funding source for health promotion
- 24 b. World Health Organization for policy advocacy at international level
- 25 c. Department of ASEAN Affairs, Ministry of Foreign Affairs for promoting
26 international relations between ASEAN countries
- 27 d. Ministry of Labor for advocacy of the policy to workplace
- 28 e. ASEAN Community for advocacy of health literacy and other related issues
- 29 f. Department of Local Administration, Ministry of Interior, for policy advocacy at
30 local level
- 31 g. Universities for the development of technical knowledge
- 32 h. Ministry of Education for policy advocacy to education institutes.

33 2. Department of Health, Ministry of Public Health, is entrusted to act as lead agency in
34 the advocacy of health literacy at national level. This is the result of a proposal submitted by the
35 National Reform Steering Assembly to the National Legislative Assembly for consideration
36 through the Strategy and Planning Bureau, Ministry of Public Health. Consequently, the task was
37 assigned to the Department of Health on 8 February 2017. The Department has thus been
38 carrying out health literacy work with partner networks within and beyond the Ministry of Public
39 Health, ranging from analysis and synthesis of the issue, to development of instruments and
40 criteria for assessment of health literacy organizations, to guideline development toward health
41 literacy organizations. A committee for health literacy advocacy has been set up and held a
42 number of meetings to consider the issue. It has been incorporated into the Strategic Plan for
43 Excellence in Health Promotion and Disease Prevention 2017-2021 and other plans of the
44 Ministry of Public Health. It has also drafted a strategic plan for health literacy.

45 The Department of Health has come up with 66 main issues for public dissemination
46 (important and necessary basic information on health literacy for people of every age group
47 throughout life). It has also worked with the Faculty of Public Health, Mahidol University, to
48 develop instruments for health literacy assessment for Thai citizens over the age of 15, including
49 manuals/guidelines for developing organizations/community/workplace and hospitals designed to
50 promote health literacy work as a whole.

1 3. Department of Health Service Support, Ministry of Public Health, has been setting
2 strategies for health literacy development, consisting of development of knowledge, health
3 communication, cooperation with partner networks, promotion and expansion of learning space,
4 and assessment of situation, monitoring and early warning of behaviors and risk factors. For
5 example, in the development of model areas for health literacy learning, support was given to
6 health-promoting hospitals to set hygiene standards, encourage villages to modify health
7 behaviors, and create health-promoting schools. The work has been expanded to the Tambon
8 (sub-district) level, leading to the development of health-managing Tambons, local forums for
9 exchange of learning, and assessment of health literacy in the Thai public.

10 4. Department of Disease Control, Ministry of Public Health, via Bureau of Non-
11 communicable Diseases, plays a major role in preparing national strategies for non-
12 communicable disease prevention and control and plans of action in line with the directions
13 recommended by WHO. The department works with Thailand Healthy Strategic Management
14 Office. It aims at nine main targets for action: alcohol, tobacco, physical activity, salt/sodium
15 consumption, hypertension, diabetes and obesity, cardiovascular risks, and provision of necessary
16 medical supply and technology.

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18 5. Thai Health Promotion Foundation (ThaiHealth) has been involved in health promotion
19 through providing education, supporting environmental management to reduce risk factors from
20 alcohol and tobacco, and reinforcing positive factors regarding safe food, hygienic food
21 consumption, and physical activity, together with marking communication through various public
22 campaigns. In addition, it has expanded the health literacy concept to include targets of various
23 age groups, including children, young people, school-age group, working age group, older
24 people, and other special groups such as people with disabilities, workers with special needs, and
25 the socially disadvantaged, on a regular basis.

26 Today the cooperation is extended from the public sector to other social sectors, such as
27 the private and civil sectors. Collective action and measures are seen in a number of issues,
28 including NCDs. Yet, there is even a greater need for a major policy that focuses specially on
29 NCD prevention and management to ensure that every sector knows about its direction and works
30 together in an effective manner.

31 **6. Work constraints and management**

32 As seen from the work undertaken over the years, each sector has made some progress
33 under its own jurisdiction, but there are still five obstacles to the implementation of health
34 literacy promotion:

35 1. The public is overloaded with so much health information that it is difficult to know
36 what is correct information, especially when communicated through social media networks
37 outside the system provided by the government sector. This has an impact on the health behavior
38 and management of the public, making NCDs unavoidable. In this regard, there is a real need to
39 have mechanisms that make it possible for all sectors to help control, prevent, and manage the
40 matter.

41 2. A rapid unbalanced growth of business and industry has an adverse effect on public
42 consumption and lifestyle. This is especially evident in the way people consume sweet, fatty,
43 salty and high-calorie food/drinks, together with commercial publicity that comes with it. All this
44 leads to unhealthy consumption behaviors and NCDs in many Thai people. Therefore, there is a
45 need to develop measures that promote healthier choices and lessen the access to such unhealthy
46 products. This should be done through consultation between all sectors concerned to come up
47 with useful and mutually accepted agreements.

48 3. Translating national policy into local practice has not been very smooth and consistent.
49 Despite having a relatively clear policy from the government or central authorities, problems
50 remain. For example, it is not always understood in the same manner. The work process

1 required is not in line with the local practice. Therefore, it is necessary to develop work
2 mechanisms that facilitate the participation of the sectors concerned in each area to ensure
3 common understanding, dialogue, and participation in the action planning process accordingly
4 and effectively.

5 4. Budget management comes in various and diverse forms, especially when it comes to
6 health promotion and disease control and prevention. This is true with different practice between
7 the National Health Security Fund, Social Security Fund, Civil Servants Medical Benefits under
8 the supervision of the Comptroller General's Department, and medical funds under local
9 government organizations. Thus, there is a real need to integrate and/or develop a format and
10 guidelines for budget management that promotes health literacy in the public regarding NCDs in
11 a uniform and consistent manner for greater efficiency in each locality.

12 5. Research of health systems has not been planned for systematic advocacy of health
13 literacy policy, thus resulting in the work of various agencies remaining fragmented, inconsistent
14 or ineffective. It is important, therefore, to develop a research system to support policy advocacy
15 and drive in a comprehensive manner ranging from the development of innovations, instruments,
16 and a body of knowledge to monitoring, supervision, and assessment, together with indicators for
17 levels of health literacy of the public and social determinants.

18 Based on the above constraints, recommendations are made for NCDs prevention and
19 management in the following five areas:

- 20 1. Development of a health information management and dissemination system for NCDs
21 prevention and management
- 22 2. Development of guidelines to promote social enterprises to reduce NCDs risks
- 23 3. Policy advocacy to promote health literacy through local mechanisms and funds
- 24 4. Development of health benefit packages to cover products and services that promote
25 NCD health literacy
- 26 5. Research on health systems for NCDs prevention and management.

27 **7. Issue for consideration by the National Health Assembly**

28 The National Health Assembly is requested to consider Document NHA 11/ Draft
29 Resolution 1: Health Literacy for NCDs Prevention and Management.
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