

Health Literacy Development:

A key mechanism for Australia's contribution to the Indo-Pacific Region and Global Health

The Australian Government seeks input into new policy to guide international development cooperation, a vital element of our support for a peaceful, stable, and prosperous Indo-Pacific. This response presents important new methods and processes for the Australian Government to consider for the shaping of the new policy and programs.

The Optimising Health Literacy and Access process, or Ophelia, is a health literacy development program that builds in-country capacity and deliver equitable health service improvements worldwide. As such, the [Ophelia process](#) is good practice based on principles, aligned with the Sustainable Development Goal [Sustainable Development Goal 3](#) on Good Health and Wellbeing, and is supported by a body of [evidence of impact](#).

This is an invitation for DFAT to increase its long-term impact by adopting the Ophelia and health literacy development processes through policy integration, program development and capacity building such that Member States have accelerated independent capacity for health and equity development.

Australia's approach to engaging regional partner Member States is driven by inclusive dialogue to cooperatively identify key priority areas of development needs and co-design, with the commitment of local accountability and inclusion of civil society, solutions that are based on proven good practices – solutions that enable sustainable equity of public health services. Ophelia specifically supports and actively develops these cooperative processes.

Ophelia is a programme that enables and empowers stakeholders in government, and government partners such as NGOs and private sector agents to adopt and use practical impact metrics that allow for transparent accountability and credibility. This is done by a proven approach that uses impact indicators defined from the start of project initiatives, and that therefore allow reliable evaluation and transparency from the start, leading to better value and return on investment of public funds used for public healthcare programmes.

Ophelia therefore can support government policy and development programs to mitigate risk through a design and implementation methodology that takes into account all micro contextual elements of a nation or community, as well as the health literacy capabilities of its communities, community leaders, health services providers, and policy makers, so that they stay focused in serving everyone – both those who are already educated and empowered, and those who are not – therefore decreasing inequalities.

For health development, especially for equity to managing risks of Non-Communicable Diseases (NCD) and equity of access to healthcare services, governments benefit from an inclusive approach to engaging civil society to co-design/generate and implement effective and scalable programs. Ophelia is a programme with such a proven record that is also easy to adopt and implement as a Health Literacy Development approach. Global case studies are

included in the 2022 [World Health Organisation \(WHO\) report “Health Literacy Development for the Prevention and Control of Noncommunicable Diseases”](#), led by our Ophelia team here in Australia, and classified as a Global Public Health Good by the WHO for immediate global distribution and application:

**Volume 1
Overview**



**Volume 2.
A globally
relevant
perspective**



**Volume 3
Recommended
actions**



**Volume 4
Case studies
from WHO
NHLDPs**



Ophelia’s value is in that it responds directly and immediately to needs of communities, including those communities that carry the heaviest burden of diseases. Since 2015, when Ophelia featured in the [WHO Health Literacy Toolkit for Low- and Middle-Income Countries](#) up to the 2022 [WHO Health Literacy Development for the Prevention and Control of NCDs report](#), Ophelia has expanded and is currently being applied in 21 countries (4 countries pending) with 26 WHO demonstration projects. Countries range from Oceania, Asia, Africa, Americas and Europe.

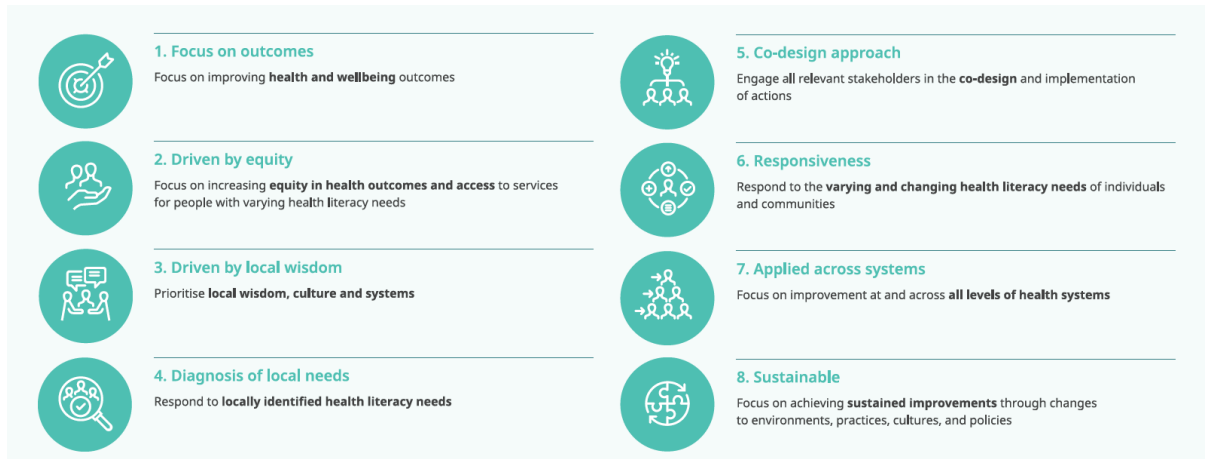
Ophelia’s development has been through Australian know-how led by Prof Richard Osborne, and was co-designed within an Australian Research Council (ARC) Linkage grant with co-investments by Vic Dept of Health, Deakin and Monash Universities, and 9 separate health services across Victoria. The program has evolved through NHMRC Fellowship grants, state government grants and NGO funding. Adoption and modification ensued across countries, cultures and diseases.

Ophelia’s next steps include being adopted and applied in the EU4Health Programme: This [EU-wide Public Health Program](#) (2021-2027) is an unparalleled EU financial investment in health, driven by the vision for a healthier European Union. Ophelia has been specified as the engine for developing and scaling prevention and control initiatives among cardiovascular diseases and diabetes across Europe, and the Australian Ophelia team are being commissioned to oversee the methods, training, model development and implementation.

WHO and Member States have already commissioned our team to undertake Health Literacy Development training. This includes major training events across regions and countries through initiatives based in Myanmar (with 10 regional countries), Portugal (24 countries), Russia (10 countries), Sudan, Spain, Norway, Brunei, Philippines, and Thailand. The Philippines Ministry of Health independently implemented a national pilot of Ophelia.

With Ophelia and the WHO Health Literacy Development work serving as an asset, Australia can support the development and delivery of policy initiative in our target Indo-Pacific countries.

By adopting Ophelia, Australian policy can encourage sustainable evidence-based healthcare service development and improvement practices that enable ongoing co-design to build meaningful and sustainable development and outcomes. The 8 Principles of Ophelia are created to ensure foundations of mutual trust, explicit sharing of values, and deliberate steps to generate equity:



The Ophelia process can be applied across a country, developing local capacity for independent implementation. It enables the application of co-design and the building of fit-for-purpose and needed and wanted initiatives focusing on stakeholder's concerns. It is being used in diverse areas:

- Noncommunicable diseases
- Antimicrobial resistance (AMR)
- Mother and child health
- Mental Health
- Service improvements
- School health
- Rehabilitation
- Health promotion

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