

## Review Paper

## Agenda-setting Analysis for Health Literacy Promotion Using Kingdon's Model: A Descriptive-comparative Study

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## ABSTRACT

**Background:** Health literacy has been attractive to policymakers since its inception. This study analyzed the agenda-setting process of health literacy-promoting policies in 7 selected countries using Kingdon's multiple streams model.

**Methods:** This descriptive-comparative study was conducted using Kingdon's multiple streams model. This model has three streams: problem stream, policy stream and politics stream. They influence the public policymaking process and policy change occurs when these streams converge in a policy window. We selected the USA, Australia, South Africa, Chile, Turkey, Thailand and the Islamic Republic of Iran as samples. The content analysis of available policy documents, reports, and comparative tables was used.

**Results:** Extensive studies were the main driver of the problem stream. Numerous conferences and health promotion programs were drivers of the policy stream. The desire and contribution of key persons and national authorities, the government's serious commitment, and political stability strengthened the politics stream. Ultimately, the simultaneous strengthening of three streams brought the issue onto the agenda.

**Conclusion:** Although Kingdon's model considered three streams separately, they are not separate. As the findings show, the first step towards bringing health literacy to the agenda is understanding and introducing the issue at the policy space and community level. This strategy will further encourage policymakers to develop solutions. Drawing the support of influential people will also be very useful in this regard.

**Keywords:** Health literacy, Policymaking, Policy analysis, Agenda setting, Comparative study

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## Introduction

In recent decades, health literacy has become a significant issue on the [World Health Organization's \(WHO\)](#) agenda. In the Shanghai Health Promotion Declaration, the Organization made a strong and serious commitment for all countries worldwide to policymaking on health literacy as one of the three pillars of achieving sustainable development goals and health equity. These thematic pillars included good governance, healthy cities, and health literacy [1, 2]. In recent years, health literacy has been recognized as one of the most critical determinants of health and has drawn the attention of researchers, policymakers and stakeholders worldwide. In 2004, a report titled "Health Literacy, a prescription for the end of confusion," by the Institute of Medicine of America, identified health literacy as one of the most critical issues requiring more attention in decision-making and policymaking [3]. Evidence shows that inadequate health literacy is associated with harmful health outcomes and more use of health care services. It is identified as one of the most essential factors in creating inequalities in using services and the community's level of health [4]. In addition, health literacy being introduced as an individual and social capital in the health field can lead to greater control over people's health, family, and community, as well as individual, social and environmental determinants of health [5].

In Iran, many studies in the past years have investigated the status of health literacy and the factors affecting it in different groups of Iranian society. These studies show that about 70% of people in society have limited or marginal levels of health literacy and emphasize the need to pay attention to the issue. Based on the findings of these studies, the level of education, family income, demographic indicators including age and gender, and place of residence were among the most critical factors affecting the level of health literacy [6, 7].

Paying attention to the ability of individuals and communities to understand health information and make informed decisions can significantly affect people's health and improve the performance of health care systems. Still, it has been consistently neglected by policymakers [8]. Given the importance of health literacy to public health and for policymakers, it is essential to understand health literacy, interventions and policies to promote it. To our knowledge, no study has specifically examined health literacy policies in a comparative study format. Our findings can help clarify some dimensions and potential interventions to improve health literacy and

provide reliable evidence for other professionals and stakeholders. So, this analytical study explores the agenda-setting process of health literacy in selected countries using Kingdon's multiple streams model.

## Conceptual framework

Policy analysis is a concept that covers a wide range of topics, and the purpose may be to examine the content of the policy or to address the policy process. Policy analysis is performed prospectively and retrospectively, helps identify and overcome defects in previous processes, and selects the right paths for future policy making [9]. Agenda setting as the first stage of the policymaking process is an essential part of policy analysis, during which an issue gets the policymaker's attention and rises to the agenda at local, national, regional and international levels. One of the primary and significant models in agenda-setting analysis is Kingdon's multiple streams model [10], in which a policy emerges on the formal agenda when three streams of problem, policy, and politics converge [11].

The problem stream refers to issues faced by policymakers. Statistical indicators, policy reports, and pressure from advocacy groups usually draw policymakers' attention to the problem. The policy stream describes a set of proposals and solutions developed for a situation. Finally, the politics stream indicates how national and international climate and social pressure influence whether or not an issue emerges on the agenda. According to Kingdon, these three streams' interaction, synergy, and connection lead to the emergence and formation of policies [12]. According to this model, triple streams move in different, independent directions for a given time, and at a certain point, called the "policy windows," these streams are combined, and advocacy of policy entrepreneurs is present. At this point, the issues have entered the policymaking agenda (Figure 1). The confluence of these streams and the creation of policy windows are unpredictable and do not follow a specific trend.

## Methods

### Study design

Based on Kingdon's multiple streams model, the descriptive-comparative study investigated the agenda-setting process of health literacy policies in seven countries: The USA, Australia, South Africa, Chile, Turkey, Thailand, and the Islamic Republic of Iran.

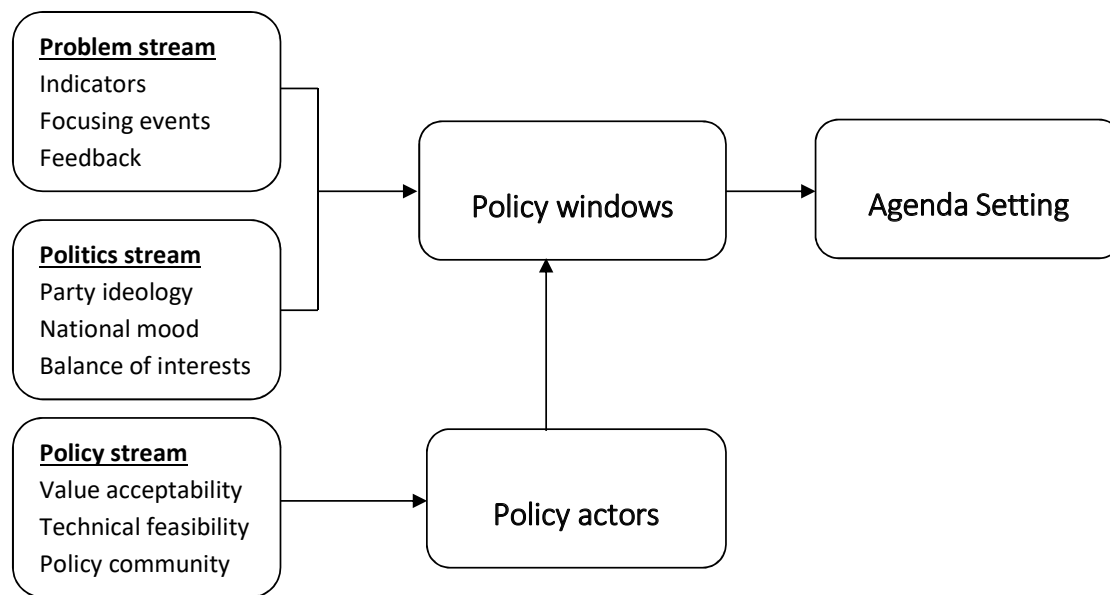


Figure 1. Kingdon's multiple streams model [10]



### Selection of countries

After an initial search, we selected 7 countries with available policy documents related to health literacy. The final criteria for selecting countries were as follows:

1) Having adequate documents; 2) Availability of documents without restrictions; 3) Geographical distribution and choosing at least one country from each continent

As such, the United States of America, Australia, Thailand, Turkey, Chile, Iran and South Africa were selected.

### Data collection

An electronic search was conducted using PubMed, Scopus, ISI, Google Scholar, public websites, websites of related international organizations (WHO, World Bank, etc.) and websites of selected countries' health ministries. Keywords included "health policy," "polycymaking," "literacy," "self-care," "self-management," and "health literacy." The search was conducted for each selected country. The required data for conducting this study were gathered by reviewing reliable national and international documents, studies and reports, and the irrelevant documents were excluded.

### Data analysis

Agenda setting refers to how a particular issue gains the attention of policymakers amongst other issues competing for priority. Based on Kingdon's model, policies

are shaped by the confluence of problem, policy, and politics streams [12]. To analyze the data, findings from each country were extracted and summarized using the comparative table. The factors involved in agenda setting were evaluated, compared and assessed using the content analysis method.

## Results

### Problem stream

According to its effects on health, health care, costs, and the health status of society, health literacy is one of the main determinants of health and it has posed a major challenge since its emergence. Health literacy has always been a key issue in the health systems of the selected countries and increasing non-communicable diseases, rising health care costs, and changing disease patterns have made health literacy more important. Publishing reports on health literacy at various international, national, regional, and local conferences has also played an important role in highlighting the problem. Also, the measurement of health literacy level and its influencing factors in the studied countries, such as Iran [7, 13], Turkey [14], the USA [15], Australia [16] and South Africa [17, 18], shows the severity of the issue. These studies report very low levels of health literacy in these countries, and the WHO reports indicate that health literacy levels in most countries are low [2, 20]. At the academic level, health literacy is also rapidly expanding, with many international conferences focusing on the various

aspects of health literacy in recent years that have helped highlight the problem stream [17] (Appendix 1).

### Policy stream

To understand and assess the policy stream in this study, technical feasibility, financial and technical support at national and international levels, and formulating and presenting national and local programs were considered driver factors. Almost all countries have benefited from technical support from international organizations, especially the WHO and its regional offices, given the WHO's emphasis on promoting health literacy and people-centered care. The findings of this study indicate that issues related to health literacy, its importance, promotion strategies and challenges have been repeatedly highlighted in national, local, regional, and international conferences. Health literacy was a requirement for all countries in the Shanghai Declaration. Holding conferences and meetings at various levels, receiving support from international organizations, charities, and NGOs in the technical, operational and financial aspects, and developing strategic and operational plans are the most important enabling factors mentioned in the policy stream. [2, 20, 21] Countries also take numerous but diffuse measures to promote health literacy; some countries, such as the USA [22], Australia, and, to some extent, the Islamic Republic of Iran, have developed specific policies to promote health literacy. Also, increasing the financial resources and qualitative and quantitative strengthening of the human resources in health promotion and health literacy have been widely included in the programs and conducts of countries (Appendix 1).

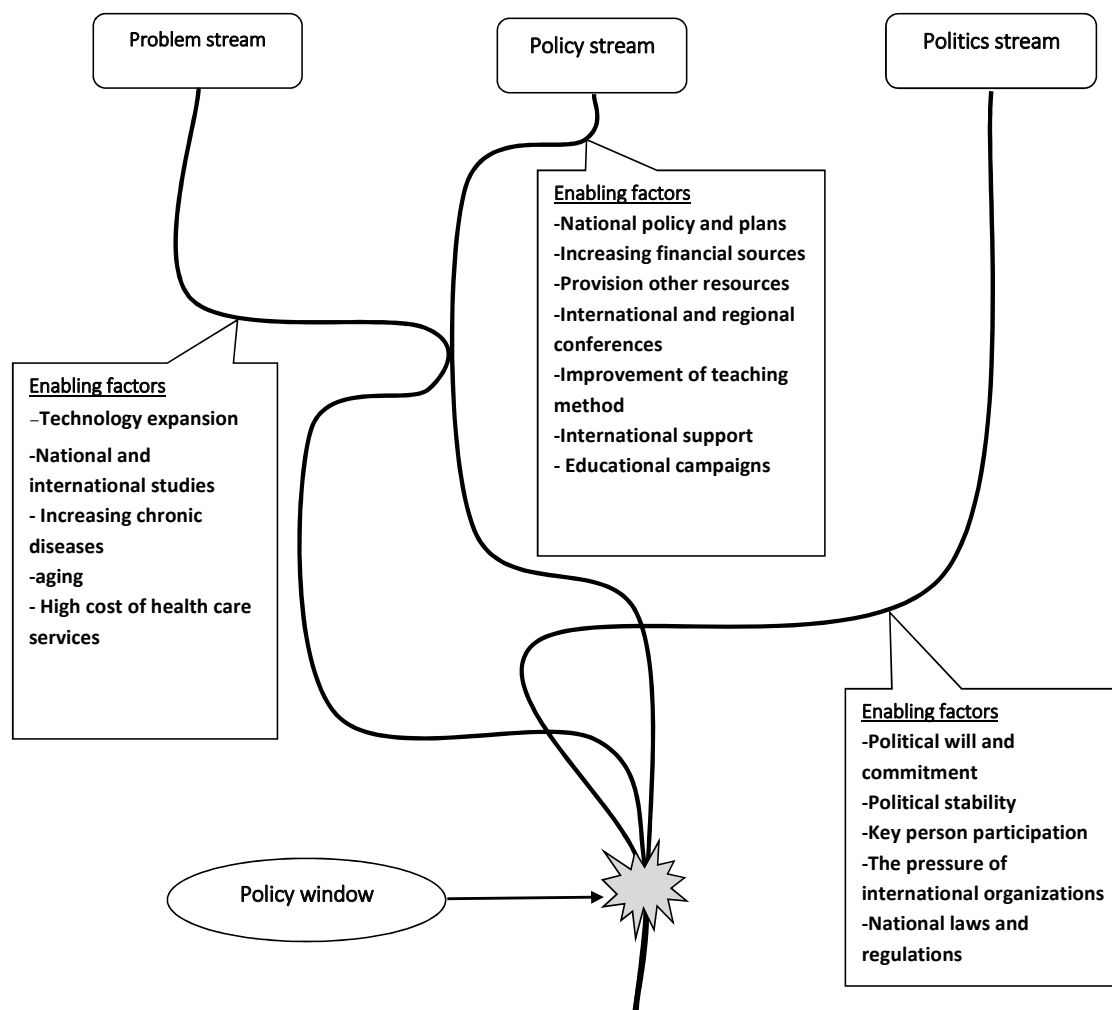
### Politics stream

This study evaluated the policymakers' will and commitment, key person participation, involvement of influential and responsible organizations, the general public's demand, regulation and the political situation for shaping the politics stream. All selected countries have been relatively politically stable in recent years. One of the main forces in bringing health literacy into the policy agenda in all countries has been the international requirements, especially the WHO's emphasis on this issue. In the USA, Australia, Turkey and South Africa, the government has played the most serious role in raising the issue of health literacy. Also, people's expectations and awareness of their rights, governments, and related organizations are more actively engaged in upholding citizenship and community awareness. The main factors that highlight the policy stream are the involvement, support, and participation of key persons, national health authorities and

officials in national and international conferences focusing on promoting health and health literacy. Attendance of Thai Prime Minister and Health Managers at Bangkok and Shanghai Conferences, Chilean Health Officials at Panama and Mexico City conferences and support for public awareness raising plans, Turkish health managers attending multiple conferences on health literacy at the European level and a large number of international and regional conferences attended by country officials, are instances of their attention to health literacy decisions and policies. In addition, the strong support from the Thai Prime Minister for promoting health literacy and the supreme leader of the Islamic Republic of Iran were other examples of serious attention to health literacy in Thailand and Iran (Appendix 1).

### Opening the policy window

According to Kingdon's model, the three streams acted separately to integrate at a specific point, called the policy window. At this time, the policy window has been opened and policymakers are taking the matter seriously. This study showed that various factors and events in different countries have contributed to integrating streams and opening the window. In almost all countries, especially Iran, the USA, Australia, South Africa and Turkey, the main driving force in opening the policy window was highlighting the problem. Conducting research projects and disseminating the findings of various studies on the level of health literacy and the economic and social consequences of lower levels of health literacy were the primary causes of increased attention and deeper investigation. Health literacy is designated a research priority in the United States, extensive research is conducted, supportive coalitions are formed in more than 20 states and the federal government's special focus and commitment have opened the policy window [23, 24]. The Australian quality and safety commission for health care collected data on health literacy in Australia between 2011 and 2012. At the same time, state-level programs were also implemented that helped bolster the streams and open the policy window [17]. Support from international organizations such as UNESCO, the WHO and American companies, participation in the Panama regional health literacy conference and conducting research projects by the United States, Belgium and Germany reinforces the policy stream and opens Chile's policy window [25]. In South Africa, the reign of democracy since 1994 and political stability, increased burden of chronic diseases, and a serious commitment to promoting community knowledge and literacy have strengthened the political stream and opened the window of policy [17, 26]. The European Health Association conference Gastein (2016)



**Figure 2.** Agenda-setting process of health literacy policies in selected countries



and the emphasis of EU health officials on the need for policymaking on health literacy and the commitment of national health authorities to member states have been key factors in opening the policy window in Turkey. [27]. In Thailand, the Prime Minister's participation in the Bangkok Health Promotion Conference and the emphasis on health literacy promotion were key factors in opening the policy window (Figure 2).

## Discussion

In this study, the agenda-setting process of health literacy was analyzed in seven selected countries. One of the most important factors in raising the health literacy agenda was increasing research and generating needed evidence. Those studies facilitated health literacy agenda setting in two dimensions: First, highlighting the problem stream through determining the severity of the problem and its impact on other health determinants in communities, and

second, identifying the challenges facing health literacy promotion and introducing health literacy strategies.

### Problem stream

One of the basic and primary requirements for a health-related issue to enter the policy agenda is policy-makers' access to reliable and valuable evidence [28]. Our finding shows that health literacy has always been an important issue in various forms. Still, more attention has been needed in recent years due to the changing pattern of diseases, the increase in chronic diseases, and the population's aging. In addition, the need to pay attention to self-care has dramatically increased medical costs, raised people's expectations, and led to more sophisticated therapies. In several selected countries, the published reports on health literacy status and low health literacy level highlighted the problem stream and opened the policy window [29]. Also, the role of health literacy



in reducing costs and promoting health has made policymakers consider it a cheap and effective solution [30].

### Politics stream

In the current study, the political stability, the will and desire of governments and national authorities, the commitment of health policymakers, and the requirements by international organizations and institutions for promoting health literacy were the most important factors shaping the politics stream in all selected countries. The political instability affects the inclusion of issues on the agenda. In this regard, Nutbeam et al. mentioned the Australian elections in the 1990s, when an election was held despite a problem stream and a lack of support evidence and codified national goals. The health minister who supported this issue did not survive the election and was not included on the agenda then [31]. Support from key people and senior leaders contributing to the development of policies is considered one of the most important factors in enhancing the political stream [32]. The prime minister's focus on health literacy programs and measures and the supreme leader's statements on empowering people and increasing health literacy were the most important factors that enhanced the politics stream in Thailand and Iran, respectively. Finally, as societies become more aware, public expectations over citizens' rights are increasing from government and so; governments look more closely at issues of community empowerment. There is also much experience in other countries in supporting these ideas that political stability and policymakers will strengthen politics stream [33, 34].

### Policy stream

Policy stream refers to solutions and policy options to solve issues and problems [12]. Based on the results, international organizations' technical and financial support in various dimensions, including providing guidelines, tools and financial support, are the most important factors influencing the policy stream. Some other studies have also mentioned the effect of international support in the technical and financial dimensions in strengthening the policy stream [35, 36]. According to studies, presenting national public health policy bills, developing national strategies, public health and policy documents and international guidance were factors that have helped strengthen the politics stream in health policy areas around the world [37, 38]. Also, over the past few decades, numerous national, regional, and international conferences have been held focusing on the issue of health literacy as one of the key tools for promoting health, and commitments made at these conferences have

facilitated health literacy policymaking in countries. European Union (EU) high-level pharmaceutical forum in 2008, a meeting of the [UN Economic and Social Council \(ECOSOC\)](#) in 2009, the Vilnius meeting and a political declaration of the high-level meeting of the [UN General Assembly \(UNGA\)](#) in 2011 are examples of these meetings where similar actions have been taken at national levels [17, 34]. Formulating and presenting innovative programs can draw the attention of policymakers to the issue [34]. In the current study, almost all countries held some forms of these programs, such as various campaigns, educational programs, film and serial production, advertisements and rising health staff knowledge and skills. The findings of this study show that specific policies have been designed to promote health literacy in Australia and the USA. In Iran, this issue has been highlighted and mentioned in some policies in recent years. The other measures were to increase public sector financial support for health literacy programs, pay more attention to research projects, attract key stakeholders in the health, education, and other sectors, and use new educational technologies.

Finally, it should be noted that creating discourse at the community level and increasing awareness of various aspects of health literacy have a major impact on highlighting the issue and raising the problem stream. Also, support from the masses and elites, the generation, and the use of evidence lead to convincing executives and policymakers to address this issue. At the same time, raising the problem in the academic environment has led to increased studies and a better understanding of the subject, as well as the presentation of various solutions and policy proposals to different environmental conditions, and enhancing the policy stream. All these events eventually led to joining the three streams and opening the window of opportunity.

### Conclusion

Policy theories are useful tools for accurate and realistic analysis, correct understanding, and microscopic review of agenda setting, formulation, and implementation of policies.

Health literacy, as one of the new issues in the field of health, was initially placed on the agenda due to the requirements created by international organizations and the inclusion of issues in these organizations' agendas. The expansion of studies on health literacy, the low level of health literacy, the serious commitment of governments and domestic policymakers and the existence of

national programs and policies were other common features among almost all selected countries.

According to Kingdon's model, the policy stream, politics stream and problem stream must confluence at one point and form a policy window. The findings show that the activity of these three streams cannot be considered separately; that is, the activity of one stream greatly enhances the others. Based on our findings, activities such as producing and disseminating the evidence that caused the emergence of the problem stream have played an important role in leading to the open policy window, and it has influenced the simultaneous operation of the three streams.

Contrary to Kingdon's view, the findings of this study show that the three streams may interact at different times and strengthen or weaken each other. In addition, this model is silent about the role of entrepreneurs in opening or using the policy window and has kept this issue ambiguous.

Finally, based on the findings of this study, we suggest that to facilitate the inclusion of health literacy on the agenda, programs should be designed to expand targeted and community-based studies to strengthen the problem and policy streams, as well as efforts to encourage influential individuals and politicians to intervene in this field. Also, Kingdon's multiple streams model has been useful in the health literacy agenda-setting process, so it is recommended to be used to analyze other policies, especially in the health field.

### Study limitations

The main challenges in collecting and extracting data for shaping three streams were the lack of comprehensive and sufficient studies and documentation on some countries, especially Chile and Thailand, and the publication of reports and articles in Spanish and Portuguese on Chile.

### Ethical Considerations

#### Compliance with ethical guidelines

This study was approved by Ethics Committee of [Iran University of Medical Sciences](#), Tehran, Iran (Code: IR.IUMS.REC 1395.9221557207) and performed following the principles of the Declaration of Helsinki.

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### Authors' contributions

Conceptualization and methodology: Hamid Ravaghi and Majid Nakhaee; Investigation and software: Majid Nakhaee; Supervision: Hamid Ravaghi; Writing and editing: All authors.

### Conflict of interest

The authors declared no conflict of interest.

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Appendix Table 1. Multiple streams in selected country

Country	Politics Stream	Policy Stream	Problem Stream
The United States of America [22, 24, 39]	<ul style="list-style-type: none"> <li>-Health policy makers' commitment to promoting education and health</li> <li>-The dependence of patient rights issues, medicare and Medicaid, and health information security to health literacy</li> <li>-Parliament and executive management commitment to health literacy in implementing health reform laws</li> </ul>	<ul style="list-style-type: none"> <li>-Developing National Health Literacy Improvement Action Plan in 2010 emphasizing the use of an integrated framework for health literacy promotion</li> <li>-Emphasizing the importance of health literacy in guiding the complex health system and enabling people to manage their health in "Healthy People 2010" policy</li> <li>-Identifying health literacy as one of the top 20 priorities for quality improvement by the Institute of Medicine America</li> <li>-Emphasizing the importance of health literacy in US federal policies, including the affordable care act of 2010, the National Health and Human Services action plan on Health Literacy Promotion and the 2010 plain writing Act, that transform health literacy from a marginal issue to an original in health agenda</li> <li>-Availability of various solutions, including key stakeholder intervention, facilitation and improvement of written educational resources, the use of different teaching methods, video clips, and improvement of patient-provider communication, as well as modification of informed consent process, redesign of forms for responding to the low literate people needs, emphasizing health literacy training to health care professionals, and efforts to reduce barriers to health literacy promotion</li> <li>-Public sector financial supports for research, the use of new technologies and improve media performance in delivering functional, understandable, and appropriate health information</li> <li>-Establishing multidisciplinary alliances with consumers, governments, markets, and nongovernmental agencies to reduce individual and structural barriers to health literacy, provide appropriate information, and engage vulnerable groups to make informed decisions</li> </ul>	<ul style="list-style-type: none"> <li>-Costs between \$106 and \$236 million for low health literacy approximately 7% to 17% of total health system costs</li> <li>-A high percentage of white people born in the US with low health literacy</li> <li>-Low health literacy of the elderly with chronic diseases</li> <li>-Low health literacy in 36% of American adults</li> <li>-The rapid spread of technology and the need for health literacy</li> <li>-Assessment of adult literacy and health literacy on a continuous basis over three years</li> </ul>
Australia [17, 25, 40]	<ul style="list-style-type: none"> <li>-The commitment of responsible agencies to raise awareness about health literacy</li> <li>-The government's emphasis on the importance of healthy citizenship and consumer empowerment</li> <li>-The Government commitment to promoting literacy and health literacy</li> <li>-Commitment to creating a dynamic learning environment in which practitioners are responsible for enhancing community health literacy</li> </ul>	<ul style="list-style-type: none"> <li>-Emphasis on the importance of empowering consumers and promote health literacy in the 'Healthy Future for All Australians' report</li> <li>-Paying attention to promoting health literacy in programs and policies ensuring and providing transparent, focused and usable information and effective interpersonal communication</li> <li>-Incorporating health literacy into the curriculum of different patient groups and health service providers</li> <li>-Developing information sources on health literacy in the late 1990s</li> <li>-Attending the Beijing regional conference on health literacy promotion requirements</li> <li>-formulating the Australian health care quality and quality framework in 2010 with a focus on promoting health literacy</li> </ul>	<ul style="list-style-type: none"> <li>-Low health literacy in more than 60% of Australians</li> <li>-Increasing the burden of preventable chronic diseases</li> <li>-Increasing health literacy studies and subject recognition</li> <li>-Conducting numerous studies on health literacy, its effects, and the relationship between health literacy and health outcomes</li> </ul>

Country	Politics Stream	Policy Stream	Problem Stream
South Africa [18, 19, 41]	<p>With the Mandela government came to power in 1994</p> <ul style="list-style-type: none"> <li>-Special attention to empowerment and public awareness in the new government</li> <li>-The Government commitment to provide primary care and health promotion efforts in 1994</li> <li>-President Nelson Mandela's support for the provision of community health and education services to individuals</li> <li>-Minister of Health will to promote the health and empowerment of the people</li> <li>-Requirement of the WHO-led Campaign for Sustainable development goals to provide quality and transparent care</li> <li>-The Government's Commitment to reducing inequality in access and increasing justice through formulation of health promotion policies</li> <li>-Pressure of international organizations to improve health and raise public awareness and satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>-Emphasis on increasing public awareness in South Africa's national pharmacy policies</li> <li>-Emphasis on raising public awareness as one of the 2007 family physician plan goals</li> <li>-Emphasis on people's right to fair, informed and quality health in South African constitution</li> <li>-Employ empowering staff to promote health and raise awareness</li> <li>-Implement strategies related to health promotion and education</li> <li>-Increase funds for health promotion</li> <li>-Emphasis on improving the quality of education as a component of the National Development Program</li> <li>-Implementation of health promotion and multimedia programs as one of the dimensions of strategic health plans in 2013</li> <li>-Reviewing primary health care programs and emphasizing the role of community health workers as key players in improving education and increasing access to health services and justice</li> <li>-Providing basic information for people to increase their awareness of all health policies and other related areas</li> <li>-International organizations NGOs help to develop public health systems in South Africa</li> </ul>	<ul style="list-style-type: none"> <li>-A high illiteracy rate</li> <li>-Discovering the impact of health literacy promotion on HIV reduction</li> <li>-Inequalities in access to health services and levels of health between urban and rural areas, between the private and public sectors, between primary health care centers and hospitals and across racial groups</li> <li>-A high burden of diseases, especially diseases such as AIDS, tuberculosis and non-communicable and chronic diseases</li> <li>-Lack of GDP and poor health status</li> <li>-A high number of official languages (11 languages) and difficulty in communicating between patient and provider</li> </ul>
Turkey [42]	<ul style="list-style-type: none"> <li>-The Government's commitment to promote public health literacy</li> <li>-EU emphasis on members to adopt health literacy strategies</li> <li>-The Government's emphasis on eliminating inequalities in health by developing community awareness</li> </ul>	<ul style="list-style-type: none"> <li>-Health literacy as one of the foundations of citizenship rights in Turkey</li> <li>-The legal requirement to emphasize the importance of health literacy as a responsibility for all health systems actors</li> <li>-Health literacy promotion projects started in 2000</li> <li>-Make reforms for secure access to health information, especially for disadvantaged people</li> <li>-Emphasizing the importance of health literacy in the Gastein Health Conference 2005 and commitment of European countries to policymaking to promote health literacy</li> <li>-Emphasizing people's right to empowerment about health and self-care under the 2007 EU Reform</li> </ul>	<ul style="list-style-type: none"> <li>-A high illiteracy, especially among women</li> <li>-A low and border health literacy in over 60% of Turkey's population</li> <li>-Technology development and the need to improve health literacy</li> </ul>
Chile [43]	<ul style="list-style-type: none"> <li>-Political stability</li> <li>-The political, economic, cultural growth after democracy ruled since the 1990s and the commitment to citizenship</li> <li>-The Government's serious commitment to health literacy policy</li> <li>-Parliament's commitment to coordinating different stakeholders to promote health</li> <li>-The Governments' commitment to address and prioritize health promotion</li> </ul>	<ul style="list-style-type: none"> <li>-Health system reforms in the 1980s by emphasizing the primary health care</li> <li>-Implement health promotion programs and increase community participation in health</li> <li>-Public health system efforts to increase families' role in health as part of primary care</li> <li>-Training of health personnel to pay attention to educational issues and health promotion</li> <li>-Conducting educational campaigns on various health topics in line with WHO programs</li> <li>-National Health Policy 2011-2020 focusing on lifestyle modification, improving health habits and focusing on risk factors prevention</li> <li>-Implementing a healthy lifestyle program to promote health habits and healthy lifestyle</li> <li>-Developing infrastructure projects as a priority to cope with aging population and chronic disease outbreak consequences</li> <li>-US companies investing in infrastructure development in Chile, especially in universities, health centers and other</li> <li>-Extensive agreements between Chilean health centers and countries such as the US, Belgium and Germany to carry out research projects, developing specialist skills and providing educational opportunities for health service providers and managers and policymakers about new models of service delivery</li> <li>-Attending in 2014 Panama regional health literacy conference</li> <li>-Attending in 2000 Health Promotion Conference in Mexico City focused on health literacy</li> </ul>	<ul style="list-style-type: none"> <li>-Aging and increasing chronic diseases</li> <li>-Insufficient coordination between the private and public sectors in the provision of health services</li> </ul>

Country	Politics Stream	Policy Stream	Problem Stream
Thailand [20, 44]	<ul style="list-style-type: none"> <li>-Serious attention of health professionals and policymakers to promoting health literacy</li> <li>-Government and prime minister Thaksin Shinawatra's Commitment to health promotion and health literacy programs</li> </ul>	<ul style="list-style-type: none"> <li>-Emphasis on health literacy as one of the country's priorities in the 20-year development plan</li> <li>-Government and health officials attending in 2005 Bangkok Health Promotion Conference</li> <li>-Implementation of the National Aging Program focusing on promoting health and improving the quality of life of the elderly</li> <li>-Policy of "creating health for all Thai" in 2002 to promote health and prevent disease</li> <li>-Extensive government financial support for health promotion programs</li> <li>-Holding various campaigns on promoting physical activity and exercise, against alcohol while driving and controlling drug use</li> <li>-Various and extensive sports programs sponsored by the Thai government with the participation of community members</li> <li>-Health promotion, disease prevention, and rehabilitation plans funded by the government</li> <li>-Extensive collaboration of the government and the health sector with other social areas, such as education, universities, workplaces, etc, to implement joint health promotion programs</li> <li>-"Healthy Thailand" policy for making health a top priority of Thai government policy</li> </ul>	<ul style="list-style-type: none"> <li>-The rapid rate of increased aging and chronic diseases</li> <li>-Publication of reports and articles on the effect of health literacy on social factors</li> </ul>
Islamic Republic of Iran [13, 45]	<ul style="list-style-type: none"> <li>-Increased emphasis on evidence-based policymaking at high levels of policymaking</li> <li>-Government's commitment to implement health socialization and promote health literacy as one of its elements</li> <li>-Special attention of the supreme leader of Iran to the promotion of knowledge, awareness, and empowerment of the community</li> <li>-International organizations emphasizing the importance of promoting health literacy and changing the approach from treatment to prevention</li> </ul>	<ul style="list-style-type: none"> <li>-Pay particular attention to promoting culture and education, and improving the level of health literacy in the 5-year development plans and 20-year vision program as key objectives</li> <li>-Developing and providing strategies for enhancing health literacy as a result of studies</li> <li>-Implement the second phase of the health system reform plan with an emphasis on primary health care and public health</li> <li>-Program to increase health literacy and increase self-care in the community</li> <li>-Providing self-care programs, building structures and community empowerment programs for self-care, family and community</li> <li>-Production of serials, documentaries, films, animations on health topics</li> <li>-Health poetry, videos, literature and digital media festivals</li> <li>-Holding various campaigns on health issues</li> <li>-The policy of informing people of their social rights and responsibilities</li> <li>-The policy of empowering vulnerable groups with the participation of the people</li> </ul>	<ul style="list-style-type: none"> <li>-Moving towards an aging population</li> <li>-Increasing people's expectations of the health system</li> <li>-A low level of health literacy in more than 70% of people in health literacy survey in 2007</li> <li>-Increased incidence of chronic diseases, especially diabetes</li> <li>-National reports on the impact of low health literacy on health status and social indicators of the community</li> <li>-Injustice in providing health care services in deprived and remote areas</li> </ul>