DEVELOPING THE NATIONAL HEALTH 2020 STRATEGY IN NORTH MACEDONIA

A case study
Developing the National Health 2020 Strategy in North Macedonia

A case study
Abstract

The WHO Regional Office for Europe is systematizing evidence on developing and implementing national health policy to promote and facilitate the implementation of Health 2020. This case study, part of the series on the development and implementation of national health policy, presents the experience of North Macedonia in developing its first national health strategy, the National Health 2020 Strategy, enacted by its government in 2016. The study describes a series of factors and actions over three years that enabled a comprehensive national health strategy and operational plan to be enacted to guide further health developments to 2020 and represent the first cornerstone of the country’s roadmap towards achieving the 2030 Agenda for Sustainable Development and the Sustainable Development Goals. It seeks to reflect on what has worked, on the critical elements of the progress to date and the innovation and creativity used in the process.

Keywords

NATIONAL HEALTH POLICY
HEALTH POLICY PROCESS
HEALTH 2020
SUSTAINABLE DEVELOPMENT GOALS
INTERSECTORAL APPROACH
CASE STUDY SERIES

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Foreword

Health 2020, the European framework for health and well-being, has positively influenced policy-making in the WHO European Region since 2012. Studies show that Member States increasingly focus on outcome-oriented health policies, strategies and plans, using evidence in setting priorities and developing monitoring, evaluation and review frameworks. In addition, policy dialogues more often involve stakeholders, who bring the benefits of timely reconciliation of different interests, for realistic priority-setting and actual implementation of the policies enacted.

The 2030 Agenda for Sustainable Development emphasized yet again Health 2020 guidance for providing policy coherence within the health sector, among the sectors in government and across different levels of governance within countries. The imperative for achieving the Sustainable Development Goals is breaking the silos and investing in intersectoral and all-inclusive policy dialogues that could enable policy-making that leaves nobody behind.

Nevertheless, however appropriate the guidance provided by the international strategic papers is, the national context gives the policy-making for health and well-being real and specific content. The legitimacy of policy-making comes from the all-inclusive policy dialogue underpinning the process of policy-making as a reiterative process that also scopes implementation, monitoring and evaluation, review and subsequent policy revisions. The countries in the WHO European Region are very diverse in their overall development, and especially the health situation and systems. Paying attention to the specificities of every country is key to sound policy-making.

Demand is growing for national health policies to act as a mechanism for bringing about transformative change in accordance with the global and regional strategic papers and within specific national contexts. It is therefore of utmost importance to take stock of countries’ experience in policy-making and share best practices to learn and use, as appropriate, the policy-making process and increase the likelihood of a favourable outcome.

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WHO Regional Office for Europe
Preface

In accordance with WHO Regional Committee for Europe resolution EUR/RC62/R4: Health 2020 – the European policy framework for health and well-being, and in view of the continual updating of the evidence and knowledge base on national health policy development, the WHO Regional Office for Europe is systematizing case studies on national health policy to promote and facilitate the implementation of Health 2020. The case studies aim to synthesize relevant learning from countries’ experience of health policy that is developed, reviewed and updated taking account of the Health 2020 policy framework and the underlying evidence and WHO resolutions. The studies analyse the approaches used in the particular context, related to both the process of sound policy-making and the Health 2020 content, with a focus on innovative practices used throughout the process that have potential for being shared across the WHO European Region.

The series of case studies is intended to explore and share relevant best practices in national health policy-making in the current global and regional context, in terms of both process and content, with a view to:

- recognizing health as a major societal resource and asset;
- establishing a strong value base: reaching the highest attainable standard of health;
- addressing social determinants of health, equity, gender and human rights;
- presenting a social and economic case for improving health;
- striving to achieve strategic objectives of Health 2020: better governance for health through intersectoral action;
- contributing to the common Health 2020 policy priorities for health;
- promoting a common purpose and shared responsibility;
- adding value through partnerships; and
- contributing to achieving the Sustainable Development Goals.
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Executive summary

In accordance with Health 2020, the European policy framework for health and well-being, the WHO Regional Office for Europe is systematizing evidence on the development and implementation of national health policy to promote and facilitate the implementation of Health 2020. Through analysis of approaches used in specific country contexts, both the sound policy-making process and the Health 2020 content, the case study series strives to highlight innovative practices that have potential for being shared across the WHO European Region.

The case study series draws on the Health 2020 implementation package (1,2), especially in applying the Health 2020 lens to country situation analysis, implementing whole-of-government and whole-of-society approaches, addressing social determinants of health, equity, gender and human rights and developing national and subnational health policies, strategies and plans aligned with Health 2020. In terms of content, Health 2020 and WHO Regional Committee for Europe resolutions guide the studies. These aim to contribute to implementing the Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being (3) adopted in resolution EUR/RC67/R3. In terms of process, the studies draw on the Universal Health Coverage Partnership’s national health policy tools and guidelines, where these are relevant to the country contexts in the WHO European Region (4).

This case study presents the experience of North Macedonia in developing its first national health strategy to 2020 (the National Health 2020 Strategy), enacted by its government in 2016. The study describes a series of factors and actions taken over three years that enabled a comprehensive national health strategy and operational plan to be enacted to guide further health developments. It seeks to reflect on what has worked, on the critical elements of the progress to date and the innovation and creativity used in the process.

Key messages

National health policies are increasingly tested on their capacity to fuel health development in the very complex national and international contexts. The policies should be seen as products of a well designed, all-inclusive process and solid evidence. The National Health 2020 Strategy of North Macedonia was guided by and used Health 2020 evidence, in addition to both generating and using national evidence, to feed the policy dialogue process and identify the challenges. It therefore presents a good example of Health 2020 providing useful guidance in national policy-making that aims to respond to both the health needs of the population within the country and the country’s international commitments.

Effectively using evidence for health and well-being in the policy-making process requires appropriate mechanisms for all-inclusive dialogue and coordination. The National Health
2020 Strategy process was carefully crafted to include everyone and make health everybody’s business. It was worth the investment: it legitimized the policy, it made the case for its enactment and it served as a guarantee for implementing the National Health 2020 Strategy. The National Health 2020 Strategy process was also a great capacity-building, learning and sharing exercise for the professional community in health and other sectors and for citizens.

WHO played a strong role in the process of developing the National Health 2020 Strategy, providing integrated technical support to the Ministry of Health, through the WHO Country Office’s intensive and proactive support for national efforts.

Political leaders need to maintain an outward-looking and outcome-oriented focus and make further investment so that the National Health 2020 Strategy delivers the outcomes as envisaged and feeds a continual policy cycle, with evidence to give priority to health and well-being beyond 2020 to achieve the Sustainable Development Goals.
Introduction

Sustainable Development Goals: an opportunity for new, transformative policies

The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals, adopted in 2015 by the United Nations General Assembly, is a plan of action for people, planet, prosperity, peace and partnership, which all countries and stakeholders, acting in collaborative partnership, will implement. The overarching goal of the 2030 Agenda, “to leave no one behind”, makes advancing equity, gender and human rights a key cross-cutting development need. Recognizing health as an indivisible part and also an achievement of sustainable development, the 2030 Agenda opens up new horizons for health policies to broaden the scope of health and opportunities for health policies to be devised for achieving national development agendas and commitments to the 2030 Agenda.

Health 2020: framework for health and well-being through intersectoral action

Health 2020 is a health policy framework for the WHO European Region designed to achieve the twin goals of improving health and well-being and reducing health inequities and of improving leadership and participatory governance for health. Its endorsement in 2012 by the 53 Member States of the WHO European Region created added value for the national health policy development process, by providing guidance on strengthening the health dimension beyond health systems and through the well-being and equity lens (Fig. 1).

Fig. 1. Health 2020 strategic objectives and priority areas for health and well-being
Health 2020 strives to achieve measurable impact on health in the Region. Member States agreed on the following regional goals.

2. Increase life expectancy in the European Region.
3. Reduce inequalities in health in the European Region.
4. Enhance the well-being of the European Region population.
5. Ensure universal coverage and the right to the highest attainable level of health.
6. Set national goals and targets related to health in Member States.

Health 2020 recognizes that achieving these regional goals is conceivable through national health policy and thus provides guidance to Member States on developing, implementing and evaluating health policies at the national and subnational levels (Annex 1).

Health 2020 also recognizes that successful governments can achieve real improvements in health if they work across government to fulfill two linked objectives: improving health for all and reducing health inequalities; and improving leadership and participatory governance for health. Health 2020 proposes that new forms of governance for health are needed in today’s diverse and horizontally networked, information-based societies, requiring multisectoral and multifaceted policy responses and interventions. Increasingly, the terms whole-of-government and whole-of-society in policy development reflect this reality, and these concepts are at the heart of Health 2020 (1).

Leadership from health ministers and public health agencies will remain vitally important to address the disease burden across the European Region. It needs to be strengthened. The health sector is responsible for: developing and implementing national and subnational health strategies; setting health goals and targets for improving health; assessing how the policies of other sectors affect health; delivering high-quality and effective health care services; and ensuring core public health functions. It also has to consider how its health policy decisions affect other sectors and stakeholders.

**Aligning the Sustainable Development Goals and Health 2020 in the WHO European Region**

The WHO Regional Office for Europe developed a roadmap to assist Member States in implementing the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being (3). The Member States adopted the roadmap at the 67th session of the WHO Regional Committee for Europe in September 2017 in resolution EUR/RC67/R3.

The roadmap (Fig. 2) aims to strengthen the capacities of countries to achieve better, more equitable and sustainable health and well-being for all at all ages in the WHO European Region. Achieving the Sustainable Development Goals requires working in a transformative way to implement a set of coherent, evidence-informed policies that address health, well-being and all their determinants throughout the life-course and across all sectors of government and society. Revitalized global and regional partnerships are essential and will provide the necessary support and momentum for this joint societal and global effort.
The WHO Regional Office for Europe provides assistance to countries and promotes the progressive alignment of health and development policies or plans; the achievement of directly and indirectly health-related Sustainable Development Goals and their targets; the use of existing networks and platforms to ensure dialogue between organizations, sectors and countries; and the monitoring and evaluation of the implementation of the Sustainable Development Goals.

In addition, the United Nations Development Group has adopted the Mainstreaming, Acceleration and Policy Support (MAPS) approach (5) as the common approach to implementing the 2030 Agenda at the country level, as an instrument for landing the Sustainable Development Goals into national, subnational and local plans for development, shaping budget allocations (mainstreaming), targeting resources at priority areas, paying attention to synergy and trade-offs, bottlenecks, partnerships, measurements (acceleration) and ensuring that the skills and expertise of the United Nations Development System are available in an efficient and timely way, including joined-up approaches to ensure coherence and integration (policy support). This presents an opportunity for consistency in development and health planning and work for health across the sectors.

The global, regional and subregional contexts inevitably influence and play an active role in national health agenda-setting and policy development processes, as described below.

**The process of developing national health planning in the global and regional contexts**

Although national health planning is often viewed as linear or cyclical in nature, in reality it is a complicated, difficult, challenging process (6) that seeks to address context-specific diverse needs and interests with limited resources (Fig. 3). Thus, best practices in the national health policy development process are worth sharing to bring to the wider audience what works and what the best buys are and how these can be adapted to the specific country context.

Well designed national health policy processes can help policy-makers in engaging the professional and general public in identifying priority concerns, needs and areas for strategic action. Continued involvement of the public can help ensure that policy-makers adhere to the specific tasks laid out and, importantly, reduce potential resistance to the changes that reform may introduce. Further, public empowerment and the sense of control achieved through democratic policy-making processes have been associated with enhanced social
capital and health (7). Health policy is usually developed through diverse approaches and levels and with differing aims. Mechanistic approaches are not sufficient and have been found wanting in any case. More flexible and integrative approaches are required that can respond rapidly to changing circumstances and to sound evidence of what works well and not so well. The comprehensive development of health strategy is inherently a highly political process, and this must be acknowledged at every stage (1). In addition, processes must always be customized to country-specific conditions.

Fig. 3. Elements and dynamics of a sound national health policy development process

Source: Schmets et al. (6).

Policy-making is not a straightforward exercise, much less a linear one. It is a reiterative process of different steps involving defining a problem, considering it through policy analysis, enacting a policy to address it, implementing the policy and following up. The national health policy planning cycle could be visualized as shown in Fig. 4.

Fig. 4. Policy process cycle

Source: adapted from CDC policy process (8).
Developing the National Health 2020 Strategy in North Macedonia

**Defining the problem:** policies are developed in response to a perceived problem or opportunity. Policies are developed and implemented in a wider context, and it is therefore important in this stage to clarify and frame the problem or opportunity in terms of the effect on, for example, the health or well-being of the population. Policy analysis means establishing the goals of the policy and various options to address the problem or opportunity. **Strategy and policy development** defines the strategy to get the policy adopted, such as engaging stakeholders, drafting necessary regulations or laws, setting up procedures, defining programmes and projects and managing them and monitoring and evaluation frameworks. **Policy enactment** means that procedures need to be followed to get policy enacted (for example, taking administrative actions and enacting regulations). **Policy implementation:** finally, the enacted policy will be translated into outcome-oriented actions, such as implementing programmes and projects. **Policy evaluation,** defined as “... an assessment, as systematic and impartial as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area, institutional performance and so forth” (9,10), is an important part of policy development.

The national health policy tools and guidelines of the Universal Health Coverage Partnership (4) describe the process “as a comprehensive endeavour that ideally includes: (a) population and stakeholder consultation, (b) situational analyses, (c) priority setting, (d) strategic planning, (e) operational planning, (f) costing, (g) budgeting and (h) monitoring and evaluation”. Strategizing - that is, designing plans and policies to achieve a specific goal related to the health of a country – is absolutely critical in the 21st century. This is not only a recommendation but also a necessity for all countries in all settings. Achieving this requires permanent, well structured and dynamic policy-making processes, with a true consensus between governments, service providers and the population (6). This case study elaborates the evidence-informed policy dialogue and its outcome of national health policy endorsement.

**The country context**

The country embarked on the process of developing a national health strategy and operational plan on 27 May 2014, through an open stakeholder and nationwide consultative process, which resulted in the adoption of the National Health 2020 Strategy on 26 December 2016. The positive results of past and current experiences of the country in developing intersectoral actions and participatory processes for health and well-being offered a good starting-point for developing the National Health 2020 Strategy. The process, with all its reiterative steps, commenced with identifying the current challenges for health and opportunities for improving it.

**Highlights of the country’s health status and outcomes**

The country is facing a trend of ageing population, which will also potentially affect the health system. The fertility rate of 1.5 births per woman is below the European Union average (1.58) and far below the replacement level. Life expectancy increased from 71.1 years in 1991 to 75.1 years in 2010, but this is still considerably lower than the European Union average of 80.2 years in 2010.

The death rates from the three major causes (cardiovascular diseases, selected smoking-related causes and cerebrovascular diseases) have strongly declined since 2005 (Fig. 5). How-
ever, death rates for diseases of the circulatory system and selected smoking-related causes were nearly twice as high as the respective European Union averages. This is mostly related to unhealthy lifestyle habits and behaviour, with smoking being the leading cause (40–50% of the population older that 15 years are regular smokers) (Fig. 6). Further, the prevalence of hepatitis B is especially high in the country, with incidence being 6.5 times higher than the European Union average. Although the country is still struggling with avoidable mortality, disease prevention and health promotion, it has made considerable progress in reducing child and maternal mortality in recent decades (11).

Fig. 5. Main causes of death as a percentage of the total number of deaths, 2016

![Main causes of death as a percentage of the total number of deaths, 2016]

Source: authors’ compilation from Makstat database [online database] (12).

Fig. 6. Percentage of smokers among boys and girls 13–15 years old, 2008 and 2016

![Percentage of smokers among boys and girls 13–15 years old, 2008 and 2016]

The country’s status with Health 2020 indicators

Most recent analyses of WHO data on how countries are performing in terms of Health 2020 indicators\(^1\) showed that, compared with other countries (grouped by countries of the Commonwealth of Independent States,\(^2\) Nordic countries, South-eastern Europe Health Network, European Union before May 2004 and European Union after May 2004) between 2005 and 2015, the country experienced large improvements regarding alcohol use (35%), infant mortality (40%), unemployment (25%) and life satisfaction (13%). Smaller improvements were observed for premature mortality (5%), mortality from external causes (5%), life expectancy (2%), sanitation (1%) and out-of-pocket health expenditure (8%). The indicators overweight (−3%) and measles and polio vaccination (−3% and −2%, respectively) declined slightly. Finally, the performance on school enrolment (−11%) and health expenditure (−18%) showed great declines between 2005 and 2015, of similar size to the European Union before 2004 and after 2004, respectively. No change between 2005 and 2015 could be identified for the Gini index, because data are only available for 2015. Regarding key indicators of health and well-being, the country has similar outcomes to other countries in south-eastern Europe, which altogether show the same trends of population ageing (Fig. 7).

Fig. 7. Key indicators of health and well-being compared with selected countries in the WHO European Region, 1970–2014

Source: European Health for All database [online database] (16).

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\(^1\) Data sources: WHO databases. Data for all quantitative indicators were retrieved from the Health 2020 database (15), except for indicators 12 (Health for All database (16)) and 13 (World Happiness Report (17)). Performance for the 16 quantitative indicators was assessed from the years 2005, 2010 and 2015 or another year in a three-year range if data were not available. The three-year ranges used were 2004–2006 for 2005; 2009–2011 for 2010; and 2013–2015 for 2015.

\(^2\) The Commonwealth of Independent States is a country group for statistical purposes that includes Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.
Stronger equity and better governance for health through intersectoral action

Inequalities are high and growing. Box 1 shows that North Macedonia is worse off than the other countries in the European Region and compared with the European Union average. This affects population health status and adds urgency to addressing health inequities. A national report on social determinants of health was commissioned in 2017 to reveal bottlenecks in addressing inequalities and to strengthen governance for health through intersectoral action.

Box 1. Evidence of impact of social determinants on health

According to the World Bank classification, the country belongs to the upper-middle-income group with gross national income of US$ 4980 per capita in 2016 (18). However, according to the Gini index, inequality of the income distribution among individuals and households in the economy is cause for concern, with a tendency towards deterioration: the Gini index increased from 39.1 in 2005 to 43.6 in 2012. Further, there is evident inequality of income distribution between different parts of the country; the regional analysis of this index shows that income inequality is highest in the North-eastern Region (46.6) and lowest in the Pelagonia Region (33.7). The analysis of material deprivation, poverty and social inclusion identified that 31% of all surveyed households are materially deprived, and half the population cannot afford unexpected expenses (50%) (19). The unemployment rate is very high; despite recent reductions compared with 2005, when this rate was at its highest (37.3% of the labour force), the unemployment rate is still the highest in south-eastern Europe and ranks among the highest worldwide (20).

This largely affects health, as shown by how mothers’ educational attainment is associated with infant mortality (Fig. 8).

Fig. 8. Association between mothers’ educational attainment and infant mortality per 1000 live births compared with several countries in the WHO European Region, 2012−2014

MKD: North Macedonia.
In terms of country progress, measured through the Health 2020 targets and indicators (Fig. 9), the most striking results are for alcohol use in absolute terms (indicator 3), which is very low and even declining compared with the five clusters. The country is performing very well on the prevalence of overweight (indicator 4). Interestingly, its performance on mortality from external causes (indicator 6) is very good, both in 2005 and 2010; the country is doing even better than the Nordic countries or the European Union before May 2004. The unemployment rate (indicator 10) is about three times higher than other countries and clusters. People from North Macedonia are not very satisfied with their lives (indicator 13), although a 13% improvement was observed between 2010 and 2015. This may in part result from the continuing high out-of-pocket health expenditure, with more than one third of the health expenditure (indicator 16) being paid out of pocket, despite the increase in health expenditure (indicator 17).

Fig. 9. Health 2020: percentage of relative change of indicators, 2005–2015

With the above in mind, the country has recognized the need for developing a comprehensive health policy to address not only the health but also the well-being of the population. This is reflected in the National Health 2020 Strategy, endorsed in 2016.

**Country-specific policy context**

Context is of prime importance in national planning and policy dialogue (6). The international context that shaped the development of the National Health 2020 Strategy derives from country membership in global organizations: the United Nations, WHO, the Organization for Security and Co-operation in Europe and the Council of Europe. In developing the National Health 2020 Strategy, special importance was given to the international instruments for human rights: the WHO Framework Convention on Tobacco Control, the International Health Regulations (2005), United Nations and WHO resolutions and especially to Health 2020, the 2030 Agenda and the Sustainable Development Goals, including the Sendai framework for disaster risk reduction 2015-2030 (21) and South east Europe 2020. Jobs and prosperity in a European perspective (SEE 2020) (22).
European Union

In addition, North Macedonia was granted candidate status for European Union membership in 2005. This has significantly influenced health policy development in the country ever since and still plays a significant role in policy development, through the European Union *acquis communautaire* and transposition of European Union regulations into the national legislation, pertaining to political criteria of democracy and rule of law, economic criteria for financial sustainability, functional market economy and competitiveness and social criteria, including social protection, health and well-being. The country has a strong commitment to follow the roadmap towards European Union membership, through a consistent and continuing process of national policy development aligned with the European Union, of which the process of development of the National Health 2020 Strategy was a part.

Since acquiring its candidate status in 2005, the process of alignment with European Union membership requirements has progressed in multiple political and social spheres, including democratization, rule of law and respect for human rights, free trade and movement of goods and people, agricultural development and food safety, consumer and health protection and others, and the country remains on the pathway towards achieving the required standards for European Union accession.

South-eastern Europe Health Network (SEEHN)

At the subregional level in south-eastern Europe, the country is a member of the Regional Cooperation Council, which serves regional cooperation and European and Euro-Atlantic integration of south-eastern Europe to spark development in the region to benefit its people.

The Regional Cooperation Council has been leading the western Balkan economies in developing the SEE 2020, inspired by the European Union’s Europe 2020 Strategy, using a similar approach and addressing related issues towards expediting progress through better cooperation in areas that are of common interest. Five south-eastern European countries adopted the SEE 2020 in November 2013 in Sarajevo, Bosnia and Herzegovina: Albania, Bosnia and Herzegovina, Montenegro, Serbia and North Macedonia.

The country is a founding member of SEEHN, which emerged from the Stability Pact initiative and further developed under the Regional Cooperation Council umbrella. SEEHN is the only initiative of many that had emerged under the Stability Pact to develop into an international, intergovernmental organization with the seat of its Secretariat in Skopje, the capital of the country.

SEEHN is a partnership of member countries and other European countries and organizations. The country has hosted the SEEHN Secretariat since 2010 and continually invests in and contributes to SEEHN activities. The second SEEHN Forum of Ministers of Health, held in Skopje in 2005, was a milestone event, gathering together for the first time the ministers of health and finance in the region alongside all major organizations and institutions working on health and development. On that occasion, the case was made for health as an investment in development, through ministers’ commitment to further investments in health and
Developing the National Health 2020 Strategy in North Macedonia

well-being, reflected also in the award-winning publication *Health and economic development in South-eastern Europe* (24).³

The 2017 SEEHN Ministerial Forum, held in Chisinau, Republic of Moldova (Fig. 10), reflected on 15 years of regional collaboration in public health and endorsed the Chisinau Pledge, which presents the SEEHN framework for action towards 2020. It emphasized the complex and significant contribution of SEEHN to health and well-being, which has had a positive impact on peace, stability and economic development in the region and continues to play a key role in its further economic prosperity and societal advancement. The Forum highlighted the active role of SEEHN in both influencing public health developments in south-eastern Europe and in the rest of Europe and in supporting its member countries in their response to the international and regional commitments.

Fig. 10. Participants at the Fourth South-eastern Europe Health Ministerial Forum, 3-4 April 2017, Chisinau, Republic of Moldova

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**WHO’s role: strong technical support for Health 2020 implementation and delivering on the 2030 Agenda**

**Strategic and structured support**

WHO was instrumental in the policy developments described in this case study. During the three years from 2015 to 2017, it oriented, jointly with the Ministry of Health, collaboration to provide coherent and continual policy development for health and well-being throughout two strategically oriented biennial cooperation agreements (2014–2015 and 2016–2017).

Efforts have been made to integrate all the priority areas of technical work under the umbrella of the national health strategy and its priorities. WHO technical expertise has been

³ The publication was commended in the 2007 British Medical Association Medical Book Competition, public health category. Health is increasingly seen as a robust predictor of economic growth. This report examined the contribution of health to economic development in south-eastern Europe, where the dynamics of health cooperation gained momentum following the Second Ministerial Health Forum, co-organized by the WHO Regional Office for Europe, the Council of Europe Development Bank, the Council of Europe and with the special participation of finance ministers. The report presented the socioeconomic context and the evolution of the health sector. It examined the trends and patterns in the burden of disease and socioeconomic inequalities in health, the development of health systems and policies and how they should evolve to meet future health challenges. The report demonstrated the economic importance of health for the countries of south-eastern Europe. Health, as an ingredient in human capital, is especially relevant for sustained economic development and social cohesion. These two political objectives figure prominently in the European Union’s agenda and play a central role in its Lisbon agenda.
invested in all the technical areas of work under the National Health 2020 Strategy. It required the active involvement of all divisions of the WHO Regional Office for Europe, led by the Division for Policy and Governance for Health and Well-being and the Regional Director’s Office – Unit for Strategic Collaboration with Countries (Fig. 11).

Fig. 11. Structural involvement of the WHO Regional Office for Europe in technical support for developing the National Health 2020 Strategy

Main features of the support

WHO supported the process of developing the National Health 2020 Strategy through technical assistance with policy dialogues (Box 2), capacity-building, strategic guidance, individualized consultancy, strengthening national capacity in identifying appropriate mechanisms for developing health policy relevant to the country needs and circumstances and advocacy and advice to enhance the leadership skills of the health ministry in working with multiple stakeholders for developing health policy using various entry points and shared governance approaches.

Box 2. Policy dialogue for policy change

In the policy dialogue initiated in 2014 and continuing throughout the development and adoption of the national health policy, more than 300 representatives from more than 100 institutions participated, contributing to developing several key strategic documents, including:

- the National Health 2020 Strategy;
- the operational plan of the National Health 2020 Strategy;
- action plans developed as part of the National Health 2020 Strategy:
  - action plan for public health 2020
  - action plan for health and environment 2030
  - action plan for noncommunicable diseases and risk factors 2025
  - action plan for food and nutrition 2025
  - action plan for healthy ageing 2020
  - emergency preparedness and response action plan
  - strategy for prevention and control of antimicrobial resistance 2021
The case study of North Macedonia

The case study comprises two parts. Part 1 gives an overview of the process of developing national health policy in the country. Beginning with the background to health policy-making, it goes on to describe the steps taken, applying the whole-of-government and whole-of-society approaches. It describes the innovative approaches and tools used throughout this process, with intersectoral collaboration at its core, including face-to-face and virtual meetings, and new media facilities to ensure the involvement of all relevant institutions and interested stakeholders. Both the development of the policy and its operational planning were key within this process towards achieving the strategic priorities and objectives.

Part 2 focuses on the outcomes of this process. It describes the content and features of the National Health 2020 Strategy as an instrument for better health through intersectoral action. It gives an overview of the evidence used to feed the content of the strategy and provides arguments for structuring the five main pillars for action. It also describes partnerships in health – at the national, subregional and regional levels – and their pivotal role in the process.

Although the case study presents vast evidence, the annexes provide additional useful information.
Part 1. Developing the National Health 2020 Strategy in North Macedonia

History of health policy-making in North Macedonia

The process of formulating health policy has evolved through several stages over the years. During the 1990s, major driving forces for new health policies were international agencies such as the International Monetary Fund and the World Bank, compensating for the lack of knowledge and skills inherited from the centralized policy and decision-making process in the former Yugoslav system. The loans provided by these institutions were conditional and linked to specific regulatory changes in the health-care system. Similar to many post-socialist countries, the emphasis was on improving the efficiency of service delivery and effectiveness of resource utilization. The World Bank Health Sector Transition Project in 2006, with WHO support, did not end up in a national health strategy enacted by the authorities.

With time, public administration built up its capacity to develop health policies, aligning them with international and European frameworks that were especially relevant for the European Union and North Atlantic Treaty Organization (NATO) integration processes. In the 2000s, the top-down process of overall policy formulation started with the adoption of a government programme, in which the government set the goals and objectives for all sectors, with the Ministry of Health undertaking action to transform these goals and objectives into policies and actions. This approach of policy formulation replaced the previous donor-driven legislative changes, expressing the capability of the country to take a lead role in achieving its strategic development goals. A mechanism of obligatory publishing of draft laws on the website of the unique national electronic registry of regulations (ENER) (25) was developed, with the possibility for any interested organization or individual to comment on draft documents. The few independent analyses and evaluations of policies and legislation for reforms continue to have a limited impact in the overall formulation of the policy agenda.

In 2009, the Ministry of Health initiated an open consultation process with numerous stakeholders to propose solutions for better health care for all. The process was governed by the Committee for Advancement of the Healthcare System, consisting of five subcommittees in various areas of interest (health-care system governance, administering health care, health-care funding, pharmaceuticals and protecting patients’ rights) (26). Through an open web platform, any interested party (citizen or legal entity) could submit an identified problem or proposed solution, which would be deliberated in sessions of the particular subcommittee. Each of the five subcommittees prepared a report based on the analysed contributions and discussions, resulting in a compilation of contributions – the Green Book on health, an 800-page-long book on the committee’s work. A concluding chapter contained the opinions of many stakeholders about different issues in the area of public health. This process was seen by many as a good example of participatory democracy in health and an opportunity to engage the public in decision-making. However, the White Book on Health was used to
reinforce the further development of top-down, vertical strategies and plans in the health sector, thus failing to respond to the increasing call for providing policy coherence among vertical strategies and plans and across different levels of governance. Although civil society engagement gained momentum in the process, other sectors stayed out of the process. However, the design of the process and lessons learned served as a template for other processes of reform that require a broad participatory approach for understanding, addressing and negotiating the various interests of stakeholders (11).

The thematic approach of the government to planning policy was a regular practice in the following years. Developing a health account for HIV and AIDS in 2015 was an effort to institutionalize and set up a harmonized, intersectoral, integrated platform for annual and timely collection of data on health expenditure. The health account provided the intersectoral funding and spending in the area. It was, thus, a valuable learning tool for policy-makers to invest in intersectoral work as a necessity in policy-making. The reports of international organizations increasingly called for an intersectoral approach to policy-making. As an example, the review of the HIV and AIDS programme in October 2015 (27) recommended that the government “clarify roles, responsibilities and information flow between stakeholders and strengthen the collaborative structure of the national HIV response, including strong leadership”.

The most recent analyses (28,29) performed in developing the National Health 2020 Strategy demonstrated more than 200 policies and legal documents, including strategies, plans and regulations to shape national health policy, with a strong vertical thematic approach. The expert teams involved in the process decided that integrating these under one coherent policy framework is essential to the policy reform for health and well-being.

Developing the National Health 2020 Strategy

The Health 2020 Strategy of the Republic of Macedonia tells us what matters most for the health of our nation. It also highlights the fact that health services are just one of many factors that can keep us healthy, help us recover from ill health or make it easier for us to live with chronic illness. If we really want to make a positive difference to health, we will need to coordinate action across different areas of government and address a broad range of social, economic, environmental and lifestyle issues adopting new modalities of good governance. (30)

The country embarked on the process of developing a national health strategy and operational plan on 27 May 2014. A high-level technical gathering of health and other sectors confirmed the need for an integrative policy framework that would work at both the horizontal and vertical levels of governance and across the sectors to bring the whole of society together in joint action for health and well-being. National experts concluded that Health 2020 provides much-needed guidance on how to provide for the coherence of efforts in all the areas of health that had been developed since the country became independent. The transparency of the process and providing opportunities for all stakeholders to participate was made a prerogative. Approaches that are innovative for the country have thus been developed to support the process and address its complexities.
Governance of the process

The process developed under the umbrella of the Government Committee for Health and Environment (Fig. 12).

The steering role of the Committee as an intersectoral body was pivotal for the process of preparing and enacting the National Health 2020 Strategy. Chaired by the Prime Minister and co-chaired by the Minister of Health, it represented a stable, active and goal-oriented political structure established at the highest political level and an excellent example of the whole-of-government approach to health.

Key drivers of the process were the Ministry of Health and the professional public health community. It scoped all the stakeholders at the national and local levels. The overall process was supported by the existing structures of the Ministry of Health –its departments – and the focal points for collaboration with WHO at both the political and technical levels that constituted the Secretariat to the process (Fig. 13). WHO offered extensive technical support.
Fig. 13. Governance of the process for developing the National Health 2020 Strategy

Multistakeholder consultation process

Involving diverse stakeholders in policy-making is pivotal to creating sustainability and supporting ownership. A public consultation process was guided by the advice of the expert team from the European Centre for Disease Prevention and Control (ECDC) (31).

The following points addressed key issues regarding the values and principles of involvement:

- Those involved must see the bigger picture and know why this is being done, stating clear objectives.
- There must be openness and honesty, with clear expectations.
- The process must be inclusive, connecting people and their ideas in a transparent and democratic process.
- The process must be flexible and responsive to different needs and preferences.
- There should be respect for divergent views and values.
- The system must be willing to take up and build on people’s ideas.

Box 3 sets out the methods and outcomes used in the public consultation process. Ten steps for public consultation were implemented.
Box 3. Methods and outcomes used in public consultation for health policy development

1. Methods for public consultation: 10 steps for public consultation (32)

To ensure the proper involvement of all relevant stakeholders, the public consultation process was based on the following 10 steps:

1. Taking action - overcoming obstacles to action
2. Selecting your issue - identifying issues where public involvement will enhance the effectiveness of interventions
3. Understanding your political context - identifying the key groups and people that need to be engaged
4. Engaging citizens - researching the issue and mapping the potential roles of relevant groups and people
5. Selecting the level of public involvement - informing, listening, consulting, engaging and partnering
6. Elaborating on strategic plans - designing a process and selecting a public engagement approach related to the selected level
7. Synthesizing results - analysing input and drafting results
8. Ongoing dialogue with participants
9. Evaluating - reporting on activities and training and disseminating findings
10. Building sustainable capacity throughout the process

2. Outcomes for public consultation: SWOT analysis of the consultation process

Among other things, SWOT (strengths, weakness, opportunities and threats) analysis of the consultation process was performed, yielding the following outcome (Fig. 14).

Fig. 14. SWOT analysis of the consultation process

Strengths
- Significant and active engagement of a broad group of stakeholders.
- Ministry of Health involved but just one of many.
- Transparent, open, independent process; the minutes of meetings and other relevant documents are posted on a website.
- A common commitment to improving health.
- Voluntary efforts.
- Shared ownership.
- Experts assigned to each of the five thematic groups.
- The structure of the website makes participation easy.
- A new, fresh and exciting process.
- Good support from international agencies.

Weaknesses
- Still limited response from NGOs, citizens and other sectors than health.
- Mistrust and scepticism among many, and especially the media.
- Short time allocated to the process; one year is not enough time for this large task.
- The health-care sector – especially doctors – does not have a tradition of listening to patients and is hard to engage.
- The human and financial resources of the Ministry of Health are too small for the job.

Opportunities
- More active promotion of the process in the media could lead to broader public participation.
- Involvement of public figures, politicians, celebrities etc. could enhance perceived credibility.
- Web activities needed to be promoted better.

Threats
- Lack of funds and human resources.
- Political discord and ownership.
- Payments to participants could create conflicts of interest.
- Media sceptics.
During the development of the National Health 2020 Strategy, nearly 100 contributions were collected in thematic areas of the health system, public health, environment and health, noncommunicable diseases, communicable diseases and emergency preparedness, social determinants of health and others. Proposed ideas were related to various aspects of the policy, including governance, mechanisms for implementation, desired outcomes and indicators to measure them and others. Beyond the endorsement of the National Health 2020 Strategy, the online tool for contributions continued to gather ideas, thus ensuring sustained dialogue with the expert community and other stakeholders for the health and well-being of citizens (Fig. 15).

The professional public health community played an instrumental and multifaceted role in the National Health 2020 Strategy process. It drove the process and acted individually or as part of the institutions involved in the process (Fig. 15). Public health professionals served as policy entrepreneurs, supporting innovative approaches and engaging, among other things, in the following:

- leading and working in technical working groups;
- communicating public health information provided by surveillance and health information systems to policy-makers, health-care providers, the administrative agencies and others involved in the process;
• performing policy analysis;
• supporting partnerships for public health and intersectoral action; and
• promoting evidence-informed interventions and outcome-oriented policy.

Gathering evidence for policy

The book of evidence for the National Health 2020 Strategy was developed, serving as an evidence base for a comprehensive and meaningful policy (Fig. 16). In addition to the data and information that derived from the regular information system of the country and international sources, specific to the process described here were the submissions received through the Health 2020 e-platform features for sharing (“Your Ideas”) and the online survey “What is the health I want in 2020?”.

Fig. 16. Book of evidence, structure and content

The country joined the Evidence-informed Policy Network (EVIPnet) in 2015, by establishing a core team that initiated the development of more than 20 policy briefs to inform the National Health 2020 Strategy. The policy briefs were also published in the form of a compendium to inform research and policy processes in health and other areas.
Establishing a roadmap for developing health policy

The process of development of the Health 2020 Strategy of the Republic of Macedonia encompasses various modalities selected to generate debate and reach consensus on the vision, mission, objectives and priorities for health. The process gives us the opportunity to determine what health and well-being we would like to have by 2020, while taking into account the social, economic, environmental and cultural circumstances; the initial health status of each population group; as well as the possibilities for reducing health inequalities in the particular context.

The Health 2020 Strategy of the Republic of Macedonia considers the public’s shared opinions, attitudes and expertise regarding the quality of health that citizens would like to have for themselves and for the others by 2020. (30)

At the very start of the policy dialogue, the stakeholders decided to adopt a phased approach to the National Health 2020 Strategy, as shown in Fig. 17. The process had seven phases: the preparatory phase, in which stakeholder analyses, governing structures, tools and instruments in support of the process and the work plan were developed; fact finding, the result of which was the book of evidence; the consultative process, which scoped clarifying and framing the problems within the context and options to address the problems identified; presentation of results, when stakeholders were informed of the results from the consultative process; and drafting, in which the National Health 2020 Strategy and its implementing instruments were drafted. The process ended with endorsement in December 2016. The country is currently in the implementation phase.

The Ministry of Health, as the lead agency of the Government Committee for Health and Environment, started the process in the second quarter of 2014. The preparatory phase resulted in establishing the governing structure of the process and a roadmap (Fig. 17). A promotion and communication strategy was developed to serve policy dialogue and public hearings.
Fig. 17. A roadmap of the National Health 2020 Strategy development process.
Innovative approaches in developing the National Health 2020 Strategy

A technical structure was established to respond to the decision made by the stakeholders to focus on five main areas of work in developing the National Health 2020 Strategy. For each of these five priority areas of work, an expert-facilitated process was established, involving representatives of the health sector and other line ministries and agencies, practitioners and experts, civil society and academia. The core expert teams, consisting of a coordinator and technical experts, were established and involved in all stages of the process as advisory and drafting teams (Fig. 18). This was an innovative approach for the country: gathering together experts across sectors to work for health.

Fig. 18. Organization of the technical work of the national health policy development process

Innovative tools to support policy dialogue

Interactive e-platform as a policy tool

The National Health 2020 Strategy process was an all-inclusive, participatory process and entailed the involvement of both experts and the general public.

As part of the whole-of-society approach, the Ministry of Health, with technical support from the WHO Regional Office for Europe and the WHO Country Office playing an active role, established a wide array of communication and exchange channels for broadening information and involving all stakeholders at the national and local levels and across sectors in the policy dialogue. This action was inspired by the vision for advancing national decision-making and health planning support systems. The action was based on the belief that securing broad public consultation can give decision-makers a stronger basis to make better decisions that are representative and more equitable when arising from pluralistic and democratic processes. It also derived from a pragmatic need to bring timely information to the broader audience and was based on the evidence for Internet use by Macedonians: 73% of households have access to the Internet at home, and nearly 70% of the population...
15−74 years old uses the Internet every day. Some 82% of the population access the Internet through mobile phones or smartphones, of which 91% are people 18−24 years old (33).

The National Health 2020 Strategy platform is a publicly accessible, web-based platform (34), designed as a policy tool to support policy-makers in developing the National Health 2020 Strategy and its implementing package. It was developed to help public users to access, disseminate and integrate information related to the National Health 2020 Strategy.

The e-platform facilitated the development of the National Health 2020 Strategy and proved to be a useful policy tool for the following policy development and implementation elements.

- **Public outreach, data collection and information sharing**: the National Health 2020 Strategy e-platform is an interactive, web-based e-platform that brings the policy process to the professional and wider public, which enabled the continual exchange of information during the process of developing the National Health 2020 Strategy. It applies and builds on existing evidence that enhanced links can improve policy development and outcomes. It hosts an e-library of useful documents and information from health and other sectors and serves as a data collection tool from sectors other than health. It also displays the evidence for the National Health 2020 Strategy and facilitates outreach action, regularly publishing information related to the priority areas of the National Health 2020 Strategy and instruments for its implementation, such as action plans on public health, health and environment, noncommunicable diseases, communicable diseases, emergency preparedness and response and others. As such, it represents a useful instrument for developing and implementing the National Health 2020 Strategy and monitoring the outcomes.

- **Managing and facilitating policy dialogue**: since policy dialogue is key to successfully developing and implementing policy, the e-platform is intended also to serve the purpose of managing and facilitating policy dialogue between diverse stakeholders, potentially becoming a virtual meeting place and evidence-gathering space to promote the continuity and consistency of the process of developing and implementing the National Health 2020 Strategy.

- **Enabling citizens’ direct contribution to policy dialogue**: through various forms and survey questionnaires, it provides citizens with the opportunity to raise issues in given areas related to health and well-being and offer their opinions, suggestions and ideas and thus contribute to developing the National Health 2020 Strategy in general. It allowed informal public contributions to the official National Health 2020 Strategy development process and facilitated robust public participation in the policy-making process.

- **Facilitating intersectoral contribution to developing the National Health 2020 Strategy**: given the intersectorality of health and well-being and aiming at addressing the challenge of silo approach usually taken by governments, the National Health 2020 Strategy e-platform was also created to facilitate the intersectoral contribution to developing the National Health 2020 Strategy. Through components such as the e-library and listing all stakeholders for health, the Health 2020 e-platform acknowledges the influence of health on other sectors and vice versa – the contribution of other sectors to health and well-being – and provides a space for developing and sustaining intersectoral action across government and society.

- **Coordinating stakeholders and networking for implementing the National Health 2020 Strategy**: in addition to the above, the e-platform serves as a co-
ordination and networking tool among health and other sectors and disciplines that can contribute to the online evidence base, e-library or to the policy dialogue, providing for improving understanding of the roles and responsibilities of other sectors, institutions and organizations and enabling them to communicate to create and implement joint overall and specific actions.

The Ministry of Health continues to host and manage the Health 2020 e-platform. Its main features are presented below.

**E-library of evidence to inform experts and the general public**

The national health strategy began its development in a context of vertical and thematic national planning, often not explicitly related to other sectors’ policies that might affect health. The myriad policies, plans and actions (Annexes 2 and 3) were not always consistently developed or implemented. In addition, the overall national agenda for development, to which health is increasingly shown to be an exceptional contributor, had already been developed. It was thus of paramount importance to consider this policy context and to invest efforts into providing policy consistency as a step towards improving efficiency and effectiveness in using resources for achieving strategic goals and objectives for health and well-being.

A comprehensive online inventory (library) of evidence and of strategy papers and policies was created with the aim of informing the process of developing the National Health 2020 Strategy. Using the Health 2020 approach, this inventory has provided better and more comprehensive insight into the overall country context relevant to the health and well-being of everyone included in the process. It provided more consistent understanding of health and investments for health and well-being by all sectors and levels of governance (Fig. 19).

Fig. 19. Diversity of resources for the e-library for national health policy development

WHO assessment reports enriched the inventory of evidence for health and contributed to documenting the process of developing the National Health 2020 Strategy (Annex 4).

The publication process also promoted policy dialogue in specific areas of developing national health policy. Collaborative publications aimed at opening up and maintaining communication channels between the public sector, academia and experts were used for discussing contex-
tualized evidence and possible solutions for specific issues identified in the process of developing national health policy. These were also published as compendiums of policy briefs, as special editions of Evrodijalog – Journal for European Issues, published since 2002 by Studiorum.

Providing a virtual meeting place for the stakeholders for health across government and society

Governance for health is defined as the attempts of governments or other actors to steer the process and involve actors in the pursuit of health as integral to well-being through both whole-of-government and whole-of-society approaches (33). Governance for health promotes joint action of health and non-health sectors, of public and private actors and of citizens for the common interest of creating successful societies in economic terms while considering human rights and equity dimensions. It requires creating synergy of policies, many of which are within the authority of sectors other than health and with stakeholders outside government, and thus calls for establishing an enabling environment of structures that support collaboration. It gives strong legitimacy to health ministers and ministries and to public health agencies, to help them reach out and perform new roles to shape policies to promote health and well-being (35).

Under the motto “All for health”, the e-platform provided a mapping of all institutions across all sectors of central and local government, the international community and civil society (Fig. 20), with the following objectives:

- to share the vision of health as everybody’s business;
- to provide information on other sectors’ policies that affect health; and
- to provide an opportunity to update and share health-related information across the sectors and levels of governance and contribute to the National Health 2020 Strategy process.

All sectors and institutions were responsible for updating the inventory of their policies, tools and information, which contributed to the e-platform becoming a tool to enhance shared responsibility for health, including the process for developing the National Health 2020 Strategy.

Fig. 20. All for health: mapping stakeholders in the national health policy process
Online public survey: Your opinion – What is the health I want by 2020?

Public opinion matters, since it contributes to shaping policies that lead to desired outcomes and increases ownership in implementation. The survey *What is the health I want in 2020?* (Fig. 21) was disseminated through the Health 2020 e-platform for the public to share their opinion, not only on how they perceive their health but also on what they value most for health and well-being, thus contributing to defining the vision, mission, scope and strategic objectives of the National Health 2020 Strategy. The input from citizens and their considerations of what constitutes good health for them were considered in developing the policy (Fig. 22 and 23).

Fig. 21. Your opinion – What is the health I want by 2020?

![Fig. 21](image)

Fig. 22. Perceived and actual participation in care of one’s own health in the 2016 survey: What is the health I want in 2020?

![Fig. 22](image)

*Source: authors’ compilation of the results of the 2016 survey What is the health I want in 2020?*
Fig. 23. Citizens’ expectations from implementing the National Health 2020 Strategy from the 2016 survey: What is the health I want in 2020?

Source: authors’ compilation of results of the 2016 survey What is the health I want in 2020?

Online tool for public contributions to policy dialogue: Your ideas!

Adding possibilities for honest contribution to the policy-making process, the online tool for public contribution to policy dialogue was developed and published on the e-platform under the title Your ideas! (Fig. 24).

Fig. 24. Your ideas! Public and expert contributions to policy dialogue
Contributions were collected throughout the process of developing health policy, using both face-to-face and e-mail communication to invite experts and stakeholders to contribute their ideas on how to define the strategic objectives and also how those could be better addressed through specific actions, drawing from experience and practice. The process gathered more than 100 contributions on all aspects of the policy process and referring to all five main pillars of the strategy. The contributions were supported by evidence from international and national sources, enabling an evidence-informed approach in developing national health policy.

**Operational planning**

An operational plan was developed using the same inclusive participatory process. It equipped the National Health 2020 Strategy with strong management, responsibility and monitoring and evaluation frameworks and had local Sustainable Development Goals (Fig. 25).

**Fig. 25. Strategic framework and operational planning**

The operational plan was developed after the National Health 2020 Strategy was endorsed.

Integration and providing cohesion were two main objectives of the operational plan of the National Health 2020 Strategy, which has gathered more than 200 existing national health strategies, plans and other strategic documents under one umbrella (Annex 2).

The operational plan was developed to meet the following objectives related to implementing the National Health 2020 Strategy:

- to provide for consistency among the strategic, operational, legal and other documents at different levels and of different sectors comprising the National Health 2020 Strategy;
- to establish a clear framework of responsibility for all the stakeholders involved for, among other things, the quality, scope, type, timeliness, consistency, efficacy and budgeting of the activities within their respective mandate and of their health outcome;
• to establish responsibility, management, monitoring, evaluation and reporting frameworks;
• to facilitate coordination and collaboration among different entities and sectors at different levels of governance;
• to facilitate creativity and innovation to obtain competence, efficacy and effectiveness; and
• to provide for transparency of all the activities, their implementation and their outcomes.

The same principles of transparency and accountability are also envisaged in the implementation phase, which is to be monitored through the joint monitoring and evaluation framework of the National Health 2020 Strategy and its constituent action plans, developed with technical and expert guidance from WHO and aligned with the monitoring frameworks of the Sustainable Development Goals, Health 2020 and Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (Fig. 26 and 27).

Fig. 26. Structure and content of the operational plan of the National Health 2020 Strategy

To provide comparability to the European Union and the countries in the WHO European Region while effectively measuring the progress of action taken to improve the health and well-being of the country and specific population groups, the indicators for the National Health 2020 Strategy have been drawn from three sets of indicators: the Health 2020 targets and indicators of the WHO Regional Office for Europe (36), the European Core Health Indicators (37) and WHO’s 100 core health indicators (38).
Despite the important number of findings and studies on the cost-effectiveness of public health measures, both the selection of the best interventions and how successful they are often depend on the national – and sometimes the local – context. In addition to regular reporting on the progress of implementation (Fig. 28), the National Health 2020 Strategy envisages monitoring the cost-effectiveness of selected population-oriented interventions, using an online, interactive monitoring database, in which responsible ministries and agencies would be required to provide input for matrix-based correlative monitoring of progress.

This is enabled through the broad scope of National Health 2020 Strategy activities based on the whole-of-government and whole-of-society approaches, also enabling analysis of how social determinants affect the health of specific population groups and how the National Health 2020 Strategy reduces health inequalities.
Part 2. The National Health 2020 Strategy as an instrument for improving health through intersectoral action

The National Health 2020 Strategy is the most comprehensive policy framework developed so far in the country for organizing and facilitating inclusive, dynamic and results-oriented action with common objectives and clear priorities towards improving the health and well-being of the population by 2020. The National Health 2020 Strategy implicitly aims to reduce the negative health effects of social determinants, specifically focusing on the most severely affected vulnerable groups. In addition, it puts intersectoral action at the very heart of each strategic area of action.

Part 2 of this case study describes the content and features of the National Health 2020 Strategy, which was developed in an open consultative process (as described previously), resulting in a strategic framework of national significance and wide stakeholder ownership, preconditions to its ability to be implemented and the sustainability of results achieved.

Values and principles of the National Health 2020 Strategy

The National Health 2020 Strategy reflects the political will for the strategic development of health by 2020. Its structure and components clearly indicate the multisectoral approach needed for coordinated action among various sectors (both systematically and socially) and the hierarchy of cooperation necessary at different levels within the health system.

Introducing unique values based on evidence and experience, the National Health 2020 Strategy could be considered a platform for partnership and collaboration for health. The engagement of society is a central aspect of National Health 2020 Strategy planning, development, implementation and monitoring of both its implementation and its success in realizing the defined aims at all levels. Further, it provides the basis for empowering each individual, citizens, consumers and patients and health workers and other experts, crucial factors for improving health outcomes. This is not intended to undermine the crucial role of government and its responsibility for providing better, more efficient, effective and sustainable governance for health, public health protection and services and individual health care but rather to complement it in this endeavour.

The box 4 describes the vision and core values of the National Health 2020 Strategy.
Box 4. Establishing a strong value base: vision and core values of the National Health 2020 Strategy

Vision statement
Our goal is that, by 2020, the health and well-being of the population will be significantly improved, public health strengthened and there will be a patient-centred health system that is sustainable.

Core values

*Health is a fundamental human right*

The right to health was first proclaimed in 1948 in the preamble to the WHO Constitution and later the same year in Article 25 of the Universal Declaration of Human Rights. In 1976, the International Covenant on Economic, Social and Cultural Rights entered into force, reaffirming in its Article 12 the enjoyment of the highest attainable state of health as a human right under international law.

*Health is the greatest wealth*

Health contributes significantly to economic growth and socioeconomic development. The Tallinn Charter: Health Systems for Health and Wealth aimed to build on that common core set of values in 2008 and focused on the shared values of solidarity, equity and participation. It emphasized the importance of investing in health systems that offer more than health care alone and that are committed to preventing disease, promoting health and making efforts to influence other sectors to address health concerns in their policies. In addition, health ministries should promote the inclusion of health interests and goals in all societal policies.

*Intersectoral approach to health*

We accept that this new concept of governance for health brings together and extends the prior notions of intersectoral action and healthy public policy within the more comprehensive and linked notions of whole-of-society, whole-of-government and health in all polices responsibility for health, strengthening the policy dialogue on health and its determinants and building accountability for health outcomes.

*Sustainable development*

We will work to meet the needs of the present without compromising the ability of future generations to meet their own needs. To achieve sustainable development, we will establish new forms of responsibility, solidarity and accountability at national level and across generations. In addition, we will stay active in pursuing the same goal at the regional and global levels.

*Source: Health 2020 Strategy of the Republic of Macedonia (30).*
Creating resilient communities and supportive environments: the National Health 2020 Strategy in the community

The National Health 2020 Strategy clearly recognizes the interdependence of sectors, governance levels and actors at the global, regional, national and local levels and the need to address today’s health challenges through highly coordinated action. In this process, communities and local-level action are key to sustaining the momentum on health action and achieving wider (national, regional and global) health goals. Building resilience is a key factor in protecting and promoting health and well-being at both the individual and community levels. People’s health prospects are closely linked to the conditions in which they are born, grow, work and age. Systematically assessing the health effects of a rapidly changing environment, especially related to technology, work, energy production and urbanization, is essential and must be followed by action to ensure positive benefits for health. Resilient communities respond proactively to new or adverse situations, prepare for economic, social and environmental change and deal better with crisis and hardship (1).

The 80 local governments in the country and the capital city of Skopje are mandated by law to ensure decent living conditions, a safe environment and economic well-being, through their capacity in all sectors, including education, employment, transport, environment, social protection and others. Their mandate also includes establishing councils for public health aimed at supporting and creating community resilience through intersectoral action for public health. Local governance structures and other local community actors in the country, alongside civil society active at the community level, were invited and contributed significantly to the process regarding local priorities and needs. The devolving of the National Health 2020 Strategy to the local level commenced in 2016 through policy dialogues at the local level for community diagnosis and community involvement (Fig. 29). These involved stakeholders from 50 municipalities, representing health, education, environment, social protection, city planning, employment and other sectors, as well as other local actors, such as local civil society organizations and other formal and informal citizen movements. Their commitment to improving the health and well-being of citizens was expressed by endorsing the joint statement to strengthen intersectoral action for health and well-being at the local level (Annex 6), as an initial step to creating local health plans to contribute to achieving the vision and objectives of the National Health 2020 Strategy.

Fig. 29. Intersectoral work for health and well-being at the local level: meetings of diverse stakeholders
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The country has a good legislative base for local health and well-being action. Local health councils, as community-based structures for health and well-being, were established under the Public Health Act in 2010, although not funded or used to fulfil their tasks. They have great potential to guide the intersectoral policy planning and implementation at the local level. The operational plan of the National Health 2020 Strategy focuses on revising local health council structures and developing incentives to support their work as agents for bringing about consistent policy planning and focused implementation, based on developing local (community) intersectoral health plans (Fig. 30).

Fig. 30. Health in the community: mapping public health councils at the local level

Adding value through partnerships

The National Health 2020 Strategy recognizes the need for and enables creative partnerships for health to be initiated and established for specific activities to realize its vision and goals. The Ministry of Health plays a key role and holds decision-making power and mandate in participating in, supporting and coordinating these partnerships for operationally efficient, timely, harmonized and coordinated implementation of activities and achieving the vision and goals of the National Health 2020 Strategy.

The content of the National Health 2020 Strategy reflects its priority areas of work

Health is a complex category as well as a public good that all sectors not only contribute to through their actions but also benefit from. It is, therefore, understandable that a single document cannot comprise nor reflect all aspects of health including all determinants that affect health, or describe and integrate all relationships, responsibilities and possibilities for intersectoral collaboration and coordinated action for better health and well-being. (30)
The National Health 2020 Strategy represents a framework for development and action directed at health challenges across the life-course in relation to both communicable and non-communicable diseases. It is designed to connect clinical interventions with activities aimed at achieving equity and equality and related to the social, economic and environmental determinants of health and with the necessary inputs into the health system, such as human resources, high-quality medicines and funding, including improving governance for health.

The country focused on five main pillars in the National Health 2020 Strategy: (1) public health, (2) health and environment, (3) noncommunicable diseases, (4) communicable diseases and emergency preparedness and response and (5) health system and resources (Fig. 31). Strategic goals were set up separately for each priority area (Annex 5). Based on the National Health 2020 Strategy, specific action plans have been developed for all the content areas, except the health system and resources. The operational plan of the National Health 2020 Strategy has brought together the national health strategy management, responsibility and monitoring and evaluation frameworks of National Health 2020 Strategy specific action plans and other vertical strategies and programmes under one umbrella, for coherence of policy implementation. The Sustainable Development Goals were devolved to the local level across all the areas of work of the National Health 2020 Strategy (Fig. 31). The respective monitoring and evaluation frameworks are designed to respond to the national framework for priorities for delivering on the 2030 Agenda and Sustainable Development Goals.

**Fig. 31. National Health 2020 Strategy content and priority areas**

The National Health 2020 Strategy envisages implementing Health 2020 at the national level and delivering on commitments to the 2030 Agenda. The Sustainable Development Goals have been devolved into the National Health 2020 Strategy regarding delivery on the indicators and targets of specific Sustainable Development Goals, and subsequently transferred into the action plans of the priority areas.

**Priority area 1: public health and the life-course approach**

Public health was defined as one of the most important areas of health promotion and disease prevention for the population throughout the life-course. Following robust multistakeholder situation analysis, performed in the form of self-assessment using the WHO essen-
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tial public health operations tool in 2015 (Box 5), the government developed and endorsed the public health action plan in 2016. Its vision of “better health and well-being through the established quality of health services, strengthening a patient-centred health-care system and improved public health oriented towards the community” underlines the importance of this pillar within the National Health 2020 Strategy, scoping the government’s health and well-being commitments. Fig. 32 shows the main priority areas of the public health action plan.

Fig. 32. Priority area 1: public health and the life-course approach
Box 5. Building policies on evidence - public health self-assessment as the basis for the public health action plan 2020

The public health self-assessment process was initiated as part of the biennial collaborative agreement between the Ministry of Health and WHO for 2014–2015, in a workshop held in Ohrid on 25–27 August 2014. The workshop served to open dialogue on the current situation and prospects of public health in the country in accordance with Health 2020 and the development of a new vision and strategy for public health in the country as part of the National Health 2020 Strategy.

The assessment was based on the WHO essential public health operations tool for self-assessment and involved policy-makers, experts and practitioners from health and other sectors, who assessed the current situation through specific essential public health operations and provided recommendations for improvement (Fig. 33).

Overall, the assessment showed that the health system is still very much oriented towards clinical services, and only to some extent towards primary prevention; further focus and attention was identified as needed in primary, secondary and tertiary prevention. Regarding data, although databases exist, they are not interconnected, and more effort needs to be put into harmonizing data and establishing registries. Further, the self-assessment found that governance and funding can sometimes be an issue and that more effort is needed in public health information and research.

The country has developed an e-tool for assessing essential public health operations, translated and adapted to the national context, the first of its kind in the WHO European Region.

Fig. 33. Results of the self-assessment of essential public health operations, 2014

Source: Report on the self-assessment of essential public health operations (EPHOs) on national level (39).
**Priority area 2: health and environment**

The government has recognized environmental determinants of health, and its high-level political support is embodied in the Government Committee for Health and Environment, whose membership comprises health and all key ministers, including environment, finance, economy, education, social protection and others. With this support and the active engagement of the expert community, based on a comprehensive situation analysis and discussions, an action plan for health and environment was developed, with the strategic objective of improving health through action at all levels of the health system and beyond, including assessing and managing health and environmental risks and acting on them through intersectoral action to improve and protect the health of the population by creating and maintaining a healthy environment. The strategic goals of the action plan envisage, among other things, strengthening the intersectoral approach in health and environment, establishing an efficient model for identifying and addressing environmental risks and adverse effects on health and well-being, bearing in mind cost-efficiency and cost-utility, across all sectors and at all levels. The action plan is broadly based, covering a wide range of topics related to environment and health (Fig. 34 and Box 6).

**Fig. 34. Vision and strategic goals of priority area 2: health and environment**
Box 6. Data on health and environment triggering the development of the action plan for health and environment

According to WHO estimates, the environmental burden of disease in the country is 3370 annual deaths attributable to environmental causes, or 166 per 100 000 population (40). In 2010, in the capital city of Skopje alone, an estimated 110 deaths (of 4602 total, excluding violent deaths) directly resulted from increased concentrations of particulate matter (PM$_{10}$: particulate matter with an aerodynamic diameter of less than 10 μm). In the same year, of 8630 people hospitalized for respiratory disease, 420 suffered illness resulting from increased air pollution by PM$_{10}$ (1).

A recent study in Skopje found that an increase in PM$_{10}$ by 10 μg/m$^3$ above the daily maximum permitted level (50 μg/m$^3$) was associated with a 12% increase in the incidence of cardiovascular diseases. In 2011, particulate matter air pollution cost the economy €253 million (3.2% of gross domestic product (GDP)) in lost earnings from premature mortality and lost productivity at work or absenteeism. Complying with the European Union standards (by implementing the air-related environmental acquis communautaire) and reducing PM$_{10}$ and PM$_{2.5}$ to the European Union limit would avoid more than 800 deaths and thousands of days in lost productivity and result in €151 million in health savings per year. Even a 1 μg/m$^3$ decrease in the ambient concentration of PM$_{10}$ and PM$_{2.5}$ would result in potential health savings of €34 million (0.4% of GDP) annually. The cost of the interventions required for European Union compliance could be justified through these savings (41).

Such alarming data triggered the process of developing the action plan as part of the National Health 2020 Strategy. This development directly evolved from the country’s active role in WHO’s European Environment and Health Process. As a result, the national environment and health process has progressed strongly, with the expert community at its centre driving it forward, pushing for changes, bridging sectors and informing the public of the evidence and related action to remedy the situation.

Source: [Strategic framework and action plan for health and the environment by 2030] (42).

Priority area 3: noncommunicable diseases and risk factors

Although the country avoided the mortality crisis many central and eastern European countries experienced in the early 1990s, the overall picture remains of improvements achieved but still much to do. This especially pertains to noncommunicable diseases and the associated risk factors, which were recognized as a key pillar of the National Health 2020 Strategy. The vision of the action plan for noncommunicable diseases towards 2025 (“reduce the burden of noncommunicable diseases to reduce their negative influence on socioeconomic development in the country, and the population in North Macedonia will achieve higher standards of health and productivity at any age”) shows the commitment of the government and professional community to upstream action to tackle the burden of noncommunicable diseases and, through such action, to contribute to the social and economic development of the country. This vision will be achieved through four areas of work: (1) managing noncommunicable diseases by building partnerships and networks and encouraging citizen involvement; (2) promoting health and preventing disease; (3) transforming health services in preventing and controlling chronic diseases; and (4) strengthening surveillance, monitoring and evaluation and research activities (Fig. 35 and Box 7).

Alongside the action plan for noncommunicable diseases towards 2025, an action plan for food and nutrition towards 2025 was developed, widening the scope and outreach of action related to some of the risk factors associated with noncommunicable diseases.
Fig. 35. Vision and strategic goals of priority area 3: noncommunicable diseases and risk factors

Priority area: Noncommunicable diseases

VISION
Reduce the burden of noncommunicable diseases to reduce their negative influence on the socioeconomic development in the country, and the population in the country will achieve higher standards of health and productivity at any age.

Managing noncommunicable diseases through building partnerships and networks and encouraging citizen involvement

Transforming health services to prevent and control chronic diseases

Promoting health and preventing disease

Strengthening surveillance, monitoring and evaluation and research activities

Box 7. Assessment of the health system to respond to noncommunicable diseases as basis for developing the national action plan for noncommunicable diseases towards 2025

The leading causes of death in the country are cardiovascular diseases and cancer, which in 2014 together accounted for 76% of all causes of death, a large increase compared with 1991 (65%). The standardized mortality rate from cardiovascular diseases has increased from 360 per 100 000 population in 1991 to 546 per 100 000 in 2014. Although premature mortality is decreasing with the increase in life expectancy, regional variation exists and is very high (Fig. 36). Slightly more than 50% of deaths in the worst-performing region are premature versus 8% in the best-performing region. The variation within Skopje is also striking: from 50% to 18%. The highest percentage of premature mortality is registered in the municipality that is home to people with the lowest socioeconomic status, a very low educational level and poor access to health-care services.

Based on these figures and the commitment of the country to address the overall burden of disease associated with increased health expenditure and affecting economic development, in 2015 the Ministry of Health requested technical assistance from WHO to assess the health system’s response to major noncommunicable diseases (43).

Following the assessment, with technical support from WHO, the policy dialogue for developing an action plan for noncommunicable diseases and their risk factors was initiated. By the end of 2016, the draft action plan had been developed, together with an associated action plan for food and nutrition to 2025. Both documents are in the process of being adopted.

Fig. 36. Percentage of premature deaths (<65 years old) by region, 2012

Source: Better noncommunicable disease outcomes: challenges and opportunities for health systems. The former Yugoslav Republic of Macedonia country assessment (43).
Priority area 4: communicable diseases and emergency preparedness, surveillance and response

Although the largest share of the burden of ill health is attributable to noncommunicable diseases, communicable diseases continue to play a role in modern societies, especially with the intensive societal and economic movement of goods and people and emerging and re-emerging threats to health. Together with preparedness and response, communicable diseases are considered an important pillar of the National Health 2020 Strategy (Fig. 37 and Boxes 8 and 9).

Fig. 37. Strategic goals and pillars of priority area 4: communicable diseases and preparedness
Box 8. Action-oriented approach in communicable diseases and emergency preparedness and response

In conditions of global environmental change, an increase in the number of disasters caused by weather conditions, such as floods, storms and extreme temperatures (Fig. 38) and an increase in the threat of pandemic influenza and other communicable diseases have highlighted the need for developing and adopting a preparedness and response action plan for the health system for emergencies, crisis situations and disasters. The plan should enable rapid, timely and complete action of the health system and all other entities according to the emergency, crisis situation and/or disaster.

Fig. 28. Number of people affected by disasters in the country in 2001-2015, by type of disaster

Sources: [Action plan for the health system’s preparedness and response to emergency, crisis and disaster situations] (44) and Making things happen 2014–2015. Implementing the European policy framework for health and well-being Health 2020 in the former Yugoslav Republic of Macedonia (45).

Preparedness of the health system to respond to emergencies is seen as vital to an organized and well defined approach to health threats and challenges. With WHO technical support, several technical group meetings and workshops were held and three emergency exercises organized. Based on the outcomes, the action plan for the health system’s preparedness and response in emergencies was developed in 2016 and adopted in February 2017.
Box 9. Long-term partnership on antimicrobial resistance and rational use of antibiotics

Resistance to antibiotics is a growing global problem for public health. In the WHO European Region, the resistance of some pathogens now exceeds 50% in some countries, and new resistance mechanisms are emerging and spreading rapidly. Measures including good hygiene, rational use of antibiotics, surveillance and vaccination and awareness-raising are currently among the most effective ways to prevent infections associated with health care. At the national level, joint efforts have been in place since 2008, with the establishment of the European Antibiotic Awareness Day and the World Antibiotic Awareness Week. National campaigns and education events for professionals, students and the general public have been organized jointly by the Ministry of Health, the Institute of Public Health, the Medical Faculty in Skopje and Studiorum with WHO technical support (Fig. 39).

Fig. 39. Awareness-raising activities on antimicrobial resistance and rational antibiotic use, annual average, 2008–2014

- Promotional materials distributed (pieces)
- Guidelines distributed (pieces)
- Professionals targeted (number)
- Media coverage (articles)
- Media coverage (hits)
- Anticipated population reached (number)


Priority area 5: strengthening a people-centred health system and resources

The health system is based on values of solidarity, equity and the participation of all citizens in the country. However, similar to other countries, issues of access, equity and quality remain challenges. Recognized as one of the most important pillars, the health system and resources is a comprehensive area that scopes activities related to other pillars, especially human resources, infrastructure and equipment (Fig. 40 and Box 10).
Box 10. Health system and resources

The Ministry of Health’s 2011 initiative, My Appointment, includes e-health records for all visiting patients, and its objective is to incorporate all health data, including national registries of diseases. My Appointment is opening the pathway to a better integrated and coherent health information system (Fig. 41). WHO provided technical support to assess the situation and technical guidance to fully integrate the national health information system, ensuring the sustainability, comprehensiveness and comparability of the initiative, while bearing in mind the usefulness of the data at both the individual and population levels. Looking forward, the focus is on developing evidence-informed policies to improve health system planning and management as well as disease prevention, early detection and health promotion.

Fig. 41. New media used in real-time monitoring of health system performance: structure and operation of the electronic health platform My Appointment

Source: Milevska Kostova et al. (11).
Strategizing and designing plans and policies to achieve a particular goal related to the health of a country are absolutely critical in the 21st century.

The National Health 2020 Strategy of North Macedonia exemplifies how national policy-making could effectively respond to both the health needs of the population in the country and the country’s international commitments. It was guided by and used Health 2020 evidence, in addition to both generating and using national evidence, to feed the policy dialogue process and identify the challenges. The National Health 2020 Strategy as an overarching health policy has served as a tool to provide coherence among health and health-related policies, strategies and plans at different levels of governance and across sectors.

Effectively generating and using knowledge on health and well-being in the policy-making process requires appropriate mechanisms for dialogue and coordination within and across levels of government and across the public and private spheres. The National Health 2020 Strategy policy process was carefully crafted to include everyone and make health everybody’s business, and it was worth the investment: it legitimized the policy, it made the case for its enactment and it serves as the best guarantee of its implementation. The National Health 2020 Strategy process was a great capacity-building, learning and sharing exercise for the professional community in health and other sectors and for the citizens and their local communities. Its innovative features supported democracy for health, health literacy, health promotion and activities to build community resilience.
The public health professional community played an instrumental and multifaceted role, being the driving force of the process. Public health professionals acted as policy entrepreneurs, supporting innovative approaches, engaging in policy analysis and promoting evidence-informed and outcome-oriented interventions.

The equity dimension was considered throughout the process, through gender and human rights perspectives, considering the necessity of intersectoral collaboration to address this societal goal.

The Sustainable Development Goals were devolved across all the National Health 2020 Strategy areas of work. The respective monitoring and evaluation frameworks were designed to respond to the national priority-setting framework for delivering on commitments to Health 2020 and the 2030 Agenda with its Sustainable Development Goals.

WHO had an essential role in supporting the development of the national health policy. It used various avenues of action: strategic planning and deliberate implementation of the action at the country level, convening stakeholders, maintaining continual intersectoral policy dialogue, capacity-building, generating and sharing evidence and promoting outcome-oriented health policies. The WHO Country Office acted as a change agent in society through its proactive support to the national efforts while bringing aboard international technical experience and expertise.

Implementation of the National Health 2020 Strategy remains a challenge in many ways. Further efforts should be invested in providing consistency of policy planning at the central and local levels and maintaining and improving governance mechanisms to maintain integration and coherence across levels and sectors.

Political leaders need to maintain an outward-looking and outcome-oriented focus and make further investments to enable the National Health 2020 Strategy to deliver the outcomes as envisaged and to continue to feed the policy cycle with the evidence needed to give priority to health and well-being beyond 2020, towards achieving the Sustainable Development Goals.
References


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Annex 1. Developing, implementing and evaluating national and subnational health policies drawing on the contribution of various sectors

Health policies focus on the pursuit of specific and measurable health gain, especially the increase of healthy life-years and the ability to live independently with chronic disease. Concern about health is a key policy priority at all levels of governance, requiring an effective and integrated health system serving public health needs and focusing on primary health care. Achieving these goals involves preparing a comprehensive plan for developing health and well-being, including developing and strengthening health services. Related to this is the aim of strengthening intersectoral approaches.

Such planning instruments must transcend delivering only health care and address the broad agenda of improving health and the social determinants of health, as well as the interaction between the health sector and other sectors of society. A national health strategy – which can take many different forms – can provide an inspirational overarching or “umbrella” policy, involving a comprehensive range of stakeholders and sectors and focusing on improving population health. Such a strategy can support shared values, foster synergy and promote transparency and accountability. For low- and medium-income countries, the process of developing health policies, strategies and plans can also assist donors in health planning work and contribute to effective donor coordination. The process should be informed by a comprehensive health needs assessment that is sensitive to age, gender, social position and condition.

Research and other intelligence shows that many policies and services, despite having an established evidence base (such as reducing salt and saturated fat in diets, increasing taxes on tobacco, detecting and managing hypertension, managing stroke by multidisciplinary teams, and actively managing the third stage of labour), do not reach populations in need. There are many reasons for a failure to apply evidence to policy and practice. Some are technical and arise from the type and nature of the evidence collected; some are organizational and occur when partnerships or cross-sector working is weak; others are political and arise because what the evidence says is not welcomed by those charged with setting priorities and making investment decisions. Response to interventions also depends upon individuals being empowered to sustain the potential benefits.

Of course, evidence is rarely the only or even the principal factor governing how decisions are made. Values and other influences are also important. Nevertheless, there remains scope to scale up the delivery of core cost-effective services and free up resources, but this means efforts must be made to expand evidence-informed interventions aimed at those with greater needs and reduce the delivery of inappropriate care or public health interventions of limited utility. For such an approach to succeed, researchers, policy-makers and practitioners need to work in new and different ways, centred on the co-production of knowledge and evidence that truly meets their respective needs.

In addition to necessary, and often new, funds, a commitment to address the inefficient use of resources in the health sector is vital to secure popular and political support for more
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spending. Efficiency gains need to be a central part of health plans and strategies rather than a short-term response to budget cuts, because the transition to a new, lower-cost delivery system needs to be carefully managed and may require investment in the short term. The goal is to achieve sustainable efficiency gains, such as improving energy efficiency, shifting more care to outpatient settings, allocating more resources to primary health care and cost-effective public health programmes, cutting the least cost-effective services, and improving the rational use of medicines.

The performance of often fragmented health systems may be mismatched with the rising expectations of societies and citizens. People expect greater participation, empowerment, fairness and respect for human rights in health system delivery. The expectation is for increased domestic expenditure on health, but resources are always limited. Strengthening health systems and health system governance are crucial for meeting these expectations. Health ministers and health ministries, and other national authorities, need help and support in improving health system performance and in increasing accountability and transparency.

Health policy is usually developed through diverse approaches and levels and with differing aims. Mechanistic approaches are not sufficient and in any case have been found wanting. More flexible and integrative approaches are required, which are able to respond rapidly to changing circumstances and to sound evidence of what works well and not so well. Comprehensive development of health strategy is inherently a highly political process, and this has to be acknowledged at every stage.

Political and legal commitments are of crucial importance for ensuring long-term sustainability. Flexibility is needed to adapt to unexpected developments in the political, economic and health environment. The value largely lies in the process. Such strategies are more likely to be implemented if they are made and “owned” by the people who will implement them and if they are aligned with capacity, resources and constraints. The instruments must chart realistic ways of developing capacity and resources by mobilizing partners and stakeholders, who may have competing interests.

## Annex 2.

List of national health and health-related strategies and plans (available in Macedonian or English or both) scoped for the National Health 2020 Strategy

<table>
<thead>
<tr>
<th>Title</th>
<th>Period</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Strategy for demographic development</td>
<td>2008−2015</td>
<td>Development and growth</td>
</tr>
<tr>
<td>2 Action plan on prevention and dealing with sexual abuse of children and paedophilia</td>
<td>2009−2012</td>
<td>Social protection</td>
</tr>
<tr>
<td>3 Cooperation protocol between competent authorities in cases of sexual abuse of children and paedophilia</td>
<td>NA</td>
<td>Social protection</td>
</tr>
<tr>
<td>4 Action plan on street children</td>
<td>2013−2015</td>
<td>Cross-sectoral (vulnerable groups)</td>
</tr>
<tr>
<td>5 Multidisciplinary treatment protocol of street children</td>
<td>February 2010</td>
<td>Cross-sectoral (vulnerable groups)</td>
</tr>
<tr>
<td>6 National programme for social protection development</td>
<td>2011−2021</td>
<td>Social protection</td>
</tr>
<tr>
<td>7 National strategy for deinstitutionalization of the social protection system</td>
<td>2008−2018</td>
<td>Social protection</td>
</tr>
<tr>
<td>8 National strategy for prevention and protection from domestic violence</td>
<td>2012−2015</td>
<td>Social protection</td>
</tr>
<tr>
<td>9 Programme for addressing social exclusion issues</td>
<td>2004</td>
<td>Cross-sectoral (vulnerable groups)</td>
</tr>
<tr>
<td>10 National strategy for equal rights of people with disabilities (revised)</td>
<td>2010−2018</td>
<td>Cross-sectoral (vulnerable groups)</td>
</tr>
<tr>
<td>11 National strategy for reduction of poverty and social exclusion (revised)</td>
<td>2010−2020</td>
<td>Social protection</td>
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<tr>
<td>12 Strategy for integration of refugees and foreigners</td>
<td>2008−2015</td>
<td>Cross-sectoral (vulnerable groups)</td>
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<td>13 National strategy for older people</td>
<td>2010−2020</td>
<td>Cross-sectoral (vulnerable groups)</td>
</tr>
<tr>
<td>14 National security programme</td>
<td>NA</td>
<td>Security</td>
</tr>
<tr>
<td>15 National strategy for waters</td>
<td>2011−2014</td>
<td>Environment</td>
</tr>
<tr>
<td>16 National platform for disaster risk reduction (third revised edition)</td>
<td>2015</td>
<td>Environment</td>
</tr>
<tr>
<td>17 National strategy for rescue and protection</td>
<td>2009−2013</td>
<td>Cross-sectoral</td>
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<tr>
<td>18 General plan for crisis management in the area of food safety and animal food safety</td>
<td>2013−2018</td>
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<td>19 National transport strategy</td>
<td>2007−2017</td>
<td>Transport</td>
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<td>180 GRECO (Group of States against Corruption)</td>
<td>2004</td>
<td>Judiciary</td>
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<tr>
<td>compliance report - first round</td>
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<td>Title</td>
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<tr>
<td>181 GRECO compliance report - second round</td>
<td>2007</td>
<td>Judiciary</td>
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<td>182 Second GRECO compliance report - third round of evaluation</td>
<td>2014</td>
<td>Judiciary</td>
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<td>183 Annex to the GRECO compliance report - first round</td>
<td>2002</td>
<td>Judiciary</td>
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<td>184 GRECO evaluation report - first round</td>
<td>2010</td>
<td>Judiciary</td>
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<tr>
<td>185 GRECO evaluation report - second round</td>
<td>2007</td>
<td>Judiciary</td>
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<td>186 GRECO evaluation report - third round</td>
<td>2010</td>
<td>Judiciary</td>
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<tr>
<td>187 GRECO evaluation report - fourth round</td>
<td>2014</td>
<td>Judiciary</td>
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<tr>
<td>188 GRECO compliance report - incriminations and transparency of party funding</td>
<td>2012</td>
<td>Judiciary</td>
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<td>189 GRECO compliance report - incriminations</td>
<td>2010</td>
<td>Judiciary</td>
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<td>190 Report on the work of the Ministry of Transport and Communications in 2013</td>
<td>2014</td>
<td>Transport</td>
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<td>191 Report on the work of the Ministry of Transport and Communications in 2012</td>
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<td>192 Report on the work of the Ministry of Transport and Communications in 2011</td>
<td>2012</td>
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<td>193 Report on the work of the Ministry of Transport and Communications in the period 2007-2010</td>
<td>2010</td>
<td>Transport</td>
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<tr>
<td>194 National plan for protection of ambient air quality in the period 2013-2018</td>
<td>2012</td>
<td>Environment</td>
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<tr>
<td>195 National programme for emission reduction</td>
<td>2012</td>
<td>Environment</td>
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<tr>
<td>196 Management plan for waste electrical and electronic equipment in the period 2013-2020</td>
<td>2011</td>
<td>Environment</td>
</tr>
<tr>
<td>198 Third national plan on climate change</td>
<td>2013</td>
<td>Environment</td>
</tr>
</tbody>
</table>
Annex 3. List of national strategies, policies and plans (available in Macedonian) scoped by the operational plan by priority area

Public health

1. Law on health records (Official Gazette no. 20/09, 53/11, 164/13)
2. Law on public health (Official Gazette no. 22/10, 136/11, 164/13)
3. Law on protection of patients’ rights (Official Gazette no. 82/08, 12/09, 53/11, 150/15)
4. Public health programme (annual programme)
5. Strategic assessment of the policy, quality and access to contraception and abortion at the national level in 2008
8. Law on road traffic safety (Official Gazette no. 54/07, 86/08, 98/08, 64/09, 161/09, 36/11, 51/11, 27/14, 169/15)
9. Law on prevention and protection from domestic violence (Official Gazette no. 138/14, 33/15)
11. Law on termination of pregnancy (Official Gazette no. 87/13, 164/13, 144/14, 149/15)
12. Law on sanitary and health inspection (Official Gazette no. 71/06, 139/08, 88/10, 53/11, 164/13, 43/14, 144/14, 51/15, 150/15)
13. Programme for compulsory immunization of the population (annual programme)
14. Proactive protection of mothers and children (annual programme)
15. Programme to protect the population from HIV/AIDS (annual programme)
16. Programme for systematic examination of students (annual programme)
17. Programme Health for All (annual programme)
22. Strategy on sexual and reproductive health 2020 with action plan to 2013
23. Brochure with information and advice for new parents (2014)
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26. Strategy for safety and health at work with action plan to 2020 (in the final phase - a new strategy)
27. Strategy on sexual and reproductive health by 2020, with action plan 2018–2020 (draft)
30. Standard operating procedures for responding to nutrition for infants and young children in crisis situations (in transit migrant centres) 2017
31. Action plan for public health to 2020
32. Campaign for European Immunization Week
33. World Breastfeeding Week Campaign
34. Gender equality strategy 2013–2020

Health and environment

1. Strategic framework and action plan for health and environment to 2030
2. Strategy for occupational safety and health with action plan to 2020
3. Action plan for public health to 2020
7. Waste management strategy 2008–2020
8. Strategy for innovation 2012–2020
10. Strategic plan of the Ministry of Health for 2016–2018
12. Strategy for utilization of renewable energy sources to 2020
13. Strategy for energy development to 2030
15. Strategy for utilization of renewable energy sources to 2020
17. Communication strategy and action plan on climate change 2013
18. Strategic plan of the Food and Veterinary Agency for the period 2017–2019
21. Action plan for implementation of the programme for sustainable local development and decentralization 2015–2020, for the period 2015–2017
23. Local action plans for the environment
26. Third national climate change plan (2013)
27. Third update of the national transport strategy 2007–2017
30. Third national climate change plan, 2014
31. Health care law (consolidated text Official Gazette no. 61/15, 154/15, 192/15)
32. Law on health insurance (Official Gazette no. 25/00, 34/00, 96/00, 50/01, 11/02, 31/03, 84/05, 37/06, 18/07, 36/07, 82/08, 98/08, 6/09, 67/09, 50/10, 156/10, 53/11, 26/12, 16/13, 91/13, 187/13, 43/14, 44/14, 97/14, 113/14, 120/14, 188/14, 20/15, 61/15, 98/15, 129/15, 154/15, 155/15, 192/15) and law on voluntary health insurance (Official Gazette no. 145/12, 7/13, 192/15)
33. Law on public health (Official Gazette no. 22/10, 136/11, 144/14, 149/15)
34. Law on records in the field of health (Official Gazette no. 20/09, 53/11, 164/13)
35. Law on protection of the population against infectious diseases (Official Gazette no. 66/04, 139/08, 99/09, 149/14, 150/15)
36. Law on sanitary and health inspection (Official Gazette no. 71/06, 139/08, 88/10, 18/11, 53/11, 164/13, 42/14, 144/14, 51/15, 150/15)
37. Law on environment (Official Gazette no. 53/05, 81/05, 24/07, 159/08, 83/09, 48/10, 124/10, 51/11, 123/12, 93/13, 187/13, 42/14)
38. Law on chemicals (Official Gazette no. 145/10, 53/11, 164/13, 116/15, 149/15)
39. Law on waste management (Official Gazette no. 68/04, 71/04, 107/07, 102/08, 134/08, 09/11, 63/16, 156/15, 163/13, 147/13, 123/12)
40. Law on management of packaging and packaging waste (Official Gazette no. 163/13, 6/12, 136/11, 47/11, 17/11, 161/09)
41. Law on management of electrical and electronic equipment and waste electrical and electronic equipment (Official Gazette no. 163/13, 6/12)
42. Law on ambient air quality with the by-laws (Official Gazette no. 67/04, revised text no. 100/12)
43. Law on ratification of the Protocol to the Convention on Long-Range Transboundary Air Pollution (control of the discharge of nitrogen oxides, sulfur, volatile organic pollutants, ground ozone, acidifying substances, etc.) (Official Gazette no. 24/10)
44. Law on ratification of the Protocol to the Convention on Long-Range Transboundary Air Pollution for Heavy Metals since 1979 (Official Gazette no. 24/10)
45. Law on spatial and urban planning (Official Gazette no. 199/14, 44/15, 193/15, 31/16)
46. Law on implementation of the spatial plan (Official Gazette no. 39/04)
47. Law assessment (Official Gazette no. 115/10, 158/11, 185/11, 64/12)
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48. Law on energy (Official Gazette no. 16/11, 136/11, 79/13, 164/13, 41/14, 154/14, 33/15, 192/15, 215/15, 6/16, 63/16, 189/16)
49. Law on industrial green zones (Official Gazette no. 119/13)
50. Law on agriculture and rural development (Official Gazette no. 49/10, 53/11, 126/12, 15/13, 69/13)
51. Water Act (Official Gazette no. 87/08, 6/09, 161/09, 83/10, 51/11, 44/12, 23/13, 163/13)
52. Law on nature protection (Official Gazette no. 67/04, 14/06, 84/07, 35/10, 47/11, 148/11, 59/12, 13/13)
53. Law on batteries and accumulators and waste batteries and accumulators (Official Gazette no. 140/10, 47/11, 148/11, 39/12, 163/13)
54. Law on packaging and packaging waste (Official Gazette no. 161/09, 17/11, 47/11, 136/11, 6/12, 39/12, 163/13)
55. Law on management of electrical and electronic equipment (Official Gazette no. 6/12, 163/13)
56. Law on fertilizers (Official Gazette no. 110/07, 20/09, 17/11, 148/11)
57. Law on water communities (Official Gazette no. 51/03, 95/05, 113/07, 136/11)
58. Water economy law (Official Gazette no. 85/03, 95/05, 103/08, 1/12, 95/12)
59. Law on products for plant protection (Official Gazette no. 110/07, 20/09, 17/11, 53/11, 69/13, 10/15)
60. Law on supply of drinking-water and disposal of urban wastewater (Official Gazette no. 68/04, 28/06, 103/08)
61. Law on food safety (Official Gazette no. 157/10, revised text 123/15)
62. Law on genetically modified organisms (Official Gazette no. 35/08, 163/13)
63. Law on quality of agricultural products (Official Gazette no. 140/10, 53/11, 55/12, 106/13, 116/15)
64. Law on State Inspectorate of Agriculture (Official Gazette no. 20/09, 53/11)
65. Law on livestock (Official Gazette no. 07/08, 116/10, 23/13, 149/15)
66. Law on veterinary health (Official Gazette no. 113/07, 24/11, 136/11, 123/12, 154/15)
67. Law on mineral resources (Official Gazette no. 136/12, 25/13, 93/13, 132/13)
68. Law on product safety (Official Gazette no. 33/06, 63/07, 24/11, 51/11, 148/11, 164/13, 152/15, 53/16)
69. Decree on determining the activities for installations for which an integrated environmental permit is issued, and adjustment permit with adjustment plan (Official Gazette no. 89/05)
70. Law on protection against noise in the environment (Official Gazette no. 79/07, 63/13)
71. National annual programme for public health (annual programme)
72. National programme for agriculture and rural development 2013-2017
73. Programme for financial support of rural development 2017
74. Programme for financial support of agriculture for 2017
76. Health for All (annual programme)
Noncommunicable diseases and risk factors

1. Strategic framework and action plan for prevention and control of noncommunicable diseases to 2025
2. Action plan on food and nutrition 2016–2025 (developed, awaiting adoption)
3. Guidelines for nutrition of the population (2014)
4. Rulebook on nutrition standards and meals in primary school (Act No. 11-5668/1 of 3 April 2014, Ministry of Education and Science)
5. Rules on standards and norms for the activity of institutions for children (Official Gazette no. 28/14, 40/14, 136/14)
7. Health care law consolidated text (Official Gazette no. 61/15, 154/15, 192/15)
8. A programme for providing insulin, glucagon, insulin needles, sugar measuring tape and education for the treatment and control of diabetes (annual programme)
10. Health care programme for people with addictions (annual programme)
11. Health care programme for people with mental disorders (annual programme)
12. National strategy for fight against drugs 2014–2020
13. Law on health insurance (Official Gazette no. 25/00, 34/00, 96/00, 50/01, 11/02, 31/03, 84/05, 37/06, 18/07, 36/07, 82/08, 98/08, 6/09, 67/09, 50/10, 156/10, 53/11, 26/12, 16/13, 91/13, 187/13, 43/14, 44/14, 97/14, 113/14, 120/14, 188/14, 20/15, 61/15, 98/15, 129/15, 154/15, 155/15, 192/15)
14. Law on records in the field of health (Official Gazette no. 20/09, 53/11, 164/13)
15. Law on protection of patients’ rights (Official Gazette no. 82/08, 12/09, 53/11, 150/15)
16. Law on sports (Official Gazette no. 29/02, 66/04, 81/08, 18/11, 51/11, 64/12, 148/13, 187/13, 42/14, 138/14, 177/14, 72/15, 153/15)
17. National youth strategy 2016–2025 with an operational plan
18. National health strategy 2020
20. Programme for prevention of cardiovascular diseases (annual programme)
21. Programme for early detection of cancer (breast, cervix, colon, prostate) (annual programme)
22. National annual programme for public health (annual programme)
23. Programme Health for All (annual programme)
24. Programme for systematic examinations of students and youth (annual programme)
25. Programme for feeding preschool and school children
27. Strategy for sustainable development to 2020
28. Health Insurance Fund annual work programme
29. Law on primary education (Official Gazette no. 103/08)
30. Law on secondary education (Official Gazette no. 44/95, 24/96, 34/96, 35/97, 82/99, 29/02, 40/03, 42/03, 67/04, 55/05, 113/05, 35/06, 50/07, 49/07, 81/08, 92/08, 33/10, 116/10, 156/10, 18/11, 42/11, 51/11, 6/12, 24/13, 100/12)
31. Law on higher education (Official Gazette no. 35/08, 103/08, 26/09, 83/09, 99/09, 115/10, 17/11, 51/11, 123/12, 15/13, 24/13, 11/14, 116/14, 130/14, 10/15)
32. Law on medical studies and continuing professional development of doctors of medicine (Official Gazette no. 16/13, 32/14, 144/14, 150/15)
33. Continuing medical education (CME) programme
34. Law on tobacco and tobacco products (Official Gazette no. 24/06, 88/08, 31/10, 36/11, 53/11, 93/13, 99/13, 164/13, 151/14)
35. Law on protection against smoking (Official Gazette no. 36/95, 70/03, 29/04, 37/05, 103/08, 140/08, 35/10, 100/11, 157/13)
37. National strategy for prevention of alcohol use with action plan 2010–2015 (expired, new strategy is developed, awaiting adoption)
38. Report from the Health Behaviour in School-aged Children study (March 2016)
39. European School Survey Project on Alcohol and Other Drugs (ESPAD) study report (2015)
40. Report of Global Youth Tobacco Survey (GYTS) at the national level (July 2016)
41. Report from the study on nutrition (2015)

Communicable diseases and crisis preparedness and response

1. Law on health care (Official Gazette no. 43/12, 145/12, 87/13, 164/13, 39/14, 43/14, 132/14, 184/14, 10/15, 61/15, 154/15, 192/15, 17/16, 37/16)
2. Law on public health (Official Gazette no. 22/10, 136/11, 144/14, 149/15)
3. Law on sanitary and health inspection (Official Gazette no. 124/15)
4. Law on health-care records (Official Gazette no. 20/09, 53/11, 164/13)
5. Law on the protection of population from infectious diseases (Official Gazette no. 66/04, 99/08, 86/11, 149/14)
6. Law on safety and health at work (Official Gazette no. 53/13, 137/13, 164/13, 158/14, 15/15, 192/15, 30/16)
7. Law on food safety (Official Gazette no. 123/15, 129/15, 39/16)
8. Law on waters (Official Gazette no. 87/08, 6/09, 161/09, 83/10, 51/11, 44/12, 23/13, 163/13)
9. Law on veterinary health (Official Gazette no. 113/07, 24/11, 136/11, 123/12, 154/15)
10. Law on crisis management (Official Gazette no. 29/05, 41/14, 104/15, 39/16)
11. Law on protection and rescue (Official Gazette no. 93/12, 41/14, 129/15, 71/16, 106/16)
15. Strategy on sexual and reproductive health 2020 with action plan for 2013
17. Action plan for prevention of adverse effects and the effects of heat-waves on health of the population (2011)
18. Action plan for prevention of adverse effects and the effects of cold-waves on health of the population (2012)
20. National annual programme for public health (annual programme)
21. Programme for mandatory immunization and immunization for epidemiological indications of the population (annual programme)
22. Programme of preventive measures to prevent tuberculosis among the population (annual programme)
23. Programme for examining the emergence, prevention and eradication of brucellosis in the population
24. Programme to protect the population from HIV/AIDS in 2017 (annual programme)
25. Rulebook on the manner of application and the form and content of the forms for reporting contagious diseases and microbiologically proven causes (Official Gazette no. 46/09)
26. Rulebook on minimum requirements for safety and health at work of employees from risks related to exposure to biological agents (Official Gazette no. 170/10)
27. Rulebook on the special requirements for the safety of natural mineral water (Official Gazette no. 32/06, 127/12)
28. Rulebook on the manner and measures for bathing water management, the technical criteria and the objectives of the bathing water quality, as well as the manner and procedure for informing the public about the results of the bathing water monitoring (Official Gazette no. 129/16)
29. Rulebook on the general requirements for food safety in relation to the maximum levels of certain contaminants (Official Gazette no. 102/13)
30. Rulebook on special requirements concerning microbiological criteria for food (Official Gazette no. 100/13)
31. Rules on the manner and handling medical waste, as well as the packaging and labelling of medical waste (Official Gazette no. 146/07)
32. Rulebook on the criteria for prevention and treatment of intra-hospital infections (Official Gazette no. 25/08)
33. Rules on the manner of execution, the content of the examinations, types of examinations and the timing for the obligatory health - hygienic examinations of employees (Official Gazette no. 152/07)
34. Regulation on measures against entry and eradication of cholera, plague, viral haemorrhagic fever, yellow fever and malaria (Official Gazette no. 76/03)
35. Rules for immunoprophylaxis, chemoprophylaxis, people subject to these measures, the manner of execution and record-keeping and documentation (Official Gazette no. 177/15)
Health system and resources

1. National Health 2020 Strategy
2. Action plan for public health
4. Health care law consolidated text (Official Gazette no. 61/15, 154/15, 192/15)
5. Decree on the network of health institutions (Official Gazette no. 81/12, 169/13, 21/14, 90/14, 161/14, 2/16, 144/16)
6. Law on health insurance (Official Gazette no. 25/00, 34/00, 96/00, 50/01, 11/02, 31/03, 84/05, 37/06, 18/07, 36/07, 82/08, 98/08, 6/09, 67/09, 50/10, 156/10, 53/11, 26/12, 16/13, 91/13, 187/13, 43/14, 44/14, 97/14, 113/14, 120/14, 188/14, 20/15, 61/15, 98/15, 129/15, 154/15, 155/15, 192/15)
7. Law on medicines and medical devices (Official Gazette no. 106/07, 88/10, 36/11, 53/11, 136/11, 11/12, 147/13, 164/13, 27/14, 43/14)
8. Law on medical studies, the continuous improvement physicians (Official Gazette number no. 16/13, 38/14)
9. Programme for mandatory health insurance of citizens with Macedonian citizenship not insured under mandatory insurance (annual programme)
10. Programme for providing funds for hospital treatment for covering co-payments for pensioners (annual programme)
11. Programme for education of doctors and health-care personnel and co-financing of specialization and subspecialization for health providers and health associates employed in private health institutions and other legal entities and unemployed health professionals (annual programme)
12. Programme for the needs of specialist and subspecialist personnel in accordance with the network of health care institutions (2015–2018)
13. Project on introduction of 100 new methodical interventions in order to use the equipment and the provision of additional quality services
14. Construction of a new clinical centre in Skopje and Shtip
15. Rehabilitation of public health-care facilities
16. Building clinics in rural areas
17. Procurement of medical equipment for public health institutions
18. Rural doctor project
19. Home visit project
20. Roma health mediators project
22. Safe motherhood strategy 2010–2020
24. National plan for preparedness and response to health system in crisis 2017
Annex 4. Key publications produced throughout the process


After a decade since the previous overview of the health system in the country, the Health Systems in Transition analysis came at the right time to inform the policies related to the health system’s governance, organization, financing, service delivery and reforms and future action to contribute to better health and well-being.

Assessment of human resources for health (2017, Ministry of Health working document)⁴

First of its kind, the human resources for health profile provided an overarching and comprehensive overview of current and future human resources, including proper distribution, existing and new profiles, professional upgrade and valuation, as indispensable elements in the health of the population.

Healthy ageing assessment (2016, Ministry of Health working document)⁵

The country’s rising trend of population ageing will have potential effects not only on the health system but also on economic and social prosperity. Understanding the determinants of healthy ageing is pivotal in addressing the resulting issues, and also in transforming challenges into opportunities for an engaged older population and creating resilient communities. The assessment of the determinants of healthy ageing was a precursor to the action plan for healthy ageing, which was drafted and submitted for adoption in 2017.


The long-term commitment of the country to tackling antimicrobial resistance, since 2008, was enriched with expanded activities for addressing antibiotic consumption in inpatient facilities. To this end, current prescribing levels and practices were assessed to inform future policies on antimicrobial stewardship aimed at contributing to the global fight against antimicrobial resistance.


The country was among the first countries in the WHO European Region to undergo a process of self-assessment of public health based on the essential public health operations, using the latest available version of the WHO Regional Office for Europe’s self-assessment tool (18 July 2014). Using the tool, the current situation was analysed and used as a baseline study for developing the public health action plan as an integral part of the National Health 2020 Strategy. The government adopted the action plan in 2016, which aimed at strengthening the health system and the essential public health operations provided by national and subnational institutions.

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Desk review of documents in support to the preparation of operational plan for the National Health 2020 Strategy. Skopje: Ministry of Health, North Macedonia; 2017

Both desk reviews were indispensable in creating evidence-informed policy, linked to the current situation and needs, while considering policies, strategies and plans in other sectors. Admirable effort was put into this to achieve policy coherence and putting intersectoral work into action: 214 papers were analysed across the main pillars and objectives of the National Health 2020 Strategy, of which 33 focused on public health; 80 health and environment; 42 noncommunicable diseases and risk factors; 35 communicable diseases and preparedness and response; and 24 the health system and resources.


This issue of Evrodijalog contained 22 policy briefs in different thematic areas pertaining to the national health policy development process, and in accordance with the commitments to Health 2020 at the national level: international commitments and national policies for health; public health and health through the life-course; health and environment; noncommunicable diseases and risk factors; communicable diseases and emergency preparedness and response; and knowledge and evidence informing policies for health. These policy briefs informed the process of developing the National Health 2020 Strategy, which was endorsed in 2016.


Following the national commitments to the global health and development agendas, this issue comprised professional views, opinions and analyses related to the implementation of the 2030 Agenda and the Sustainable Development Goals through national health and other sector policies.


Following endorsement of National Health 2020 Strategy, and the government’s vision for its implementation at all levels of governance, this issue includes diverse practices and policy proposals for devolving the national health priorities to the community level, with special focus on intersectoral efforts to: promote resilient communities; provide healthy choices and reduce risks to health; and identify facets of intersectoral action for health and well-being involving environment, social, education, economy, employment and other sectors at the community level.
Annex 5. Strategic goals of the priority areas of the National Health 2020 Strategy

To realize the strategic vision by 2020, the National Health 2020 Strategy envisages undertaking activities within the five priority areas through specific action plans whose strategic goals complement the implementation of the 2030 Agenda for Sustainable Development and the achievement of the national sustainable development priorities.

Public health

Strategic goals

- Improving population health and welfare across the life-course
- Reducing the negative health effects of social determinants with a specific focus on the most severely affected vulnerable groups
- Enabling each individual, community and sector to actively participate and assume responsibility for citizens' health promotion
- Promoting and strengthening public health capacity and services within the national health system and within all sectors at all levels of society to ensure the delivery of essential public health operations and a basic package of available, high-quality, efficient and effective public health services at the individual, community and population levels

Expected contribution to the national sustainable development priorities

- Towards Sustainable Development Goal 3, ensuring a healthy start in life and reducing maternal and child mortality and reducing the negative effects of the social determinants of health and of the burden of noncommunicable and communicable diseases
- Towards the remaining Sustainable Development Goals, especially intersectoral collaboration for better health; that is, Sustainable Development Goal 1: reduce poverty through action on the social determinants of health; Sustainable Development Goal 4: ensure education for all; Sustainable Development Goal 6: ensure access to safe drinking-water; Sustainable Development Goal 10: ensure social and health equity; and Sustainable Development Goal 17: provide better health through intersectoral collaboration and partnerships.

Health and environment

Strategic goals

- Including all health-related factors in environmental policies
- Health and welfare protection from environmental risks arising from climate change, air, water, soil, chemicals, asbestos, etc.
- Reducing all kinds of environment-related health inequalities

Expected contribution to the national sustainable development priorities

- Towards Sustainable Development Goal 3, ensuring a healthy living environment for all and reducing morbidity and mortality from diseases caused by the environmental determinants of health and reducing negative environmental influences.
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• Towards the remaining Sustainable Development Goals, especially the living environment and its health impact; that is, Sustainable Development Goal 1: reducing poverty through action on the social determinants of health; Sustainable Development Goal 6: ensure access to safe drinking-water and sanitation; Sustainable Development Goal 10: ensure social and health equity; Sustainable Development Goal 11: creating safe, resilient and sustainable cities and human settlements; Sustainable Development Goal 12: ensure sustainable consumption and production patterns; Sustainable Development Goal 13: address climate change and its impact; and Sustainable Development Goal 17: provide better health through intersectoral collaboration and partnerships.

Noncommunicable diseases and risk factors

Strategic goals
• Reducing morbidity and mortality caused by diseases of the circulatory system (cardiovascular diseases and cerebrovascular diseases), cancer, chronic respiratory diseases, diabetes and mental disorders
• Preventing disease through modifiable risk factors (smoking, improper nutrition, overweight and obesity, physical inactivity, alcohol and hypertension) and from premature onset of noncommunicable diseases
• Strengthening the health system to deal with noncommunicable diseases
• Involving all structures of society in reducing the burden of noncommunicable diseases

Expected contribution to the national sustainable development priorities
• Towards Sustainable Development Goal 3, ensuring a healthy start in life and opportunities for making healthy lifestyle choices and reducing the negative effects of the social determinants of health and of the burden of noncommunicable diseases.
• Towards the remaining Sustainable Development Goals, especially noncommunicable diseases and the risk factors that cause them; that is, Sustainable Development Goal 1: reducing poverty through action on the social determinants of health; Sustainable Development Goal 2: ensure access to nutritious and safe food and nutrition for all; Sustainable Development Goal 4: ensure education for all; and Sustainable Development Goal 17: provide better health through intersectoral collaboration and partnerships.

Communicable diseases and emergency preparedness

Strategic goals
• Improving the status of both immunization and vaccine-preventable diseases
• Reducing the burden of food- and waterborne communicable diseases
• Strengthening the surveillance, control and response system for hospital-acquired infections and antimicrobial resistance
• Maintaining low prevalence of HIV, sexually transmitted and bloodborne infections
• Reducing the burden of zoonotic and vector-borne diseases
• Reducing the burden of influenza and influenza-like diseases
• Maintaining and further reducing the burden of tuberculosis
• Implementing a surveillance and response system for new reoccurring communicable diseases
• Preparing the health system for quick emergency response

Expected contribution to the national sustainable development priorities

• Towards Sustainable Development Goal 3: provide security from communicable diseases by immunizing against vaccine-preventable diseases, eliminating the epidemics of HIV, tuberculosis and other transmissible infections and reducing the burden of transmissible infections
• Towards the remaining Sustainable Development Goals, especially addressing the burden and the risks of communicable diseases and the preparedness for quick emergency response; that is, Sustainable Development Goal 6: ensure access to safe drinking-water and sanitation; Sustainable Development Goal 10: ensure social and health equity; Sustainable Development Goal 11: create safe, resilient and sustainable cities and human settlements; Sustainable Development Goal 13: address climate change and its impact; and Sustainable Development Goal 17: provide better health through intersectoral collaboration and partnerships.

Health system and resources

Strategic goals

• Strengthening the capacity for health system governance and management
• Introducing and promoting comprehensive health information system at all levels of health care
• Introducing a sustainable financial system
• Improving health system capacity to the furthest extent (space, equipment and personnel) through equitable distribution within the health system and in accordance with the needs of different regions
• Introducing effective and high-quality health-care services available to every citizen
• Working to create the necessary human resources for health, with the right skills and capacity, in the right places at the right times

Expected contribution to the national sustainable development priorities

• Towards Sustainable Development Goals 3, especially ensuring access to timely and quality health care for all, in terms of disease prevention, treatment and providing the highest attainable quality of life for people with specific health conditions
• Towards the remaining Sustainable Development Goals, especially the action of the health sector towards providing the highest attainable standard of health and of quality of life, especially towards Sustainable Development Goal 16: promote access to effective, accountable and inclusive institutions at all levels; and Sustainable Development Goal 17: provide better health through intersectoral collaboration and partnerships.
Annex 6. Joint statement on intersectoral collaboration for health and well-being in the community

"Заедно за здравјето на секого" — Заедничка изјава за зајакнување на интерсекторската соработка за здравје и благосостојба во заедницата

ЗДРАВЈЕТО
- е ключен влог во благосостојбата, продуктивноста и одрживост на развој во заедницата;
- не е прашање само на здравственото сектор, туку на целу сектор на животна средина, развој, економија, образование, социјални работи, транспорт, наука, невладиниот сектор и други кон придонесувања за подобро здравје.

ЗАЕДНИЧКОТО ДЕЉУВАЊЕ
- во заедницата е од суштествена важност за подобро здравје, благосостојба и одржив развој и за секој поединец и за целата нација;
- за здравје и инвестиција во социјалистички развој и економскиот просперитет на населението и целото општество — без заедничко делување нема здравје, благосостојба и одржив развој на нацијата.

Со пристапување кон оваа изјава, се обезбедува, секој во својот домен и во рамките на своите овластувања:
1. Да делумно кон подобрување на здравјето на секого и намалување на здравствените и социјалните нееднаквости кон благосостојбата за сите;
2. Да интервалуме во здравјето во тенот на целта на живот, од разлика до воврна доба;
3. Да ја чување и инвестирање во здравата животна и работна средина, здравите животни стилови и превенцијата на незаразните и заразните болести;
4. Да ја поттикнување и улагање интерсекторска соработка за здравје и благосостојба, што придонесува за остварување на развој и економски премин;
5. Да се разместуваат и поддржуваат на граѓаните и заедницата за подобро здравје и благосостојба;
6. Да придонесуваме за реализиране на човековите права и радовите еднаквост.

Заедно сме помошни: интеграцијата на сите сектори за здравје не е механичко спојување, туку функционална поврзаност во систем во кој секој го знае своето место и задача. Само таа можеме да одговориме на предизвиките на болестите, кризите, социјални, неработеност, социјална, нееднаквости што ги уназдруваат здравјето, благосостојбата, продуктивноста и одрживост на развој во заедницата и да овозможиме здрава социјална, економска и животна средина за опне и нивните генерации.

Со пристапување кон оваа изјава, и поставените стратегиски цели и определби, се обезбедува заедно и секој во рамки на своите овластувања, да делување и соработување за подобро здравје, благосостојба и одржив развој во заедницата, за секој поединец и за целата нација.

"Сите заедно да работиме за здравјето на секого."
“Together for the health of everyone”

Joint statement to strengthen intersectoral cooperation for health and well-being in the community

HEALTH
• is a key investment in the well-being, productivity and sustainable development of the community.
• is not just a matter for the health sector, but for all sectors: environment, development, economy, education, social affairs, transport, science, nongovernmental sector and others that contribute to better health.

JOINT ACTION
• in the community is essential for better health, well-being and sustainable development for both the individual and the entire nation.
• for health is an investment in social development and economic prosperity of the population and the whole of society - without joint action there is no health, well-being or sustainable development of the nation.

By endorsing this Statement, we are committed, everyone in our own domain of work and within our competencies, to:
• act to improve everyone’s health and reduce health and social inequalities towards well-being for all;
• invest in health throughout life, from birth to adulthood;
• maintain and invest in a healthy living and working environment, healthy lifestyles and prevention of noncommunicable and communicable diseases;
• encourage and nurture intersectoral cooperation for health and well-being, which contributes to social development and economic prosperity;
• facilitate and enable participation and support of citizens and the community for better health and well-being;
• contribute to the realization of human rights and gender equality.

Together we are more powerful. The integration of all sectors for health is not a mechanical merger, but a functional connection in a system in which everyone knows their place and task. Only in this way can we respond to the challenges of diseases, crises, unemployment, poverty and inequality that impede health, well-being, productivity and sustainable development in the community and thus provide a healthy, social, economic and living environment for our and future generations.

By endorsing this statement, and the set strategic goals and commitments, we commit ourselves together and each within our competencies, to act and cooperate for better health, well-being and sustainable development in the community, for each individual and for the entire nation.

LET’S ALL WORK TOGETHER FOR THE HEALTH OF EVERYONE.
Annex 7. List of institutions participating in the national health policy development, 2014–2015, by sector (in alphabetical order)

Central government institutions and bodies

1. Agency for Quality and Accreditation of Health Facilities
2. Cabinet of the Prime Minister
3. Centre for Public Health, Skopje
4. Centre for Public Health, Bitola
5. Centre for Public Health, Kumanovo
6. Centre for Public Health, Prilep
7. Centre for Public Health, Kochani
8. Centre for Public Health, Gevgelija
9. Centre for Public Health, Ohrid
10. Centre for Public Health, Tetovo
11. Centre for Public Health, Veles
12. Crisis Management Centre
13. Customs Administration
14. Employment Service Agency
15. Food and Veterinary Agency
16. Health Insurance Fund
17. Health Centre, Skopje
18. Health Centre, Bitola
19. Health Centre, Kumanovo
20. Health Centre, Prilep
21. Health Centre, Kochani
22. Health Centre, Gevgelija
23. Health Centre, Strumica
24. Health Centre, Tetovo
25. Health Centre, Ohrid
26. Health Centre, Berovo
27. Health Centre, Kavadarci
28. Health Centre, Veles
29. Institute of Public Health
30. Ministry of Agriculture, Forestry and Water Economy
31. Ministry of Culture
32. Ministry of Defence
33. Ministry of Economy
34. Ministry of Education and Science
35. Ministry of Environment and Physical Planning
36. Ministry of Finance
37. Ministry of Foreign Affairs
38. Ministry of Health
39. Ministry of Internal Affairs
40. Ministry of Justice
41. Ministry of Labour and Social Policy
42. Ministry of Local Self-Government
43. Pension and Disability Insurance Fund
44. Protection and Rescue Directorate
45. Public Revenue Office
46. Secretariat for European Affairs
47. State Sanitary and Health Inspectorate
48. State Statistical Office
49. Youth and Sports Agency
Local self-government units and institutions at the local level

1. Association of Local Self-Government Units (ZELS)
2. Local Self-government Unit (LSGU) of Aerodrom
3. LSGU of Arachino
4. LSGU of Berovo
5. LSGU of Bitola
6. LSGU of Bogdanci
7. LSGU of Bogovinje
8. LSGU of Bosilovo
9. LSGU of Brvenica
10. LSGU of Butel
11. LSGU of Centar
12. LSGU of Centar Zhupa
13. LSGU of Chair
14. LSGU of Chashka
15. LSGU of Cheshinovo-Obleshevo
16. LSGU of Chucher Sandevo
17. LSGU of Debar
18. LSGU of Debarca
19. LSGU of Delchevo
20. LSGU of Demir Hisar
21. LSGU of Demir Kapija
22. LSGU of Dojran
23. LSGU of Dolneni
24. LSGU of Gazi Baba
25. LSGU of Gevgelija
26. LSGU of Gjorche Petrov
27. LSGU of Gostivar
28. LSGU of Gradsko
29. LSGU of Ilinden
30. LSGU of Jegunovce
31. LSGU of Karbinci
32. LSGU of Karposh
33. LSGU of Kavadarcı
34. LSGU of Kichevo
35. LSGU of Kisela Voda
36. LSGU of Kochani
37. LSGU of Konche
38. LSGU of Kratovo
39. LSGU of Kriva Palanka
40. LSGU of Krivogashtani
41. LSGU of Krushevo
42. LSGU of Kumanovo
43. LSGU of Lipkovo
44. LSGU of Lozovo
45. LSGU of Makedonska Kamenica
46. LSGU of Makedonski Brod
47. LSGU of Mavrovo-Rostushe
48. LSGU of Mogila
49. LSGU of Negotino
50. LSGU of Novaci
51. LSGU of Novo Selo
52. LSGU of Ohrid
53. LSGU of Pehchevo
54. LSGU of Petrovec
55. LSGU of Plasnica
56. LSGU of Prilep
57. LSGU of Probishtip
58. LSGU of Radovish
59. LSGU of Rankovce
60. LSGU of Resen
61. LSGU of Rosoman
62. LSGU of Saraj
63. LSGU of Shtip
64. LSGU of Shuto Orizari
65. LSGU of Sopishte
66. LSGU of Staro Nagorichane
67. LSGU of Struga
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68. LSGU of Strumica
69. LSGU of Studenichani
70. LSGU of Sveti Nikole
71. LSGU of Tearce
72. LSGU of Tetovo
73. LSGU of the City of Skopje
74. LSGU of Valandovo
75. LSGU of Vasilevo
76. LSGU of Veles
77. LSGU of Vevchani
78. LSGU of Vinica
79. LSGU of Vrapchishte
80. LSGU of Zelenikovo
81. LSGU of Zelënino
82. LSGU of Zrnovci

Civil society organizations
1. Confederation of Free Trade Unions
2. Consumer’s Organization OPM
3. Dijabet, Union of Associations of People with Diabetes
4. HERA (Association for Health Education and Research)
5. Habitat – Macedonia
6. Macedonian Red Cross
7. Macedonian Centre for International Cooperation
8. Nefron, Association of People with Kidney Disease
9. Studiorum, Centre for Regional Policy Research and Cooperation
10. Sveti Nikole (women’s organization)

International partners
1. World Health Organization (WHO)
4. United Nations Development Programme (UNDP)
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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

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