



28 NOVEMBER 2019

Date: 30 November 2019

SHTIP, REPUBLIC OF NORTH MACEDONIA

ORIGINAL: ENGLISH

SOUTH-EASTERN EUROPE HEALTH NETWORK
STRENGTHENING THE CAPACITIES OF THE SEEHN REGIONAL HEALTH
DEVELOPMENT CENTERS

SUMMARY REPORT

“REDUCING HEALTH INEQUALITY (SDG10) BY
IMPROVING HEALTH LITERACY”

28 NOVEMBER 2019

SHTIP, REPUBLIC OF NORTH MACEDONIA

SEE HEALTH NETWORK MEMBER STATES



PARTNERS





Family photo: **Shtip, Republic of North Macedonia**



SUMMARY REPORT

1. INTRODUCTION

The **Workshop on Reducing Health Inequality (SDG10) by Improving Health Literacy**, has been organized by the **SEEHN Secretariat, North Macedonia (MKD) SEEHN RHDC on Public Health Services and the Ministry of Health North Macedonia** on 28 November in Shtip, Republic of North Macedonia under the Presidency of Montenegro.

This event was attended by National Health Coordinators and other representatives from the SEEHN Member States, the SEEHN Secretariat Director, Dr. Mira Jovanovski Dasic, Mr Blagoj Bocvarski, Mayor of Shtip, Dr. Vladimir Milosev, State Secretary, SEEHN National Health Coordinator, Ministry of Health NMKD, representatives of the Institute of Public Health of NMKD the director Dr Shaban Memeti and prof dr Elena Kjosevska director of SEEHN RHDC on Public Health Services, MKD. The final list of participants is presented in Annex 1 to this report.

This meeting on *“Reducing Health Inequality (SDG10) by Improving Health Literacy”* aimed to discuss and agree recommendations for the Regional joint efforts to be taken, with the objective to promote and foster a culture of improved health literacy, to improve the health of individuals and to reduce health inequality. This action requires strong involvement of different levels and sectors.

Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

Numerous studies demonstrate the correlation between low health literacy and poor health status. The lack of health literacy results in the underutilization of preventive resources such as vaccinations and routine screenings. It influences a patient's understanding of clinicians' instructions on medication that may affect management of chronic conditions such as diabetes, asthma, or high blood pressure. Among adults, there is a direct association between low health literacy and a poor understanding of preventive care information and access to preventive care services. There is also a strong correlation between health literacy and health disparities. To bridge the gap between the medical information provided and its implementation, we need health professionals who are able to speak the language and understand the culture of their patients. While promoting health literacy as strategy to reduce disparities, it also improves the provision of patient-centred care.



Inequality within and among nations continues to be a significant concern despite progress in and efforts at narrowing disparities of opportunity, income and power. UN Agenda target, Sustainable Development Goal 10 is as follows:

- Reduce inequality within and among countries by 2030, progressively achieve and sustain income growth of the bottom 40% of the population at a rate higher than the national average
- By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
- Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard, etc.

The Ministers of Health of SEEHN member states in the Chisinau Pledge committed themselves to work towards striving universal health coverage (UHC) for their populations inter alia, in working to promote health literacy and empower citizens and patients as key elements for better health outcomes, and to improve the performance of and satisfaction with health systems.

This Workshop's agenda is presented in Annex 2 of this report.

After one day of intensive discussions delegates agreed by consensus to proceed with:

- Follow-up actions and interventions to be adapted to every country's realities and language particularities and cultures and also at the regional level to be considered targeting common challenges related to health literacy.
- Concrete interventions are key for success, and the measurable actions with clear mapped stakeholders, budget, partners, indicators are most likely to be accepted by the governments as steps to gain quick successes and change behaviour in the most needed areas.

2. DISCUSSIONS

At the beginning the workshop "Reducing Health Inequality (SDG10) by Improving Health Literacy" was addressed by national stakeholders and opened by Dr Mira Jovanovski Dasic, Director of the SEEHN Secretariat.



The ministers of health of the SEE Health Network Member States adopted and committed themselves, through the Chisinau Pledge in 2017, to work Regionally, towards the achievement of the Sustainable Development Goals by 2030. Furthermore, SEEHN in 2018 signed with WHO EURO the Sub-Regional Cooperation Strategy (SCS) 2018-2023, in which it is specifically defined under the Objective 2 to achieve SDG 3 and other health-related SDGs in South-eastern Europe, by taking advantage of the 2030 Agenda to renew countries' commitments to health, and seek inter sectoral action to advance the priorities of the European Health 2020 policy framework.

To achieve the SDG 10, it is necessary to Reduce Inequality Within and Among Countries as one of the key points to be achieved by improving health literacy. Health literacy is not just a concept – it shapes people's health every day from the day one when we are born to our last day.

There is need to adopt policies that create opportunity for everyone, regardless of who they are or where they come from. In 8 European countries, a study in this sense revealed, that 47 % of population have poor or inadequate levels of health literacy. We might assume that our countries in the SEE Region would portray a similar or even worse situation.

This meeting on “Reducing Health Inequality (SDG10) by Improving Health Literacy”, is the first to provide space for mapping the situation that is currently in place in all 9 SEEHN Member States and to discuss and agree recommendations for the continuous Regional joint efforts with the objective to agree on several policy response options to be taken forward.

WHO Deputy Director General, former WHO Regional Director Dr Jakab stresses that “health is a political choice”, indeed in this case we need strong commitments and action from everyone: ministry of health, other sectors: education, finance, economy; community leaders, civil society, the private sector, and individuals.

Effective responses to health literacy issues can improve health outcomes and reduce health inequities. The individual has not only to be provided with the responsibility for his health but also with knowledge and infrastructure to make healthy choices. However, in many settings, enhancing health literacy remains an underexplored and underused tool in public health action for improved equity in health and not only, to preserve health of the individuals and to contribute indirectly to better efficiency in the health sector.

Health literacy is a progressing and dynamic concept. It is considered to be a social determinant of health and all the services that come around at the community level. Thus, it has multiple dimensions and areas of interventions for the best attainable health in the community. It can include here all the health promotion activities, sports, food chain supply and public food



places, youth health and many other aspects that are indirectly connected and impacting a healthy living. A health-literate community or city, is to have included all the members to increase the collective health literacy capacities: to support individuals and families by mitigating the negative consequences of inequities and leaving no one behind. This support is necessary not only in health settings but may also involve, for example, consumer environments; educational institutions; workplaces, leisure, and public areas; and media and digital platforms.

The objective, scope and purpose of the workshop, underlined the specific aim to provide all the participants with a platform to discuss, share their opinions, provide guidance and identify common recommendations on health literacy to be proceeded for the South Eastern European Health Network (SEEHN) and SEEHN Secretariat.

Prof dr. Elena Kjosevska, Director, RHDC Public Health Services, emphasized the common messages and asked the participants to act since health literacy is also the responsibility of those gathered in the room.

Dr. Natasa Pilipovic-Broceta, MD, PhD, Family Medicine Department, University of Banja Luka, have emphasized on the multitude of factors that impact health literacy (HL), as:

- Age
- Sex
- Education level
- Understanding, reading and assessment skills
- Ethnicity and race
- Refugee and immigrant status
- Material status
- Ability for decision making
- Language and other communication barriers



Dr Nevena Todorovic, MD PHD, focused on the HL aspects related to the primary healthcare (PHC) service delivery system challenges in Republic of Srpska (BiH), which have observed the following particularities:

- inadequate HL of their patients,
- lack of demand on health promotion and preventive activities,
- problematic use of clinical guidelines in diagnostics,
- problematic use of clinical guidelines in treatment,
- reduced compliance to medication.

The aspects related to health literacy from the patient side can be listed as following:



- inappropriate use of medication,
- misunderstanding treatment advice,
- false self-perception of health,
- few preventive examinations,
- frequent physician office visits,
- poor knowledge of self-management,
- difficulties in communication,
- providing incomplete health histories,
- failure to make appointments, diagnostic tests and procedures.

Challenges related to the health system were identified as:

- how to integrate health literacy data into the clinical and public healthcare practice and long-term research programs,
- how to increase the health literacy of the population and address its impact on the providers of healthcare services.

All above challenges could be turned into opportunities as concrete tailored interventions to be implemented by the public health system.

After setting the scene on health literacy, in alphabetical order, each Member State representative followed by tour de table presentation of respective country practice on health literacy.

Bosnia and Herzegovina, Republic of Srpska, latest intervention has been to carry out a study Short Test of Functional Health Literacy in Adults, (S-TOFHLA). The results revealed that the average S – TOFHLA result 24,83 (SD=10,37) indicates adequate HL.

| The profile of adequate HL was more frequently identified among: | Inadequate and marginal HL was more frequently identified among individuals who were: |
|---|--|
| physically active respondents | older than 65 years |
| having a good health self-perception | unmarried |
| good overall quality of life | unemployed |
| fewer hospital treatments/hospitalizations | had poor income |
| visiting their family physician less reported | low education level |

The conclusions drawn as a result of the S-TOFLA study are:

1. More than a third of respondents had inadequate individual health literacy.
2. Socioeconomic and demographic characteristics strongly impacted health literacy.



3. Inadequate health literacy was related to socioeconomic and health characteristics including old age, social status (retiree, divorce), rural residence, lower education levels, poor income, more than three chronic diseases, poor health, and insufficient physical activity.
4. Respondents with inadequate health literacy see their family doctors more frequently and have more frequent hospital treatments.

In **Montenegro** four major NCDs (diabetes, cardiovascular disease, cancer, chronic respiratory disease) account for an estimated 70-80% of disease burden. Despite the progress in implementing NCD prevention and control activities, Montenegro still faces significant challenges and much still needs to be done including improvement of health literacy that has been proven as an important strategic tool for tackling NCDs. Montenegro efforts aimed to increase health literacy of the population and it is expected to promote healthy choices. The actions are targeting a life-course approach starting at the very early age, having even a subject in school on healthy lifestyles. Montenegro has joined the WHO European Action Network on Health Literacy for Prevention and Control of Non-Communicable Diseases. This network has been established to promote health literacy and achieve progress in preventing and controlling NCDs by promoting health throughout the life-course. 22 countries of the European region are part of the NCD Network. Montenegro plans to include health literacy as a priority in the next Biannual Collaborative Agreement (BCA) with WHO.

Bulgaria presented health literacy from the perspective of the differences and high discrepancies across the country related to the access to health services and out-of-pocket payments. The existing challenges exist are to be tackled through improvement of the transparency of the health-care mechanism, increase of the health insurance coverage, provision of quality, by health training at all levels of health professionals including additional education and by increased availability of integrated services across the territory.

Currently, in Bulgaria there are spending of 5 % of the GDP, at the government is struggling to double it. Another area to focus is to have more personal attitude towards every patient.

The life expectancy, according to OECD data, in the **State of Israel (ISR)** for female is 84 years and 80 years for men. Every year in the poor settings, BMI index is increasing. The acting physicians' indicator is above the OECD average though there is a clear lack of nurses. GNI is 3.4 and the result is almost like in US in terms of inequalities. The Arabs and most religious groups of the population are the poorest communities in ISR. In ISR there is a health equality plan 2017-2020, that will be replaced with another in 4 years, that aims to target the poorest population. The main components are: collaboration with the ministry of Welfare, developing poverty aware practice for the healthcare system, Lectures at the Family in the Poverty Care Centers on understanding the health system – both for customers and staff. The



issue is tackled from the angles of: public participation, liaison with the clinics, City health map, digital tools, cultural competences. There is a call center “Health Voice” that provides information to the general public, businesses and medical practitioners, in all matters that are under the Ministry of Health's responsibility.

Serbia (SRB) has been conducting several studies to evaluate the health literacy in the general population. The results showed that there is better health literacy among the youth and employed population. Higher performance on HL has been mapped within married women with high education. Challenges were that these studies were isolated and do not really map the entire population. Public health Law existing in Serbia is defining mostly the health literacy actions, in particular the activities to be implemented at the community level. There is a Program of the SRB MoH “Coordination, Planning, Organization and implementation...” HL is taking place in the PHC settings and at the level of communities (kinder garden, schools, etc. A good practice example are the Roma population mediators. The project is implemented since 2009. As a result, there was an increase of the Roma population visits to the GPs. Another example of successful intervention was the first mammography campaign across the country. The general challenges were the sustainability and financing, since the interventions were introduced on the base of a project but further on has not been integrated into the general health system.

North Macedonia is following the WHO guidance on health literacy with an accent to health promotion activities. The country has a number of strategic planning strategies on different areas of health that all include parts related specific linked activities to that specific area to promote health. A number of studies has been carried out by the National Institute of Public Health, though most of them are financed by the donors. Annually the Ministry of Health is implementing around 13 preventive programs. The PHC are using the SCORE -European high risk chart which is a tool used to orient the patient through the system and his tailored needs. Prof Lenche Milosheva presented mental health as an area of health literacy completely missing in terms of knowledge and awareness. However, there could be a reasonable explanation to this phenomenon as cognitive development is not recognized as a complex topic. Despite the limitations of the evidence, mental health literacy can be improved by planned interventions. Suicide is one of the topics that deserve attention in particular in the last years. Adolescents are mostly prone to talk to a peer in comparison with a doctor.

The Minnesota Action plan example of participatory approach to tackle the health literacy at the level of community and Action plan from CDC from Atlanta, USA has been presented by prof. Elena Kjosevska. The activities were person-centred and have clear recommendation or information that can be applied in every-day life.



A session also has been dedicated to group work of the participants to get first-hand experience on how to design a health literacy intervention. The participants were divided into 3 groups and reported on to the proposals.

Dr. Mira Jovanovski Dasic, SEEHN Secretariat Director, concluded the meeting by thanking the participants for the fruitful meeting and devotion to the held discussions.

Representatives of three SEEHN Member States could not attend the meeting due to unforeseen last minute circumstances. Albeit, the representatives of Republic of Moldova and Romania have send their contribution to the meeting presented in the Annex 3.

The SEE Health Network representatives of the SEEHN Member States discussed the following:

CONCLUSIONS AND RECOMMENDATIONS:

1. Follow-up actions at the regional level are to be planned and considered targeting common challenges related to health literacy.
2. Messages and interventions should be adapted also to every country's realities and language particularities and cultures.
3. All the presenting countries have included in the national strategic planning documents health literacy; some Member States even have dedicated framework to the health literacy.
4. One common challenge is that some targeted health literacy interventions are implemented based on the project management principle and once-ended there was lack of sustainability and financing to be integrated within the general systems (with exception of ISR). Another challenge is data availability thus efforts are fragmented and do not cover the entire population.
5. In many SEEHN member states the existing donor organizations are implementing an extended array of health literacy activities. Those efforts should be taken and integrated within the national health systems to ensure sustainability.
6. Concrete interventions are key for success. Measurable actions with clearly defined stakeholders, budget, partners, indicators are most likely to be accepted by the



governments as steps to gain quick successes and change behaviour in the most needed areas.

Rapporteur :

Dr Tatiana PADURARU

**Technical Officer
SEEHN Secretariat**



Annex 1 Republic of Moldova – Health literacy

There is a big room for improvement until it will be possible to say that in the Republic of Moldova healthy lifestyle is a generally accepted norm for the majority of the population. Data from the WHO Survey of Chronic Noncommunicable Disease Risk Factors Surveillance (STEPS, Moldova 2013) shows that more than 10% of adults (18-69 years old) do not practice daily physical activity according to WHO recommendations for physical activity for health, namely 150 minutes a week moderate-intensity physical activity, or its equivalent. A sedentary lifestyle prevails in urban areas compared to rural residents, and increases with age.

According to the same study, about 65% of the population (ages 18-69) consumes less than 5 servings of fruits and / or vegetables. The average consumption is 2 servings per day, as a result 56% of the population, both men and women, are overweight, and 23% of people are obese, among them men make up 18% and women 28.5%.

Smoking is a major health risk factor, accounting for more than 10% of all deaths reported for noncommunicable diseases. According to the Multi-Indicator Cluster Survey (MICS, Moldova, 2012) in the Republic of Moldova: 48.5% of men and 8.2% of women are active smokers, including 35% of men and 7.4% of women aged 15-24 years.

A study of knowledge, relationships and practices within the framework of the national communication company focused on current and potential smokers in 2012 revealed that 2/3 of the population as a whole realize that smoking is the cause of serious diseases such as cancer, heart disease, respiratory diseases but only less than half of the respondents are aware of the dangers of secondhand smoke. It is worth noting the fact that former smokers are more aware of the negative effects of smoking than current smokers who neglect information and continue to smoke.

According to the 2012 Study of Knowledge, Relationships and Practices in the Field of Alcohol Consumption, three quarters of the population aged 16-55 use alcohol, including 12% of them drink alcohol daily or almost every day. More than half of the population realizes that alcohol abuse can cause serious diseases such as liver cancer, fetal brain damage, cardiovascular disease, but at the same time, the number of those who are not aware of the harm to the fetus if alcohol is used by pregnant women remains quite high - about 31%.

It has been proven that 70 % of premature deaths among adults are associated with risk behaviors carried out even in adolescence, although health promotion, ensuring social equality in the field of health protection should begin from the period of the child's early development, during school education, in the family and in society.

The subject "Promotion of a healthy lifestyle" is taught as part of several disciplines in the system of primary, gymnasium, lyceum, and secondary vocational education. However, there is a high prevalence of risky behaviors among adolescents.



According to the 2012 Study of Knowledge, Relationships and Practices in the Field of Health and Development of Adolescents, in 2012, 36% of adolescents aged 15-19 years have sexual intercourse, and every fourth such adolescent does not use contraception. As a result, the annual incidence of sexually transmitted infections (syphilis and gonorrhea) is about 180 cases per 100 thousand people among young people aged 15-19 years old, being the highest in the region. The level of knowledge of young people about reproductive health is relatively low: only 38.2% of young people aged 15 to 24 have relevant knowledge about HIV/AIDS.

Another youth issue relates to the consumption of addictive substances. According to the Global Youth Tobacco Survey (GYTS, Moldova, 2013), more than one teenager out of 10 aged 13 to 15 years is a smoker (10.4%: 14.9% of boys and 5.8% of girls). In adolescence, smoking is perceived as a completely acceptable phenomenon, a bit of an intermediary in communication (smokers have more friends). 2 teenagers out of 10 (22.8%) aged 13-15 years think that smoking helps to feel more comfortable at ceremonies, parties and social events.

Since 2007, the number of suicide cases among adolescents has increased by 40%, and there is 10 times more among young men. The number of adolescents experiencing physical development problems due to eating disorders has increased since 2008 from 16.5% to 19.7% (aged 10-11 years) and from 13.6% to 16% (in age 14-15 years).

Government Decision No. 1000 from 08.23.2016 approved the National Program for Health Promotion for 2016-2020, which provides for improving literacy in matters of public health and promoting healthy behavior at all stages of life.

Currently, informational, educational and communication campaigns are being conducted by the Ministry of Health, public health institutions and primary health care, covering a wide range of health-related issues, aimed at raising public awareness and awareness.

Programs and informational materials on health promotion and education in the spirit of a healthy lifestyle are developed from time to time, inadequately and mainly within the framework of national or local projects financed by donors.

A number of health promotion activities are funded by the Preventive Health Insurance Fund.

In order to successfully change and maintain healthy behavior at all stages of life, according to the recommendations of the WHO European Framework for Health 2020, the strategic management in the field of health promotion should promote joint actions of the health sector and institutions not directly related to public health: other ministries and departments, the private sector, local public authorities, as well as all citizens to achieve common goals.

Adequate coordination, intra- and intersectoral collaboration are essential for health promotion activities. However, at present, there is no coordination mechanism for solving these problems at the national and local levels, and intersectoral cooperation and public participation are insufficient.



Annex 2: Romania – Health literacy

Health literacy, even if an important indicator for the health inequalities and a key element of the communication strategies in health or for the medical products safety, was not fully surveyed in Romania when talking about health inequalities. There were only sporadic little surveys to investigate the phenomenon. Such a survey was carried out in the framework of a project “Strengthening the National Roma Mediators Network to improve the health status of the Roma population”, funded through the Norwegian Financial Mechanism 2009-2014, on Roma population. A special chapter was dedicated to some aspects related to health literacy.

The research instrument (face-to-face interview) included questions related to the behavior of people under specific circumstances, e.g. if the health of a family member is affected. The questions asked about the actions undertook when a family member faced problems like fever in children or cough.

The results showed that if one of children of the family has an episode of fever, the first reaction most of the respondents have (42%) is to buy medicines from the pharmacy or to use the medicines they have at home, only about one third of the respondents considering necessary to seek medical advice (33%).

A statistically significant difference regarding the attitude of the women and men towards the immediate presentation of the child to the doctor was noticed, men declaring in higher percentage compared to women (50% of the men compared to 25% of the women) that their first reaction in case of fever of the child is to see a doctor. This answer is correlated with the roles assumed by women and men in the Roma family, where the responsibility towards the family's health is usually the woman's, so that they are less scared compared to men, in case of fever of the child, especially due to the previous experiences.

The Roma answered in proportion on 43% that they go to the pharmacy to buy medicines when he or another member of the family is coughing, 29% take that person immediately to the doctor. The same difference in the attitude of men and women was noticed.

Another behaviour evaluated within the health literacy section was the one of information regarding the medicines they take by reading the prospect of those medicines. Surprisingly, 66% of the respondents say they use to read the prospect of the medicines. An important gradient was the level of education.

Almost all (98%) of the Roma population answered they would need medical staff in their town of residence to offer information regarding health.

The categories of the most wanted information about health which the respondents need are the following: information about methods of prevention (58% of the respondents), information about the concrete ways of treatment administration, information about medical insurance and information regarding the access to health care services.



Annex 3 :

FINAL PROGRAM

| 27 NOVEMBER 2019 | | SPEAKERS AND FACILITATORS |
|--------------------|--|--|
| | Arrival and accommodation of participants | <p>Pick-up of all participants will be organized by the Ministry of Health of Republic of North Macedonia</p> <p>Participants will be accommodated in Hotel "Oaza" Shtip,</p> <p>Address: Toso Arsov, 32, Shtip</p> <p>http://www.oazahotel.com.mk/contacts</p> |
| 20:00-21.30 | <p>WELCOME COCKTAIL RECEPTION</p> <p>Venue: Local Kitchen and Bar, Shtip</p> <p>Next to Hotel Oaza, 2 minutes walking distance</p> | <p>OFFERED BY THE SEEHN SECRETARIAT</p> <p>Representative from Secretariat will wait for you at lobby of Hotel "Oaza" from 19:45 to 20:00</p> |



| 28 November 2019 | | SPEAKERS AND FACILITATORS |
|--|---|---|
| Multimedia Center “Kiro Gligorov”, small conference room | | |
| 09:00 | Organized transfer from Hotel “Oaza” to Multimedia Center “Kiro Gligorov” | Transfer is offered by the Mayor of Shtip Municipality Gathering: Lobby in Hotel “Oaza”, representative of Secretariat will wait for you. Transfer is organized with mini bus |
| 9:00-9:30 | Registration of the participants | |
| 9:30-10:00 | Opening Address, Introduction of the Meeting Participants, Adoption of the Scope and Purpose, Agenda and Program of the Meeting | Dr. Vladimir Milosev, SEEHN National Health Coordinator, State Secretary, Ministry of Health of Republic of North Macedonia Assoc. Prof. Shaban Memeti, Director of Institute of Public Health, Republic of North Macedonia Mr. Blagoj Bocvarski, Mayor of Shtip Municipality Dr. Mira Jovanovski Dašić, Director of the SEEHN Secretariat |
| 10:00-10:15 | The role of public health in achieving SDG goals and reducing health inequities | Dr. Elena Kjosavska, Director of RHDC for public health services in Republic of North Macedonia, Institute for Public Health, Chief of Department for Health Promotion, Analysis and NCD Prevention |
| 10:15-10:45 | Presentation: Health literacy: Challenges in family doctor’s work | Dr sci. med. Nataša Pilipović Broćeta Family Medicine Specialist Senior Assistant Family Medicine Department Faculty of Medicine |



| | | |
|--------------------|---|--|
| | | University in Banja Luka Health Center Banja Luka |
| 10:45-11:00 | Coffee break | |
| 11:00-11:30 | Presentation: Health literacy: current situation in the Republic Srpska, Bosna and Hercegovina | Dr sci. med. Nevena Todorović Family Medicine Specialist Senior Assistant Family Medicine Department Faculty of Medicine University in Banja Luka Director in Health Center Banja Luka |
| 11:30-13:00 | Regional experience and challenges - country presentations | Country representatives of: Albania, Bosnia and Herzegovina, Bulgaria, State of Israel, Republic of Moldova, Montenegro, Republic of North Macedonia, Romania, Serbia |
| 13:00-14:00 | Lunch | |
| 14:00-14:30 | Presentation: Improving mental health literacy for children and adolescents | Prof. Dr. sc. Lence Miloseva Adviser for Scientific Cooperation Faculty of Medical Sciences Goce Delcev University |
| 14:30-15:00 | Presentation: Action plan for Health Literacy Improvement in the SEEHN countries | Prof. Elena Kiosevska, University St. Cyril and Methodius Medical Faculty Skopje, Institute for Public Health |
| 15:00-15:15 | Coffee Break | |
| 15:15-16:15 | Work in groups: Preparation of National action plan – goals, objectives, priorities, measures, | Facilitators: Dr sci. med. Nevena Todorović Dr sci. med. Nataša Pilipović Broćeta |



| | | |
|---|---|---|
| | institutions, time | Prof. Elena Kjosevska Prof. Lence Miloseva |
| 16:15-17:30 | Presentations from the working groups | |
| 17:30-18:00 | Discussion related the national and regional way forward and Closure of the meeting | Moderation: Dr. Vladimir Milosev, National Counterpart of Republic of North Macedonia Dr. Mira Jovanovski Dašić, Director of the SEEHN Secretariat |
| 20:00-22:00 | Dinner Information on the venue will be shared during the meeting | Offered by: Institute of Public Health of the Republic of North Macedonia |
| 29 November 2019 | | SPEAKERS AND FACILITATORS |
| Departure of participants Transfers to Skopje airport are arranged 2,5 hours before your flight in front of "Oaza" Hotel | | Transport and transfer for all participants is organized by the Ministry of Health of the Republic of North Macedonia |



Annex 4 List of Participants



27-29 NOVEMBER 2019
SHTIP, REPUBLIC OF NORTH MACEDONIA

Date: 27 November 2019
ORIGINAL: ENGLISH

SOUTH-EASTERN EUROPE HEALTH NETWORK
STRENGTHENING THE CAPACITIES OF THE SEEHN REGIONAL HEALTH DEVELOPMENT CENTERS

REDUCING HEALTH INEQUALITY (SDG10) BY IMPROVING HEALTH LITERACY


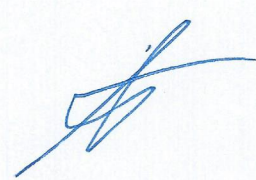

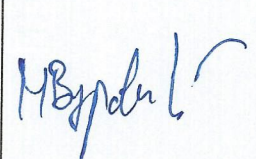
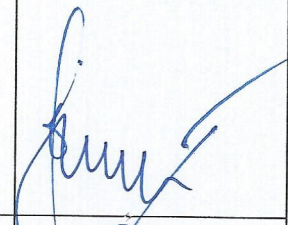
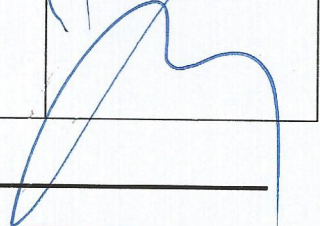
| Country | Name and Surname | Position, Institution, Address | Signature |
|------------------------|------------------------------------|---|-----------|
| Bosnia and Herzegovina | 1. Nevena Todorovic | <p>Director in Health Center Banja Luka, Family Medicine Specialist, Senior Assistant, Family Medicine Department, Faculty of Medicine, University of Banja Luka</p> <p>Address: Starine Novaka 19, 78 000 Banja Luka, Republika Srpska, Bosnia and Herzegovina Tel: +387 51 216 515 Mob: +387 65 641 401 e-mail: a.todor@teol.net, direktor@domzdravljabanjaluka.com</p> | |
| | 2. Natasa Pilipovic Broceta | <p>Family Medicine Specialist, Senior Assistant, Primary Health Care Center Banja Luka, Medical Faculty in Banja Luka</p> <p>Address: Kordunashka 4, 78000 Banja Luka, Republic of Srpska, Bosnia and Herzegovina Tel: +387 51 216 515 Mob: +387 65 582 327 e-mail: natbro@gmail.com</p> | |

SEE HEALTH NETWORK MEMBER STATES



SEEHN Secretariat

Address: "50 Divizija" 6, 1000 Skopje, Republic of North Macedonia Tel.: +389 2 3139 968; E-mail: secretariat@seehn.org
Web: www.seehn.org

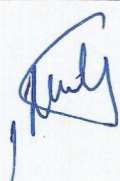
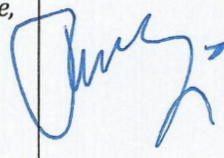
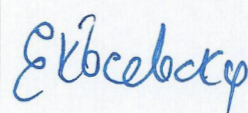
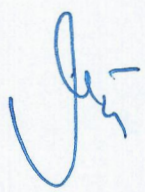
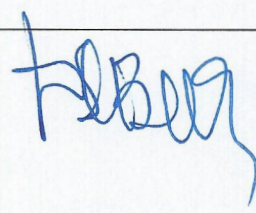
| | | | |
|-----------------------------|----------------------------|---|---|
| Republic of Bulgaria | 3. Angel Kunchev | Chief State Health Inspector, Ministry of Health of Bulgaria, Sofia, Bulgaria Address: Acad. Ivan Evst. Geshov 15 blvd Sofia 1431 Bulgaria Tel: +359 29 301 208 Mobile: +359 887 920 764 E-mail: akunchev@mh.government.bg |  |
| | 4. Ivo Arsov | Chief Expert, Ministry of Health of Bulgaria, Sofia, Bulgaria Address: 5, Sveta Nedelya Sq., Sofia, Bulgaria Tel: +359-2-9301252 Mob: +359-888-551270 e-mail: iarsov@mh.government.bg |  |
| State of Israel | 5. Gidon Peretz | Director of the Reduction of Health Inequalities Section Address: 309 hatmar st. Sde Zvi, Israel, Zip Code 8534000 Tel: +972 2 508 1069 Mob: +972 50 621 1824 e-mail: gidi.peretz@moh.gov.il |  |
| Montenegro | 6. Milovan Vujovic | State Secretary, Ministry of Health, Podgorica, Montenegro Address: Rimski Trg 46, 81000 Podgorica, Montenegro mob: +382 69 055 020 e-mail: milovan.vujovic@mzd.gov.me |  |
| | 7. Nikola Antovic | Secretary General, Ministry of Health, Podgorica, Montenegro Address: Rimski Trg 46, 81000 Podgorica, Montenegro mob: +382 67 188 038 e-mail: nikola.antovic@mzd.gov.me |  |
| Republic of North Macedonia | 8. Vladimir Milosev | State Secretary Ministry of Health of the republic of North Macedonia |  |

SEE HEALTH NETWORK MEMBER STATES



SEEHN Secretariat

Address: "50 Divizija" 6, 1000 Skopje, Republic of North Macedonia Tel.: +389 2 3139 968; E-mail: secretariat@seehn.org
Web: www.seehn.org


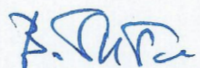
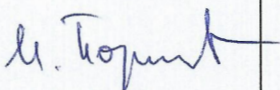
| | | | |
|--|---------------------------------------|--|---|
| | | <p>Address: 50 Divizija No.6, 1000 Skopje, Republic of Macedonia Tel: +389 2 3123 009 Mob: +389 70 322 645 e-mail: vladimir.milosev@zdravstvo.gov.mk</p> | |
| | <p>9. Blagoj Bochvarski</p> | <p>Mayor of Municipality of Stip</p> <p>Address: Vasil Glavinov 4B, 2000 Shtip, Republic of North Macedonia Tel: +389 32 22 66 00 e-mail: gradonacalnik@stip.gov.mk</p> |  |
| | <p>10. Shaban Memeti</p> | <p>Director of Institute of Public Health, Skopje, Republic of North Macedonia</p> <p>Address: Institute of Public Health 50 Divizija No.6, 1000 Skopje Republic of North Macedonia Tel: +389 2 3125 044 e-mail: shmemeti@iph.mk</p> |  |
| | <p>11. Elena Kjosevska</p> | <p>Director of SEEHN RHDC on Public Health Services, Institute for Public Health, Skopje, Republic of North Macedonia</p> <p>Address: Institute of Public Health 50 Divizija No.6, 1000 Skopje Republic of North Macedonia Mob: +389 70 392 676 e-mail: kosevska@yahoo.com</p> |  |
| | <p>12. Lence Miloseva</p> | <p>Professor at Faculty of Medical Sciences, Advisor for Scientific Cooperation at University Goce Delcev, Shtip, Republic of North Macedonia</p> <p>Address: St. Krste Misirkov BB, 2000 Shtip, Republic of North Macedonia Mob: +389 70 322 582 e-mail: lmiloseva@gmail.com, lence.miloseva@ugd.edu.mk</p> |  |
| | <p>13. Lidushka Vasilevska</p> | <p>Institute of Public Health, Skopje, Republic of North Macedonia</p> <p>Address: Institute of Public Health 50 Divizija No.6, 1000 Skopje Republic of North Macedonia</p> |  |

SEE HEALTH NETWORK MEMBER STATES



SEEHN Secretariat

Address: "50 Divizija" 6, 1000 Skopje, Republic of North Macedonia Tel.: +389 2 3139 968; E-mail: secretariat@seehn.org
Web: www.seehn.org

| | | | |
|--|----------------------------------|---|--|
| | | tel.: 075 464 808 e-mail: liduska@YA#00.com | |
| | 14. Aleksandar Lazarov | Municipality of Shtip Address: Vasil Glavinov 4B, 2000 Shtip, Republic of North Macedonia Tel: +389 32 22 66 00 |  |
| Republic of Serbia | 15. Biljana Šušć | Public Relations, Institute of Public Health of Serbia "Dr. Milan Jovanovic Batut" Address: Dr. Subotic Street Nr. 5, 11 000 Belgrade, Republic of Serbia Mob: +381 63 279 423 e-mail: biljana_susa@batut.org.rs |  |
| | 16. Katarina Boricic | Head of Department for Health Education, Community Health Promotion and Social Mobilization, Institute of Public Health of Serbia "Dr. Milan Jovanovic Batut" Address: Dr. Subotica 5, Beograd, Srbija Mob: +381 66 502 3732 e-mail: katarina_boricic@batut.org.rs |  |
| SEEHN SECRETARIAT "50 Divizija" 6, 1000 Skopje, Republic of North Macedonia secretariat@seehn.org www.seehn.org | | | |
| | 17. Mira Jovanovski Dasic | Head of Secretariat e-mail: mira.dasic@seehn.org M: +389 70 385 312 | ✓ |
| | 18. Tatiana Paduraru | Technical Officer e-mail: tatiana.paduraru@seehn.org M: +389 70 346 240 | ✓ |
| | 19. Vesna I. Arsova | Finance Officer E-mail: vesna.arsova@seehn.org M: +389 70 346 551 | ✓ |
| | 20. Nenad Dimovski | Administrative Assistant e-mail: secretariat@seehn.org M: +389 71 314 646 | ✓ |

SEE HEALTH NETWORK MEMBER STATES



SEEHN Secretariat

Address: "50 Divizija" 6, 1000 Skopje, Republic of North Macedonia Tel.: +389 2 3139 968; E-mail: secretariat@seehn.org
Web: www.seehn.org



| | | |
|-------------------------|--|---|
| 21. Metodi Micev | IT support e-mail: metodi.micev@seehn.org | ✓ |
|-------------------------|--|---|

SEE HEALTH NETWORK MEMBER STATES



SEEHN Secretariat

Address: "50 Divizija" 6, 1000 Skopje, Republic of North Macedonia Tel.: +389 2 3139 968; E-mail: secretariat@seehn.org
Web: www.seehn.org