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**NATIONAL MULTISECTORAL
MULTIDISCIPLINARY WORKSHOP FOR
DEVELOPMENT OF DETAILED IMPLEMENTATION
OF THE DRAFT ACTION PLAN FOR
NONCOMMUNICABLE DISEASES (NCDS)
IN NORTH MACEDONIA UNTIL 2025**

**Skopje, North Macedonia
30–31 October 2018**



ABSTRACT

The leading causes of death in North Macedonia are cardiovascular diseases and cancer, together accounting for 76% of all deaths, compared to 64.6% in 1991. To respond to this challenge, a situation analysis has been performed in the country and a draft *Action Plan of Noncommunicable Diseases of North Macedonia* was prepared in 2017 for the period until 2025.

On 30 - 31 October 2018 a workshop was organized by the WHO Regional Office for Europe, to establish a detailed plan for multisectoral implementation of the Action Plan for the period 2019-2020.

Keywords

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Background

Noncommunicable diseases (NCDs), especially cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, are the greatest threats to population health globally. In Europe, NCDs account for over 80% of deaths and three-quarters of the disease burden, putting increasing strain on health systems, economic development and the well-being of large part of the population.

The leading causes of death in North Macedonia are cardiovascular diseases and cancer, together accounting for 76% of all deaths, compared to 64.6% in 1991. To respond to this challenge, a situation analysis has been performed in the country and *the draft Action Plan of Noncommunicable Diseases of North Macedonia* was prepared in 2017 for the period until 2025. This Action Plan has the following vision:

“Reduce the burden of noncommunicable diseases by making them a smaller obstacle to social and economic development and enable the population in North Macedonia to achieve higher standards of health and productivity in all ages.”

On 30 - 31 October 2018 a workshop was organized by the WHO Regional Office for Europe, to establish an official mechanism for multisectoral implementation of the Action for the period 2019 - 2020 and develop a detailed plan for implementation.

National experts and other participants were called on to identify priorities, define roles and responsibilities and set up an implementation timeframe across the following areas:

- Prevention and reduction of risk factors
 - *Nutrition*
 - *Physical activity*
 - *Tobacco*
 - *Alcohol*
- Surveillance, monitoring and evaluation
- Establish a clear framework of responsibility for all responsible entities for implementation of the NCDs plan for the period 2019 – 2020
- Identify and suggest ways for coordination and cooperation between different entities, sectors and at different levels of governance, responsible for its implementation, taking into account their mandate, for implementation until 2025.

Introductory remarks

Dr Jihane Tawilah, WHO Representative to North Macedonia, welcomed participants to Skopje on behalf of WHO. She stressed that three quarters of deaths are due to NCDs in North Macedonia, a significant increase since 1991, and that these represent a growing burden for the health care system.

It is important to establish measures that will affect everyone and to ensure better access to health care. She highlighted the importance of tackling the risk factors that lead to NCDs. North Macedonia is one of the countries of the WHO European region that will not achieve the global goals for tobacco use reduction by 2020 – the third most common cause of death in North

Macedonia is use of tobacco and tobacco products. Almost half (46%) of the population aged between 15 and 64 years are smokers, and most smokers start very young. Smoking is also an issue of equity in the country – high rates of smoking and low rates of quitting smoking are associated with low income, poor housing and unemployment. North Macedonia has signed the Framework Convention on Tobacco Control (FCTC), has conducted a situation analysis and formulated an action plan, led by all sectors, and committed to reducing tobacco use by 30% through fiscal policies. It has been observed that the existing tobacco law is poorly enforced.

The message from the High-Level Meeting on NCDs at the UN General Assembly in September 2018 could not be more relevant: it is now time to deliver! There is a need to highlight priorities and this workshop aims to do so, and to advise the Ministry of Health about the actions to be taken.

The Macedonian Minister of Health, **Dr Venko Filipche**, declared his support for this workshop and enthusiasm for initiating implementation of the 2019-2020 draft action plan. NCDs pose a serious threat to the population's health and this has a profound effect on the country's social and economic development.

In North Macedonia, the leading causes of mortality are cardiovascular diseases and cancer. These are largely preventable conditions and the situation can be changed by reducing exposure to the key risk factors. This means changing lifestyles, reducing consumption of energy-dense foods that are high in saturated fats, salt and sugar while increasing fruit and vegetables intakes and physical activity.

Dr Filipche will continue to support WHO's Childhood Obesity Surveillance Initiative (COSI) through the national public health programme. At the High-Level Meeting in September 2018, Member State governments were called on to deliver immediate results, given the growing burden of NCDs. The Macedonian draft Action Plan, whose implementation is under consideration at the workshop, is established on the government's agenda and will be adopted as quickly as possible.

Dr João Breda, WHO Regional Office for Europe, set the scene for the discussions. When considering progress towards globally agreed NCD goals, not a single country in the European Region is on track to meet the goal of halting the increase in obesity by 2025. Similarly, accelerated progress is needed on cutting salt intakes and reducing physical inactivity. Nutrition is absolutely vital to achievement of the Sustainable Development Goals (SDGs).

Obesity remains one of the main health challenges for Europe. **Dr Breda** congratulated North Macedonia on its active participation in COSI, the world's biggest surveillance initiative on childhood obesity. The country's enthusiastic commitment at an early stage of COSI was highly appreciated, as is the support provided to other countries wishing to join the initiative.

North Macedonia is in the group of countries in which the prevalence of childhood overweight and obesity is highest (above 30%). Prevalence of overweight and obesity in girls is 30.5% and in boys is 32.2%, representing a very serious problem. The geographic distribution across the country shows that there are considerable geographical variations and some areas of the country have lower prevalence. Important issues are to increase physical activity — by, for example, increasing physical education classes and allowing physical activity in schools after class hours – to improve nutrition in schools (e.g., availability of unhealthy foods in schools and vending machines) and to tackle marketing and promotion of unhealthy food to children. In addition, it is important to tackle the high levels of consumption of sugar-sweetened beverages and the high levels of sugars in such drinks. Experience in Portugal and the UK suggests that imposition of a tax on such drinks can

drive manufacturers to reformulate and reduce the levels of sugars in their products and consumption of sugars from soft drinks.

Dr Breda said that environmental approaches are important and it also important to prepare the primary healthcare system to respond to these challenges. In addition, a multi-sectoral approach is essential, with the implementation of good practice in education, health and other sectors.

WHO is very happy to work with North Macedonia to formulate the best responses to NCDs for this particular context.

Presentation of ‘Best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases in North Macedonia

The policy options that are considered by WHO to be “best buys” for tackling NCDs were presented for each of the key risk factors (physical inactivity, unhealthy diet, tobacco use, alcohol use). Interventions are considered to be a “best buy” if they have an average cost-effectiveness ratio of 100 international dollars (I\$) or less for every loss of disability-adjusted life year (DALY) averted in low- and middle-income countries. Some other options are classified as “effective interventions” if they have an average cost-effectiveness of more than 1 I\$ per DALY averted in low- and middle-income countries. There are also other interventions recommended in WHO guidance for which cost-effectiveness analysis is not available.

Some selected best buys and effective interventions, identified as being particularly relevant to the situation in North Macedonia, were presented.

Physical inactivity

Lea Nash, WHO Regional Office for Europe, introduced the best buys and other recommended interventions for physical activity.

One of the best buys recommended for physical activity is conduct of community-wide public education and awareness campaigns, through mass media campaign, community-based education, and/or motivational and environmental programmes targeted at supporting behavioural change to increase physical activity levels.

WHO also recommends providing physical activity counselling and referral as part of routine primary health care services. This can be in the form of brief interventions by health professionals – family doctors, nurses and other frontline health professionals – or through written prescriptions which have been shown to be more effective than oral advice. In Sweden, for example, a Physical Activity on Prescription scheme¹ has been implemented and recognized as an example of good practice that can be transferrable to other countries. Under this scheme, which is integrated into the healthcare system, general practitioners, physiotherapists and nurses can prescribe, as well as psychologists, dieticians and occupational therapists. There is a written reference handbook which provides information on the appropriate types and “doses” for particular conditions, as well as contraindications.

¹ See <http://www.fyss.se/>

Another recommended intervention is to promote active transport in urban settings by improving infrastructure for cycling or walking and to create more physical activity opportunities for all. This requires collaboration between the health, urban planning and transport sectors.

In the city of Ljubljana, for example, a plan to reintroduce cycling included introduction of a new bicycle scheme, which is now widely used, partially closing off one of the main avenues to traffic, allowing small, folding bicycles on buses and increasing the number of bike racks in the centre of the city.

Another recommendation for North Macedonia, based on the national COSI results, would be implementation of whole-of-school programmes which combine quality physical education and adequate facilities. Consideration could be given to increasing the number of hours of physical education to the levels advised internationally (at least four hours per week). Improving playgrounds and gyms and also making them available outside of school hours would create more opportunities for physical activity beyond the school day.

In early 2018 WHO issued a *Global Action Plan on Physical Activity 2018-2030* to help countries scale up policy actions to promote physical activity.

Unhealthy diet

Dr Kremlin Wickramasinghe, WHO European Office for Prevention and Control of Noncommunicable Disease, presented the best buys and effective interventions relating to unhealthy diet.

One best buy is to review and reinforce school food policy. Schools should support efforts to improve children's nutrition by making the healthy choice the easy choice. This should include promoting and improving availability of fruits and vegetables, ensuring that schools are free from advertising and marketing of unhealthy foods and reducing the availability of sugary drinks and sweet or savoury snacks. In January 2017, for example, unlimited offers of sugar-sweetened beverages for free or at a fixed price were prohibited in French schools.

One of the most effective interventions from the best buys is salt reduction in order to reduce prevalence of hypertension and, therefore, cardiovascular disease. A comprehensive salt reformulation strategy is required, that incorporates category-specific targets – based on an analysis of the most common sources of salt in the diet – and a monitoring framework to hold food manufacturers accountable. The strategy should also be accompanied by supportive environments in public institutions, behaviour change communication and mass media campaigns.

Another best buy is to develop an interpretive front-of-pack nutrition labelling scheme. The best evidence currently is for the Nutri-Score graded summary score label. Other options include multiple traffic lights labels, health logos and warning labels.

An effective intervention for unhealthy diet is a ban on industrially produced trans fatty acids (iTfAs) in food. Denmark, for example, introduced an upper limit (2g iTfAs/100 g total fat) in 2004, and this has been followed by a decrease in coronary heart disease mortality.²

Another effective intervention is introduction of a tax on sugar sweetened beverages and consideration of implementation of a tax for foods high in fat, salt and/or sugar. In Hungary, for

² Restrepo BJ, Rieger M. Denmark's Policy on Artificial Trans Fat and Cardiovascular Disease. *Am J Prev Med.* 2016 Jan;50(1):69-76.

example, there were reductions in consumption of sugar-sweetened drinks, pre-packaged sweets, salty snacks and powdered soup, salt condiment, particularly among overweight and obese people (energy drink consumption fell more among normal weight people), after introduction of a public health product tax.

In addition, an important overarching or enabling intervention is the introduction of regulatory restrictions on marketing of food to children, using the WHO nutrient profile model.³ This should include all types of media (not only print and broadcast advertising) and the Regional Office for Europe has developed tools to help with these efforts.⁴

Alcohol use

Dr João Breda stressed that alcohol consumption is heaviest in the European Region, where the average annual consumption is more than 10L per capita. The alcohol industry in Europe is very powerful. There is huge potential to really impact on human health by taking action on alcohol.

One clear message is that price really affects consumption – studies and initiatives taken in many countries showed that increasing excise taxes is a very important best buy for reducing intakes. The taxation process is not very expensive but is very efficient. Modelling of the effectiveness and cost-effectiveness of alcohol pricing policies on NCD mortality in Russia, for example, found that such policies are highly cost effective (309 USD per death averted). Other pricing policies such as establishing minimum prices are also very cost-effective, specially targeting the most vulnerable populations.

Another issue is alcohol advertising across multiple types of media. The advertising industry is making profit from the alcohol industry, so strong public policy and regulation by public authorities is required. Enactment and enforcement of bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media) is, therefore, recommended as a best buy. In Finland, for example alcohol marketing regulations have been introduced and they mainly focus on protecting young people. They apply to drinks with more than 1.2% alcohol and broadcast advertising of mild alcoholic drinks can only be aired after 10pm.

Other recommended interventions are to enact and enforce drink-driving laws and blood alcohol concentration limits and to integrate short brief interventions to strengthen the health system response.

Tobacco use

Dr Wickramasinghe presented the best buys and effective interventions for tobacco use. The first thing to be done is full implementation of the *WHO Framework Convention on Tobacco Control* and close support from WHO will be provided in late 2018 and early 2019.

WHO FCTC calls for a comprehensive approach and based on the strong international evidence, this approach fully aligned with the WHO FCTC works and leads to positive results. In terms of priorities, one of key focus points for the next five years should be legislating to control exposure to tobacco smoke in indoor workplaces, public transport and indoor public places. Another key article of the Convention is the prohibition on misleading tobacco packaging and labelling,

³ WHO Regional Office for Europe Nutrient Profile Model. Copenhagen: WHO; 2015.

⁴ Tackling food marketing to children in a digital world: trans-disciplinary perspectives. Children's rights, evidence of impact, methodological challenges, regulatory options and policy implications for the WHO European Region. Copenhagen: WHO; 2016.

inclusion of larger health warnings and consideration of requiring plain packaging for tobacco products.

Article 13 of the Convention refers to a comprehensive ban of all tobacco advertising, promotion and sponsorship, including novel tobacco products such as heated tobacco products. These products are particularly attractive to the young population.

It is also very important to protect tobacco control and public health policies from commercial and other vested interests of tobacco industry (Article 5.3).

The best buy for tobacco control is to increase excise taxes and prices on tobacco products.

Monitoring and evaluation

Dr Breda presented an overview on monitoring and evaluation and stressed the importance of these issues. WHO can assist and provide guidance and tools, technical advice and lend equipment when necessary to facilitate monitoring and evaluation. An NCD surveillance system assessment is currently planned with the WHO Country Office.

It is important to regularly report on, as a minimum, indicators such as the unconditional probability of dying from the four major NCDs and to include this indicator in national reports. It is also possible to conduct a STEPS-aligned survey where the sample size can be adapted to the resources available. Another tool for surveillance is the COSI family record form, which can be used to collect additional information on the diet and physical activity habits of children. It is also important to establish a programme for systematically monitoring the composition of foods, notably for trans fats, salt and sugar.

Presentation of the draft National Action Plan for NCDs

Dr Igor Spiroski, Institute for Public Health, North Macedonia, presented the *draft Action Plan of Noncommunicable Diseases of North Macedonia*.

The adoption of the Action Plan is a long-term process officially being implemented. It is vital to act now to prevent the most common causes of death and to prevent these key risk factors. It is essential to include all sectors, because these problems cannot be solved by the health system alone, but this remains a key challenge.

The available indicators about mortality and the burden of disease can be used to persuade decision-makers about the importance of these issues and the need to tackle the most common risk factors. In North Macedonia, as elsewhere, poor nutrition and physical inactivity are increasingly important contributors to the NCD burden. Almost two thirds (62.7%) of men and almost half (48.4%) of women over the age of 18 are overweight and 19.6% and 17.2%, respectively, are obese. Another risk factor with significant prevalence is the increased use of alcohol and tobacco, including among young people. There are high rates of smoking and very low rates of quitting smoking. Survey results show that half of the adult population practices no physical activity whatsoever and moderate physical activity of at least 150 minutes per week, in line with WHO recommendations for improving health through physical activity, is practiced only by 8.3% of the adult population in the country.

This Action Plan came with an assessment of the health system and population research. A SWOT analysis of the national and local organization was also conducted.

The strategic framework is based on the guiding principles of the European Strategy for the Prevention and Control of NCDs: equity; strengthening the health system; health in all policies; prevention through the life cycle; strengthening patients' role; integrated programmes; and a whole-of-society approach. The key elements of the strategic framework are:

- Policy development and implementation
- Capacity building
- Research and development
- Monitoring and evaluation of noncommunicable diseases
- Vulnerable groups, conditions and diseases in the focus of the strategic framework
- Inequity in healthcare
- Involving different stakeholders and implementation of the strategic goals
- International cooperation.

Presentation of assessment of the national Action Plan based on WHO MAP checklist

Dr Ruitai Shao, World Health Organization headquarters, presented the assessment of the action plan based on WHO MAP tool.

Every country should have different strategy according to the context. An example that highlights the importance of considering the context is strategies to reduce salt intakes. The approaches applied in the UK (government-led reformulation of processed foods) and in China (using the Governor as a champion for behaviour change to reduce salt in home-made foods) were very different, but each was appropriate to the particular context and they have both been successful.

NCD control and prevention is very complicated and it needs to involve very many sectors. What is important is to know which practical tools we need, to make a toolkit for developing the plan and how to implement it, with specific actions relating to each risk factor.

WHO has developed the Multisectoral Action Plan for prevention and control for NCDs (NCD MAP) tool. This is a toolkit to help countries develop, implement and evaluate a plan for tackling NCDs.

There are two key components to the toolkit: one for developing the action plan and one for evaluating implementation. There is general guidance to help countries develop a plan and also templates are provided to provide a general framework for national plans. Where a plan has been developed, as in North Macedonia, the NCD MAP tool has a checklist that can be used to assess the completeness and consistency of Action Plans. After implementation, it is possible to use NCD MAP to evaluate implementation.

The issue of prioritization in a national plan is very important and the process in the NCD MAP will guide the prioritization process for implementation during the workshop. Dr Shao pointed out

that, with respect to monitoring, it is key to establish indicators to monitor the outcome and output of implementing the plan.

This WHO tool can be used to assess the North Macedonian national action plan and Dr Shao summarized a provisional assessment of the North Macedonian plan. A number of areas for improvement were identified. Areas that could be improved include definition of a phased approach to implementation (along with outputs and milestones), costings and finance, official approval and monitoring and evaluation. Many of these issues will be addressed through the activities of the present workshop. The North Macedonian plan is already a very good plan and with these improvements to concretise the implementation planning, the plan will be one of the best national plans to be developed.

Group work to discuss priority areas for the implementation of the NCDs action plan for 2019-2020

Participants were allocated into discussion groups and, over two sessions, tasked with identifying priority actions – whether existing actions from the Action Plan or new actions identified – and for each consider the proposed timeline for implementation (2019-2020 or 2021-2025), the lead stakeholders and their responsibilities, the output, sources of financing and indicators against which progress can be measured. These documents will be used to generate a detailed implementation roadmap for the next two years and also to identify priorities until 2025.

Each group discussed one of the following topics: nutrition and physical activity; tobacco; and alcohol.

Nutrition and physical activity group

The following actions were proposed by national stakeholders working in the area of nutrition and/or physical activity, as a basis for discussion:

- a) Develop a comprehensive salt reformulation strategy.
 - The government should establish category-specific targets for salt reduction in foods contributing to salt intake in the country.
 - The food categories included should cover approximately 80% of salt from foods in the diet.
 - Consider if certain product categories would be better served with mandatory limits for salt (e.g. bread, tinned foods, bouillon, soups)
 - Government to develop a monitoring framework to hold food manufacturers to account.

- b) Develop an interpretative front-of-pack labelling system.
 - Ensure that it provides evaluative judgements about product unhealthfulness (i.e. allows consumers to identify products high in salt, saturated fat and sugars).
 - Consider indicating better for you options, thus also signposting product healthfulness.
 - Endorsement logo alone should be avoided.

- c) Legislate a ban on industrially produced trans fatty acids (iTfAs) in food that sets a maximum limit of 2g iTfAs per 100g total fat.
- d) Introduce regulatory restrictions on food marketing to which children are exposed, using the WHO nutrient profile model.
- e) Introduce a tax on sugar sweetened beverages and energy-dense "junk foods" high in fat, salt and sugar.
- f) Review and reinforce the school food policy including;
 - Increase the promotion and availability of fruits and vegetables
 - Increase the proportion of schools free from advertising and marketing of all energy-dense and nutrient-poor foods and beverages that can undermine the promotion of a healthy and balanced diet.
 - Reduce the availability of sugary drinks as well as sweet and savoury snacks in schools.

In relation to physical activity the following actions were suggested by WHO and the Ministry of Health:

- a) Community-wide public education and awareness campaign aimed at supporting behavioural change of physical activity levels. Consider including the following points;
 - Mass media campaign
 - Community-based education
 - Motivational and environmental programmes
- b) Agree on a roadmap to ensure more physical activity and better diets in schools for different stakeholders.
 - Increase physical education classes to levels internationally advised (at least 4 hours per week).
 - Make school playgrounds and gyms available for children in the community to use outside of school hours and deliver sport and physical activity programmes outside of school hours and at weekends to increase the number and variety of opportunities to be physically active.
- c) Improve infrastructure facilities available in urban settings including school premises, to support recreational physical activity for all.

After discussion, the following actions were proposed as priorities in the area of nutrition and physical activity:

- Introduction of salt reduction policy
- Change in legislation for food procurement in schools and kindergartens
- Assisting to consumers to make healthier choices when purchasing food
- Education about healthy nutrition (on local level)
- Strengthening of the human capacities in the Ministry of Education and Ministry of Labour and social policy related to nutrition

- Employment of Physical Education teachers in kindergartens and primary schools (grade 1 to 5)
- Increasing the number of weekly of Physical Education lessons
- Availability of sports facilities for students after the school hours free of charge
- Improvement of physical activity infrastructure in municipalities

For unhealthy diet the output will be a programme and action plan for the control of salt intake and monitoring and evaluation of the implemented plan. Data will be obtained from conducting research in different population groups.

A breakdown of the immediate actions, along with the proposed timeline and the lead and other stakeholders and their responsibilities were identified and are set out in Table 1 for unhealthy diet and Table 2 for physical inactivity.

Tobacco

In relation to tobacco the following actions were proposed by national stakeholders working in the area of tobacco control:

Overarching action: Full implementation of WHO FCTC (close support from WHO will be provided late 2018-early 2019). Suggested to prioritize time-bound obligations;

- a) Art. 8: Strengthen the enforcement of restrictions of exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and other public places.
- b) Art. 11: prohibit misleading tobacco packaging and labelling and include larger health warnings and consideration of plain packaging.
- c) Art.13: comprehensive ban of all tobacco advertising, promotion and sponsorship, also in the context of novel tobacco products such as heated tobacco products.

After discussion, the following priorities were selected:

- Strengthening and enforcement of the legislation that will discourage people from smoking and companies from advertising
- Standardising packaging, with declaration of substances and health warnings on all tobacco packages
- Introduce cost effective and population-wide support interventions for tobacco cessation
- Effective and evidence-based mass media campaign (video spots, social media)

The output indicator for this would be existence of a revised law and other indicators to be defined by a project plan. A breakdown of the immediate actions, along with the proposed timeline and the lead and other stakeholders and their responsibilities were identified and are set out in Table 3.

Alcohol

In relation to alcohol, prioritized actions proposed by national stakeholders working in the area of alcohol included:

- a) Increase excise taxes on alcoholic beverages
- b) Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
- c) Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoint
- d) Establish minimum prices for alcohol where applicable
- e) Restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young people

The discussion group selected the following priorities:

- Strengthening of implementation of the national regulation regarding alcohol
- Implementing all-inclusive approach to alcohol control
- Reinforcing current fiscal policies regarding excise taxes by keeping excise taxes at least at the current level, with potential to increase in the future
- Establishment of a national intersectoral committee under the Ministry of Health/Government for control of alcohol abuse

The all-inclusive approach to alcohol control would include counselling services for alcohol users, a telephone helpline for alcohol-related problems, establishing links between primary care and counselling services, training primary care staff in early detection of alcohol-related problems and production of support materials for early detection and referral for treatment.

Expected results would be: reduced prevalence of health problems caused by alcohol abuse; counselling centres established; reduced prevalence of domestic violence; reduced incidence of traffic accidents; reduced prevalence of workplace injuries.

A breakdown of the immediate actions, along with the proposed timeline and the lead and other stakeholders and their responsibilities were identified and are set out in Table 4.

Table 1 Tackling unhealthy diet: detailed actions, timeline, stakeholders and responsibilities

Action for 2019-2020	Timeline	Lead stakeholder and responsibilities	Other stakeholders and responsibilities
Introduction of salt reduction policy			
- Forming of team for preparation of strategy and action plan of activities for salt reduction	2019	Ministry of Health	Ministry of Health Centres of Public Health Food and Veterinary Agency Ministry of Education, Ministry of Labour and Social Policy
- Population salt intake survey	2020	Ministry of Health	Institute of Public Health Centres of Public Health Food and Veterinary Agency
- Preparation and enforcement of legislation to regulate salt content in foods	2020	Ministry of Health Food and Veterinary Agency	Institute of Public Health Centres of Public Health
Change in legislation for food procurement in schools and kindergartens			
- Draft changes of the general procurement legislation for food procurement for institutions where there is collective nutrition	2019	Ministry of Health	Institute of Public Health Centres of Public Health Ministry of Education Ministry of Education and Science Ministry of Finance
Assisting consumers to make healthier choices when purchasing food			

- Forming of working group for defining of model to be used for graphical food information (front-of-pack nutrition label)	2019	Ministry of Health	Institute of Public Health Food and Veterinary Agency
- Use of nutrition label on foods	Starting from 2021	Ministry of Health Ministry of Health	Ministry of Education Chambers of Commerce Consumer's associations
Education about healthy nutrition at local level			
- Healthy nutrition education for kindergartens, schools, children and parents	2019	Ministry of Labour and Social Policy	Municipality councils Centres of Public Health
- Media campaign and promotional materials for healthy nutrition	2019	Ministry of Health	Institute of Public Health Centres of Public Health Local governments National and international donors UN agencies
Strengthening of the human capacities in the Ministry of Education and Ministry of Labour and Social Policy related to nutrition			
- Employment of nutritionists in Ministry of Education and Ministry of Labour and Social Policy to monitor meals and propose improvement where needed in the institutions with collective nutrition and to work with caterers in providing high quality and standards of food	2020-2021	Ministry of Education Ministry of Labour and Social Policy	

Table 2 Tackling physical inactivity: Detailed actions, timeline, stakeholders and responsibilities

Action for 2019-2020	Timeline	Lead stakeholder and responsibilities	Other stakeholders and responsibilities
Employment of physical education teachers in kindergartens and primary schools (grade 1 to 5)			
- Assessment of current status (control if and how schools perform the physical activity lessons)	2019	Ministry of Education, Inspectorate	Local governments
- Assessment of needs and feasibility to increase physical activity in schools, particularly for children in grades 1 to 5. Assessment of need for engagement of additional physical activity teachers.	2019	Ministry of Health	Local governments, UN agencies
Increasing the number of weekly of physical education lessons			
- Formation of working group for assessment and proposition to change curricula for physical activity in primary and secondary schools and increasing it to a daily frequency of physical activity	2020	Ministry of Education	Education development bureau, UN agencies
Availabilities of sports facilities for students after the school hours free of charge			

<ul style="list-style-type: none"> - Working group for improvement in utilization of the school facilities for physical activity, out of school hours and free of charge. 	2019	Ministry of Education	Youth and Sports Agency, Local governments
Improvement of physical activity infrastructure in municipalities			
<ul style="list-style-type: none"> - Assessment of the infrastructure and state of infrastructure for physical activity at open spaces at the municipality level. - Assessment of whether the physical activity infrastructure is used for marketing of unhealthy foods and beverages to children. 	2019	Ministry of Labour and Social Policy	Ministry of Environment and Physical Planning
<ul style="list-style-type: none"> - Creation of plan at municipality level to improve opportunities for physical activity for citizens (including availability of public bicycles, open places for recreation, bike lanes...) 	2020	Local governments	Ministry of Labour and Social Policy

Table 3 Tackling tobacco use: Detailed actions, timeline, stakeholders and their responsibilities

Action for 2019-2020	Timeline	Lead stakeholder and responsibilities	Other stakeholders and responsibilities
<p>Revising of legislation</p> <ul style="list-style-type: none"> - Provide more options and/or increase amount of penalties - Analyse the law - Analyse other experiences of good practice - Prepare changes of existing regulations 	2019-2020	Ministry of Health	Ministry of Finance
<p>Strengthening and enforcement of the legislative measures</p> <ul style="list-style-type: none"> - Increase inspection on implementation of legislation - Identifying gaps regarding implementation of legislation through national survey 	2019-2020	Ministry of Health	Ministry of Finance Respective Inspectorates
<p>Encourage counselling of smokers</p> <ul style="list-style-type: none"> - Analyse current state of existing Centres of Public Health (place, capacity) - Improve capacities where needed 	2019-2020	Ministry of Health	Institute of Public Health Centres of Public Health NGOs

Table 4 Tackling alcohol consumption: Detailed actions, timeline, stakeholders and their responsibilities

Action for 2019-2020	Timeline	Lead stakeholder and responsibilities	Other stakeholders and responsibilities
Strengthening of implementation of the national regulation			
- Enabling regular controls of employees by the employer (e.g., establishing criteria)	2019-2020	Ministry of Education, Ministry of Labour and Social Policy	Ministry of Economy Inspectorates Local governments Employers' associations/Trade unions
- Classifying beer as alcoholic beverage (in current regulation: beer is food)	2019	Ministry of Health	Food and Veterinary Agency Ministry of Education Academia Professional associations
- Strengthening controls over advertising to adolescents and youth through media and in public places (bars, outdoor events, etc.)	2019-2020	Ministry of Health	Agency for audiovisual communications Local governments Civil society
Implementing all-inclusive approach to alcohol control			
- Opening counselling services for alcohol users (especially for youth and women) at local level, as intersectoral cooperation between Centres for social work, health services and self-support groups;	2019 – piloting 2020 – ongoing/scale-up	Ministry of Health	Health Insurance Fund Local governments Institute of Public Health Centers of Public Health Health centres Civil society
- Opening telephone line for alcohol-related problems	2019	Ministry of Health	Local governments Civil society
- Establishing link between primary care and counselling services for	2019	Ministry of Health	Health Insurance Fund

alcohol-related problems (guidelines, etc.)			
- Education of primary care staff for early detection of alcohol-related problems	2019-2020	Professional associations	Doctors' chambers Self-help groups
- Promotional materials (for primary care staff, counselling services) as support to early detection and early referral to treatment	2019	Professional associations	Academia Civil society Self-help groups and champions
<i>To reinforce current fiscal policies regarding excise taxes</i>			
- Keeping excise taxes at least at the current level, with potential to increase in the future	2020 (increase in 2021-2025)	Ministry of Finance	Ministry of Economy
- Allocating part of the excise tax for preventive, research, surveillance and follow-up activities, with defined transparent mechanism for allocation	2020	Ministry of Health / Ministry of Education	Ministry of Finance

Conclusions

Dr Spiroski summarized the group discussions.

The tobacco group proposed strengthening and implementing existing legislation, increasing inspections, increasing taxes, mandatory education of smokers and plain packaging for cigarettes. Another point of concern is accessibility of tobacco and tobacco products, which should not be advertised in public places. Other proposals include opening counselling lines, creating a smartphone application, using technologies to help people to give up smoking and educating children in schools.

The nutrition group had made progress on the steps to reduce salt and how to implement this in the country. A change in legislation, tackling the supply of food in schools with guidelines on healthy school food procurement and education were also proposed.

The alcohol group focused on strengthening existing regulations, setting up a fiscal policy regarding excise taxes and allocating part of the revenue to the health sector.

An intersectoral committee on NCDs should be (re)established as a high-level coordinating body. In addition, an effective monitoring system must be implemented and capacity building at all levels is needed. The responses that are required are clear, it is now time for implementation.

Dr Breda summarised the actions that WHO proposes should be done in the in short term:

- coordination mechanism: establish small working groups from different areas to follow up implementation;
- implementation of multi-sector action: with collective reflection and regular reporting (including reporting from primary care, which is most important for NCDs);
- investment in primary care training on risk factors;
- taxation: studies to inform and prepare the introduction of taxes;
- investment in children, to promote healthy diet and physical activity.

Dr Jihane Tawilah made some concluding remarks, emphasizing that NCDs need to be accorded the highest priority in North Macedonia, and drew the workshop to a close.

Annex I: LIST OF PARTICIPANTS



Ministry of Health



**NATIONAL MULTISECTORAL MULTIDISCIPLINARY WORKSHOP FOR DEVELOPMENT OF
DETAILED IMPLEMENTATION OF THE ACTION PLAN FOR NON – COMMUNICABLE
DISEASES (NCDs)**

Event venue: Hotel Aleksandar Palace, Skopje
Event date: 30-31 October 2018

List of Participants

No	Name	Position	Institution
1.	Venko Filipche	Minister of Health	MoH
2.	Bojana Atanasova	Chief of Cabinet	MoH
3.	Ljubica Tasheva	Cabinet of the Minister	MoH
4.	Simona Atanasova	Cabinet of the Minister	MoH
5.	Sanja Sazdovska	State Counselor	MoH
6.	Bojan Boskovski	National Overall WHO Contact Point	MoH
7.	Igor Spiroski	National NCDs Focal Point	IPH
8.	Katarina Stavric	Professor	University Clinic of Children Diseases
9.	Mome Spasovski	Professor	Institute of Social Medicine
10.	Silvana Onceva	Specialist of Social Medicine	IPH
11.	Tanja Stoicovska	Head of Department	IPH
12.	Vjosa Recica	Head of Sector	IPH
13.	Biljana Dzikovska	Specialist of Hygiene and Environmental Health	CPH Skopje
14.	Melek Osman	Specialist of Social Medicine	CPH Skopje

15.	Ratkko Davidovski	Specialist of Hygiene and Environmental Health	CPH Tetovo
16.	Toda Krstevska	Specialist of Social Medicine	CPH Tetovo
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18.	Eftim Dimitriev	Specialist of Social Medicine	CPH Veles
19.	Radmila Maksimovska Simonovska	Specialist of Social Medicine	CPH Kumanovo
20.	Mimoza Velickovski	Specialist of Hygiene and Environmental Health	CPH Kumanovo
21.	Elena Tortevska	Specialist of Hygiene and Environmental Health	CPH Kocani
22.	Gordana Ristovska	Professor	IPH
23.	Fimka Tozija	Professor	IPH
24.	Dragan Gjorgjev	Professor	IPH
25.	Pavlina Vaskova	Psychiatrist	Psychiatry Hospital Skopje
26.	Abdulah Thachi	Clinical psychologist	Psychiatry Hospital Skopje
27.	Igor Nelovski	Adviser to the Director	Health Insurance Fund
28.	Vesna Velic	Professor	Institute of Epidemiology
29.	Dijana Krstevska	Statistician	National Statistics Office
30.	Zaklina Cagorovska	Head of Department	E-Health Directorate
31.	Goran Kocinski	E-health specialist	E-health directorate
32.	Vasilka Salevska	FCTC contact point	Ministry of Labor and Social Policy
33.	Jovanka Bislimovska	Professor	Institute for Occupational Medicine
34.	Lilija Colakova Dervisova	President of the Association	Primary care physicians
35.	Radmila Ristovska	Medical Doctor	Center for Family Medicine
36.	Katerina Kovacevic	Medical Doctor	Center for Family Medicine
37.	Elizabeta Srbinska	Professor	Cardiology Clinic
38.	Marina Vukasinovic	Head of Department	Oncology Clinic
39.	Sasha Jovanovska Mishevaska	Medical Doctor	Endocrinology Clinic
40.	Elona Cilku	Head of Department	Medicine Agency
41.	Lence Jovanovska	Head of Department	Food and Veterinary Agency

42.	Marijana Loncar	President	Consumers Association
43.	Neda Milevska	Executive Director	NGO Studiorum
44.	Zoran Mitev	Member of the Executive Board	NGO Healthy Future
45.	Biba Dodeva	President	NGO Borka
46.	Dr Joao Breda,	Head	WHO NCDs Center in Moscow, Russia
47.	Dr Kremlin Khamarj WICKRAMASINGHE,	Technical Officer	WHO NCDs Center in Moscow, Russia
48.	NASH CASTRO, Lea Samanta,	WHO Consultant Nutrition and physical activity	WHO/EURO
49.	Dr Ruitai Shao	WHO	WHO HQ
50.	Dr Jihane Tawilah	World Representative and Head of Office	WHO CO MKD
51.	Ms Margarita Spasenovska	NPO	WHO CO MKD

Annex II: Report of WHO fact finding mission to support the promotion of physical activity in North Macedonia



WHO fact finding mission to support the promotion of physical activity in North Macedonia

Skopje, 19–22 February 2019

Report on mission findings and recommendations

Authors:

- Stephen Whiting – Technical Officer (NCDs), WHO European Office for the Prevention and Control of NCDs
- Lea Nash Castro – Consultant, WHO Regional Office for Europe
- Dr. Peter Gelius – Co-Director, WHO Collaborating Centre for Physical Activity and Public Health, Friedrich-Alexander-Universität Erlangen-Nürnberg, Germany

Background

Physical inactivity is considered one of the main risk factors for noncommunicable diseases.ⁱ Meeting the WHO recommended levels of physical activity has many potential health benefits, including a reduced risk of cardiovascular disease, hypertension, diabetes, certain forms of cancer, weight management, and positive effects on conditions related to stress, anxiety, depression and Alzheimer's disease.ⁱⁱ Beyond health, physical activity is also linked to 13 of the 17 Sustainable Development Goals set by the United Nations.ⁱⁱⁱ

Despite its known benefits, there is a worldwide trend towards less total daily physical activity. In Europe, estimates indicate that more than one third of adults are insufficiently active.^{iv} Consequently, increasing levels of physical activity is a goal of central WHO strategies and action plans, including the Global Action Plan for the Prevention of Noncommunicable Diseases,ⁱ the Global Physical Activity Action Plan,^v and the Physical Activity Strategy for the WHO European Region 2016–2025.^{vi}

The government of the Republic of North Macedonia has recognized the need to increase action to prevent NCDs and to promote healthy lifestyles. In the fall of 2018, experts from WHO were invited to a *National Multisectoral Workshop for the Development of a Detailed Implementation of the Action Plan for NCD*. This was followed in February 2019 by a fact-finding mission and a national stakeholder consultation organized by the Ministry of Health, WHO Regional Office for Europe and the WHO Country Office for the Republic of North Macedonia on the specific topic of physical activity promotion. This report provides an overview of the mission and summarizes its main findings and recommendations.

Mission overview

The mission team included Dr Jihane Tawilah, WHO Representative to the Republic of North Macedonia, Ms Margarita Spasenovska, National Professional Officer, Public Health, WHO/MKD, Mr Stephen Whiting, Technical Officer (NCDs), WHO European Office for the Prevention and Control of NCDs, Ms. Lea Nash Castro, Consultant, WHO Regional Office for Europe, and Dr Peter Gelius, Co-Director, WHO Collaborating Centre for Physical Activity and Public Health, FAU Erlangen-Nürnberg.

The mission to Skopje took place between 19 and 22 February 2019 and consisted of the following meetings:

- *Ministry of Health and Institute of Public Health*: Discussion about current implementation of national actions to promote physical activity.
- *Ministry of Education and Science*: Discussion about barriers and opportunities for promoting and expanding physical activity in schools.
- *Ministry of Labor and Social Policy*: Discussion about barriers and opportunities for promoting and expanding physical activity for all population groups in various settings and target groups, including pre-schools and older people.

- *UNICEF*: Information about the UNICEF activities for promoting physical activity in various settings and discussion about possibilities for joint action.
- *Agency for Youth and Sports*: Discussion on policy barriers and opportunities for promoting and expanding physical activity for all population groups in various, including sport.
- *University of Skopje, Faculty for physical education, sport and health*: Discussion on opportunities and barriers for promotion of physical activities, the role of educational institutions and a current project aimed at increasing allocation of physical education teachers in schools.
- *Municipality Centar Skopje*: Discussion on policy barriers and opportunities for promoting and expanding physical activity for all population groups in various municipal settings.
- *J.H. Pestaloci School, Centar Skopje*: Field visit to, demonstration of physical education lessons and meeting with the school principal to discuss opportunities and barriers for promotion of physical activities in schools.
- *Adviser for sport of the Prime Minister*: Information about governmental projects and activities for sport and physical activity promotion.
- *Multi-stakeholder consultation workshop*: Presentation of WHO tools and strategies, validation of mission findings, groups work discussion on priority areas and next steps.

Multi-stakeholder workshop

In order to highlight both existing good practice as well as policy gaps and to facilitate future policy development, the mission team collated the information gathered during the meetings based on the priority areas and objectives of the Physical Activity Strategy for the WHO European Region. Findings were presented at a multi-stakeholder consultation workshop held in Skopje on 21 February 2019, which was attended by participants from sectors relevant to physical activity promotion in North Macedonia. The mission team also highlighted the importance of the guiding principles of the Strategy for future policy development in North Macedonia, particularly of aiming to reduce health inequities and promoting a life-course approach to physical activity promotion. Stakeholders were asked to validate the findings of the mission team and amend where necessary. In the second part of the workshop, the mission team presented potentially useful WHO tools, such as the Physical Activity Country Factsheets, and examples of good practice from other European countries.^{vii} Participants formed cross-sectoral workgroups and discussed potential next steps for future policy development in North Macedonia for each of the five priority areas of the Physical Activity Strategy for the WHO European Region.

Mission findings

The following sections present the mission findings. They are based on (a) the notes of the mission team made during the meetings with ministries and agencies and (b) the comments made by stakeholders following the presentation of these preliminary results at the multi-stakeholder workshop. Results are presented here following the five priority areas of the Physical Activity Strategy for the WHO European Region 2016–2025.

Priority Area 1: Providing leadership and coordination for the promotion of physical activity

Objective 1.1: Provide high level leadership by the health sector

The Physical Activity Strategy for the WHO European Region suggests that Member States should ensure high-level leadership for physical activity promotion and that the health sector should play a leading role for policy development and implementation. Discussions with various stakeholders indicated the highest levels of government, including the Prime Minister and the Minister of Health, fully support placing physical activity high on the political agenda. In addition, there is widespread support for the Ministry of Health taking the lead in coordinating intersectoral efforts and the Ministry has declared it is willing to do so.

Currently, there seems to be a window of opportunity to (a) continue and expand monitoring activities and data collection on physical activity prevalence rates and policies, (b) develop national policy, and (c) using the topic of physical education in schools as a starting point for future government activities.

Objective 1.2: Establish coordination mechanisms and promote alliances

The Strategy also calls for the establishment of intersectoral coordination mechanisms for physical activity promotion. The mission team concluded that the institutional actors who were engaged for direct talks and/or who took part in the multi-stakeholder workshop could serve as the basis for a more formalized coordination mechanism on physical activity. The group could be expanded to include other relevant actors, e.g. from the transport sector, associations of North Macedonian municipalities, or associations of private sport and physical activity providers.

In order to avoid unnecessary duplication of structures, plans for such a mechanism should be closely aligned to current efforts to establish an NCD coordination group for the Republic of North Macedonia. Potentially, the physical activity group could be a subgroup within the NCD coordination mechanism. The Ministry of Health has declared it will coordinate the establishment of the coordination mechanism and extend invitations to the relevant actors.

Priority area 2 – Supporting the development of children and adolescents

Objective 2.1: Promote physical activity during pregnancy and early childhood

The Physical Activity Strategy calls upon Member States to consider expanding family policies to provide information about physical activity to future parents and young families, to promote physical activity during pregnancy and to support young families with infants to be physically active. The fact finding mission could not identify any current policies or interventions to promote physical activity during pregnancy or for small children, but noted that pre-school starts at a very early age in North Macedonia which is an opportunity for future efforts in this area. However, stakeholders noted that only a third of North Macedonian children attend pre-school and, therefore, children who do not attend must also be considered.

Objective 2.2 – Promote physical activity in preschools and schools

WHO recommends that schools in Member States provide an appropriate number of high-quality physical education (PE) lessons. The mission team found that the current number of compulsory PE lessons in North Macedonian schools, while comparable to neighboring countries, could be increased. During the mission multiple stakeholders identified the lack of dedicated PE teachers in North Macedonian pre-schools and primary schools as a potential problem for the quality of PE lessons. This is currently being addressed through a pilot project using ‘teacher tandems’ which is coordinated by the Faculty of Physical Education, Sport and Health at the University of Skopje and the Municipality of Centar-Skopje. There are signs that the government may be willing and able to provide funding and the required legal amendments to implement this scheme at a national scale, which might serve as a good starting point to instigate further development of physical activity policy in North Macedonia.

The Strategy also advises schools to promote physical activity outside of PE classes. The school-based sport clubs in many North Macedonian schools may serve as an important opportunity to provide extracurricular physical activity to students. Additional measures that could be explored include active recess, activity breaks during lessons, and the use of school spaces such as lobbies, hallways and other open spaces for physical activity.

A potential challenge for providing good services to all children to ensure health equity is the fact that resources available to municipalities and schools seem to vary substantially throughout the country. Importantly, there are not enough dedicated school gyms in many rural areas yet. While the construction of more gyms is underway, there is a need to find creative interim solutions to utilize existing school infrastructures (such as lobbies and classrooms) for physical activity. Stakeholders pointed to existing initiatives in Slovenia as a potential source of inspiration.

Outdoor activities during school hours and active commuting to school were identified as challenging during the mission, as air pollution is a problem during the winter months (especially in the big cities) and there are increasingly long heat waves in summer. These problems notwithstanding, the mission team was able to identify good practice with a potential for nationwide implementation in this field, e.g. classes for biking and traffic safety in primary schools in the municipality of Centar-Skopje.

Objective 2.3 – Promote recreational physical activity for children and adolescents

WHO recommendations also address the issue of recreational physical activity for children and adolescents outside the school setting, with a special focus on those from socially disadvantaged backgrounds or with disabilities. In North Macedonia, the school-based sport clubs mentioned above might serve as a good basis for promoting the participation of children in physical activity. As these clubs usually charge membership fees, however, it may be advisable to explore options to ensure that children from all backgrounds can take part. Physical activity may also be promoted by providing adequate indoor and outdoor infrastructure (e.g. playgrounds, free-of-charge football pitches or indoor courts, swimming pools etc.). During its short visit, however, the mission team was not able to obtain a comprehensive overview of the situation in North Macedonia, esp. in rural areas and cities outside of Skopje.

Priority area 3 – Promoting physical activity for all adults as part of daily life, including during transport, leisure time, at the workplace and through the health-care system

Objective 3.1 – Reduce car traffic and increase walking and cycling suitability

In order to promote physical activity for the adult population, the WHO Physical Activity Strategy calls upon Member States to promote human-powered transport. As noted above, air pollution in winter and high temperatures in summer were identified as potential barriers for large parts of the population to engage in human-powered transport in North Macedonia. Nonetheless, the fact finding mission was able to identify several examples of good practice during its visit to the municipality of Centar-Skopje, including bike lanes and a scheme to subsidize bike purchases by citizens. While it could not be ascertained whether conditions allow for an implementation in other parts of the country, the government may find it worthwhile to investigate the potential for a nation-wide scale-up of these and similar measures.

Objective 3.2 – Provide opportunities and counselling for physical activity at the workplace

Workplace physical activity promotion is another component of the current WHO Strategy for the European Region. Stakeholders from North Macedonia also highlighted the importance of raising awareness about physical activity at the workplace and provided examples of good practice at individual institutions such as the Faculty of Physical Education, Sport and Health at the University of Skopje. Overall, however, the mission did not allow for gaining a comprehensive overview of existing national, local or organizational policies for worksite physical activity promotion.

Objective 3.3 – Integrate physical activity into prevention, treatment and rehabilitation

WHO Member States should adopt recommendations on physical activity for the entire population and for special subgroups on the basis of the WHO Global Recommendations on Physical Activity for Health and should integrate physical activity into prevention, treatment and rehabilitation within the health sector. The fact finding mission found that, in general, WHO's physical activity recommendations seem to form the basis of national policy efforts. On this basis, the adoption of specific national physical activity recommendations for North Macedonia could be considered.

In the past years, organizations such as HEPA North Macedonia have conducted workshops on physical activity for physicians, which have been met with great interest. However, stakeholders identified the need for implementing further training for health professionals, which could be achieved in the context of the broader efforts initiated by the government to improve the training of medical doctors on counseling and prevention of noncommunicable diseases. As in many other countries, a potential problem is how to reimburse doctors for issuing “green prescriptions”, i.e. for prescribing physical activity.

Stakeholders also mentioned that the regional health offices in North Macedonia could be included in considerations regarding physical activity promotion through the health sector.

Objective 3.4 – Improve access to physical activity facilities and offers, particularly for vulnerable groups

Improving access to infrastructure is considered an important means to promote physical activity for the general population. The mission team identified good practice in the municipality of Centar-Skopje, e.g. recreational areas and outdoor gyms on the Vardar riverbank and free-of-charge outdoor facilities throughout the city.

Regarding indoor facilities, school gyms seem to serve as an important backbone of the sport club system in North Macedonia. In this context, the potential problem of exacerbating health inequities should be considered, as sport clubs are usually private enterprises charging membership fees, impeding access for people from low socio-economic backgrounds. The Physical Activity Strategy for the WHO European Region suggests exploration of incentives for providers to offer programs with low-entry barriers for all population groups. However, the mission also showed that many schools rely on the income generated by renting out gyms to private sport clubs, thus enabling them to provide additional services to their students. These interests should be considered when developing policies in this area.

During the mission, several stakeholders highlighted people with disabilities and/or in long-term care facilities as a target group in special need of increased physical activity promotion efforts in North Macedonia.

Priority area 4 – Promoting physical activity among older people

Objective 4.1 – Improve the quality of advice on physical activity by health professionals to older people

Objective 4.2 – Provide infrastructure and appropriate environments for physical activity among older people

Objective 4.3 – Involve older people in social physical activity

The Strategy identifies older people as an important target group for physical activity promotion. Physical activity may delay functional decline and reduce the onset of chronic diseases, thus not only improving general well-being but also reducing institutionalization and general medical costs. While some efforts to promote physical activity among older people needs to be tailored or occur in specific settings (e.g. retirement homes), older people often also benefit from policies and interventions targeting adults or the general population (see e.g. Objectives 3.3 and 3.4 above).

During the fact finding mission, the team was not able to collect sufficient information on the status of physical activity promotion for older people in Northern Macedonia. However, stakeholders mentioned that there was a need for special rehabilitation centers to support older people engaging in sufficient levels of physical activity.

Priority area 5 – Supporting action through monitoring, surveillance, the provision of tools, enabling platforms, evaluation and research

Objective 5.1 – Strengthen surveillance systems

WHO highlights the need for reliable and timely information on physical activity prevalence rates and of policy monitoring to inform future policy development. The mission team found that the Republic of North Macedonia is already participating in several important surveillance programs, such as COSI and HBSC, and has specific plans to implement others in the near future, e.g. STEPs. Other initiatives that are currently being considered are a surveillance/monitoring system for children modeled on the Slovenian SloFit system and completing the HEPA Monitoring Framework, which was originally developed by WHO for the EU and which is now being expanded to the entire European Region.

Objective 5.2 – Strengthen the evidence base for physical activity promotion

Ongoing scientific support by capable national research institutions may be an important asset for the development and implementation of upcoming physical activity policy in North Macedonia. The mission team found that several institutions are already providing assistance, including the Faculty of Physical Education, Sport and Health at the University of Skopje, the Higher Medical School at the University of Bitola, and HEPA North Macedonia. Among the focus areas of support are physical education in schools and the integration of physical activity counseling into the training of medical doctors. Provided the availability of adequate resources, these institutions could also provide support for policy development in the other priority areas mentioned above and for other target groups.

During the mission, several stakeholders pointed to the limited prominence of physical activity in the North Macedonian public and for the need to raise awareness for the issue through adequate means. The mission team found that examples for good practice already exist in this field, e.g. the implementation of the EU's European Week of Sport by HEPA North Macedonia.

Workgroup results

Based on the mission findings that were presented at the multi-stakeholder workshop, participants engaged in an exercise to identify future priorities for physical activity promotion policy in North Macedonia. Three cross-sectoral workgroups were formed to discuss potential policy options. The results, which were summarized and presented to the plenary by rapporteurs for each workgroup, are summarized in the following sections.

Schools

- *Workgroup 1:* Identify institutional solutions to increase the number of lessons, promote physical activity outside of PE lessons, and promote the practice of recreational activities during or outside school lessons but on school premises, thus reduce the costs for physical

activity outside of school hours. Rather than hiring professionals, volunteers could be recruited to lead these activities.

- *Workgroup 2:* (a) Increase the number of PE teachers in kindergartens; (b) Pay specialized workers as highly qualified staff to cover more children in kindergartens, but also those taken care of at home. (c) Amend the school curriculum. (d) Introduce the PE teacher tandem project in primary education in grades 1–5. (e) Increase the number of PE lessons from 3 to 5 lessons per week in order to prevent deformities and create physical activity habits. (f) In secondary education, increase the number of PE lessons from 2 to 3 to strengthen the school sports clubs. (g) In universities, include mandatory lectures on physical activity and sports and sports medicine in all sport faculties. Include this in MScs, informal education, continuous education for health care staff, focusing on the risks and benefits of physical activity.
- *Workgroup 3:* (a) Unify the PE curricula in kindergartens. (b) Develop an individualized approach for people with different special needs (obesity, bad posture etc.). (c) Include physical activity in all school lessons, especially in grades 1–5, using interdisciplinary and active lessons to integrate movement in curricular activities.

Workplaces

- *Workgroup 1:* Enable physical activity in the workplace in line with the capacities of companies or institutions for providing active breaks. Within the law of health and safety, include provisions that will oblige employers to allow employees to be active during working hours. Organize additional activities such as field trips in the mountains etc.
- *Workgroup 2:* (a) Increase awareness for physical activity at the workplace, encourage workers to be active everyday, and promote being physically active outside the workplace three times per week. (b) Consider how to provide more information by doctors. (c) Regulate the way physical activity is measured among the adult population.
- *Workgroup 3:* Create the legal basis to provide space and time for people with office jobs to have breaks during which they can exercise.

Older adults

- *Workgroup 1:* Create awareness of better habits regarding physical activity, particularly among vulnerable groups such as older adults, as many older adults still consider it a taboo to be physically active.
- *Workgroup 2:* Increase opportunities for older people to be active, particularly by including sport facilities in elderly homes.
- *Workgroup 3:* Change the mindset of older adults to know that they can be more active, and highlight the benefits of physical activity to them. Educate them and change their mindset so they know what they can do to enjoy better health.

Urban planning and transport

- *Workgroup 1:* (a) Provide more playgrounds for children. (b) Build swimming pools in 15 additional schools. (c) Develop educational centers for pre-school children that provide activities for cognitive development.
- *Workgroup 2:* Raise awareness for active transport, such as biking to work. Promote learning how to bike or walking as an alternative for people who do not know how to ride a bike. Scale up existing initiatives for children in this area.

Health care

- *Workgroup 1:* General practitioners (GPs) should inform older adults as to which exercises could be suitable for them. GPs should collaborate with kinesiologists to give precise instructions of different target groups, including monitoring.
- *Workgroup 2:* Create a mass media campaign on physical activity, e.g. including news shows on TV. Promote good news about healthy diets, physical activity, fitness activities etc. Identify role models for children, raise the awareness of the importance of physical activity, and get involved in social learning. All municipalities should educate people on the importance of physical activity and diet. Implement educational sessions about children with disabilities, including the education of healthy children and their parents on how to foster the inclusion of children with disabilities.

Conclusions and Recommendations

The WHO team would like to thank all stakeholders for their participation in the fact finding mission and for their valuable input. Based on the information provided, it appears that there is currently an important window of opportunity to expand and speed up the development of physical activity policy in North Macedonia. Physical activity (and especially physical education) for children were highlighted by virtually all stakeholders as a central priority area, and the team was able to identify many examples of good practice in this field. However, there seem to remain gaps regarding other areas, settings and target groups, which should also be addressed as soon as possible. The mission team would like to make the following specific recommendations for the next steps in North Macedonia's physical activity policy:

1. To maintain and step up efforts for physical activity surveillance and monitoring by continuing the implementation of the COSI and HBSC surveys, by implementing the STEPs survey, and by starting to collect information to complete the HEPA Monitoring Framework, thus becoming one of the first countries outside the EU to produce a Physical Activity Country Factsheet.
2. To use the focus on childhood physical activity and physical education in schools as a starting point for further policy development by scaling-up the pilot project using PE teacher tandems

to the national level and by using creative interim solutions for the use of school infrastructures while more gyms are being built.

3. To collect further information on existing activities to promote physical activity beyond the target group of children and adolescents (such as adults, older people, socially disadvantaged people, and people with disabilities) and in non-school settings (e.g. workplaces, long-term care facilities) and to further specify priorities for the entire life-course.
4. To establish the participants of the stakeholder workshop as the core of a national coordination mechanism for monitoring and policy development in physical activity (potentially as a subgroup of a national NCD coordination mechanism), with the mid-range goal of developing national physical activity recommendations and a national physical activity action plan for the Republic of North Macedonia.

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¹ WHO/Europe. Physical activity strategy for the WHO European Region 2016-2025. WHO/Europe: Copenhagen. Accessed 3rd March 2019: http://www.euro.who.int/_data/assets/pdf_file/0014/311360/Physical-activity-strategy-2016-2025.pdf?ua=1

¹ WHO/Europe. Physical activity country factsheets for the European Union Member States of the WHO European Region. WHO: Copenhagen 2018. Accessed 3rd March 2019: <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/data-and-statistics/physical-activity-fact-sheets>

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.

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