

**MINISTRY OF HEALTH OF THE REPUBLIC OF MACEDONIA
HEALTH SECTOR MANAGEMENT PROJECT
CONSULTANCY ON FUTURE ORGANIZATION, FUNCTION, AND
FINANCING OF PUBLIC HEALTH IN THE REPUBLIC OF MACEDONIA
FIRST PROGRESS REPORT, JULY 13, 2007**

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I. Introduction

This is the First Progress Report for consultancy on Component 1 (Policy and Implementation) of IBRD Loan No. 4733, Health Sector Management Project, specifically relating to overall health policy and strategy development for the Ministry of Health (MOH) in Macedonia. As a review, the *main aim* of this work is to provide policy advice and to propose public health network organization, function, and appropriate financing of public health activities. This will lead to improvements in the health of the population and the performance of the health system in the RM. The *Key Objectives* of this consultancy are to:

- Define the essential Public Health functions in the RM in line with international standards tailored to the country needs.
- Assist in the development of the national Public Health Program for 2008;
- Determine the optimal functional organization of the Public Health Services based upon proposed Public Health functions on national, regional and local levels;
- Define the financial framework for the Public Health Program including available sources of financing of the proposed organizational and functional IPH structure. Recommend the best approach in presenting the proposal to the Government and or parliament.
- Guide the development of business plans for the existing Public Health Institutes, including those focusing on target population groups.
- Perform needs assessment on the current and future Public Health legislation and propose an outline of future PH legislation;

A. Summary of Initial Findings

1. The consultant visited Skopje and surrounding communities June 25-June 29, 2007 to acquire background information from several Regional Public Health Institutes, the Maternal-Child health program, the Health Insurance Fund, the Republic Public Health Institutes, the WHO programs in Skopje, and the Minister of Health. It is clear that reforms are needed, focusing on core public health functions, and identifying financing strategies that can allow less duplication of laboratory services across the institutes and shift support away from HIF and self-financing more toward core budget funding for core public health functions. In discussions with the HIF, there was an understanding to shift clinical preventive activities from the public health institutes to the competency of the personal care system, financed by the MOH programs for specific clinical services (albeit public health oriented). However, there was an agreement with the Director and Chief Operating Officer that this would not be done abruptly but rather over an extended period of time (five years). Findings of the inception report are summarized below, and these were reviewed and essentially accepted with changes by the RIPH, the Deputy Minister, and the Regional IPHs as well as the MCH program and Ministry of Health officials. (See Inception Report June 28, 2007, for full details).

- The public health network of institutes and related ministries is struggling without a clear sense of mission and core practices.

- Data systems are antiquated and do not sufficiently serve policy development.
- Much work has been done to recommend changes, but little action has followed as yet.
- New leadership arrives with political change, but some Regional directors are quite experienced. Sustained professional leadership is needed for the IPHs.
- Financing system is inappropriate with too much reliance on HIF and self-financing, with more core budget support needed.
- Gross under-funding of prevention is estimate as 0.5% of total per capita health expenditures; an internationally accepted target is 5% of total per capita health expenditures.
- Health manpower shortages are looming with increasing retirements and no pipeline of trainees. Need linkage to MPH program for practicum experiences.
- Core public health functions are not the main concern of the IPHs, but rather service provision and maintenance of revenue flows.
- The MCH program has national responsibilities but is administratively situated under the Skopje health home.
- All Regional IPH have same basic structure (Epidemiology, social medicine, hygiene, microbiology and administration), but few have well described revenue flows and budgeting processes.
- There is insufficient communication: across institutes, outward to policy makers, laterally to the public, and vertically within the system.

B. Aims and Objectives of Second Mission.

After discussions with Deputy Ministry Lazerivik and RPH Director Gjorjiev, it was decided to hold a workshop July 12 to which 2-3 representatives of each regional IPH plus representatives of the HIF, MOH, MCH program and leadership of the Republic IPH would attend. Basically, findings of the first mission will be reviewed by the consultant and then workshops would address specific reform processes (see report below). Participants were asked to provide background data on budgets, manpower levels and shortages, main public health problems, and ideas on improved communication and relationships between the RIPH and the regional IPHs. Reports were obtained from 9 of the 10 regional IPHs, and older reports citing infrastructure deficiencies were also obtained and reviewed the consultant. Other strategic planning documents and reports were also obtained and comparison documents on public health system reform from Serbia were provided by consultant Kees Shaapvold.

C. Persons and institutions met

Table 1. Persons and institution met during second mission.

Date	Institutions Visited	Persons met
July 9	PCU	Consultant Mike Naylor (Costing) Oxford Policy Management Katerina Venovska DM Vladimir Lazarevik
July 10	Ministry of Finance MOH/PCU	Toni Dimovski, Head of Budget Department and staff. MOH Secondary and Tertiary Care: Nikita Panova Primary Care: Jovanka Kostovska
July 11	Co-payment Working Group Regional IPH Bitola	DM Lazarevik, group members Director Vlado Trajkovski Technical Director, various staff
July 12	Public Health Working Group, Vodno Hotel, Skopje	See attendee list in Annex 1 Dragan Gjorgjev, Vladimir Lazarivik
July 13	Masters of Public Health Program and Occupational Medicine Program RIPH	Director of MPH program Dr. Krazinska-bislimovska Dragan Gjorgjev, Vladimir Kendrovski, Fimka Tozija, Katerina Venovska

D. Results of visits and meetings.

1. **Ministry of Finance.** Fruitful discussions were held with leadership from the Budget office concerning the intention to increase core funding for public health functions outside of directly clinical services and the laboratory businesses the institutes now rely on. The concept of prevention ultimately providing some savings in unnecessary health care, improving the health of the aging population, and assuring a healthy workforce that can reduce state expenditures and improve the economy seemed to be a mutual understanding. The key message, however, is that cost-benefit analysis should be used whenever possible to justify purchase of public health interventions through the State budget. It is not enough to

simply state that public health/population-based approaches to health should be done as public goods; careful evidence from abroad or from specific analyses in Macedonia are needed to increase core funds for core public health functions. The budget process begins in May when ceilings are established for the MOH, the HIF, and other ministries. The MOH makes recommendations about existing 13 programs based on past outputs and projected needs for services over two years. In part, the Regional IPH contribute by reporting, mainly outputs and not health data, on the work with the MOH programs. They are required to produce a business plan for the coming year, but it is unclear whether any of these have been done now what help is provided in their design by the RIPH and the MOF. Needs-based budgeting is a critical new field for the IPH, yet little capacity is available to establish costs, gaps, and budgeting objectives. MOH must report on linkage of budget to program outcomes. This may affect financial ceilings in the budget circular if justified. This year, the Basic Benefit Package is now defined to include the clinical preventive services such as check ups, immunizations, and screenings, especially for uninsured people that will be split off from the overall programs administered through the IPHs (some programs, such as mental health, are not under the competence of the IPHS). The assurance that these services are provided must still be up to the Institutes of Public Health, but it is not evident how this assurance function will be conducted. There have been some modest attempts at information management previously, but there is no system in place to monitor clinical providers for compliance with clinical preventive service guidelines (international guidelines are available).

2. A brief discussion with the Primary Care and Secondary Care sectors of the MOH covered issues of assurance for clinical preventive services. Issues of immunizations, particularly for adults, were touched on, and it is clear there could be some very cost effective interventions built into the HIF preventive services components based on international evidence (for example, there is strong support for mandatory universal pneumococcal and influenza vaccine for persons aged 65 and older; this will reduce mortality due to pneumonia and influenza, reduce epidemic spread in hospitals and confined populations, and reduce unnecessary hospitalizations). The conceptual linkage between such preventive clinical services and primary and secondary care is not well understood or publicized to policy makers or the public—a remnant of antiquated public health practice. Cost-benefit analyses are needed, but some services such as renal dialysis are very difficult to justify to MOF. A new law on evidence for medical intervention is needed, and paper transfer of data collected needs to be automated. Immunization program is not eligible for GAVI (multinational vaccine supply program for poor nations).
3. Bitova IPH. A field visit was made to the Bitova IPH. This IPH has a director who had been in the same position in a previous government. He had a clear mission to reduce debt and get the institute on sound financial

footing. It is clear to this director and his chief technical deputy that a realignment of functions towards core population-based activities is needed. He is most interested in reform but yet has attempted to respond to higher authority with strategic plans and annual reports. There were regular meetings with other institutes in previous times to improve share information, especially on health promotion and infectious disease prevention. All key positions are filled, but two are ready for retirement. He would like to expand the chemistry lab to support a toxicology unit; nevertheless, he is concerned with duplication of IHP equipment and labs and non-standardized methodologies. Preventive programs are insufficiently financed, and programs are not completely implemented. Population health issues: Non-communicable diseases and drug abuse. He would like more regional cooperation on these, but priorities should be set regionally and supported with data analysis. Training objectives include Social medicine, epidemiology, and information technology. He is in support of results-based budgeting and would like more frequent meetings among institutes and through a common IT network. All software used here is developed in-house and differs from institute to institute; higher level decisions and investment are needed. Financial operations are computerized, and they compile data for the RIPH for monthly reporting on disease and health conditions. IT consultation has been done, but a implementation of a current World Bank loan for IT is still pending. This needs to be integrated as part of the overall information system, including the health care system under the HIF contract.

4. Meeting with Director of School of Public Health (SPH). This school (actually a program) was established with Soros Foundation support in 2003, and is a member of ASPHER, with accredited modules, credit transfer system, and membership in the SE European network of Schools of Public Health (SPH) in Albania, Croatia, and Serbia. The school has international partnerships with Brown SPH in Jerusalem, Ulrich Lasser in Germany, and Tulane School of Public Health. Faculty exchanges and joint teaching are featured. The goal of public health education at the school is to decrease medicalized aspects of public health and address population health. They now have a fourth generation of graduates, with 100 students involved at different levels. Curriculum is two-year, part time for employed people. A health management training project is supported by a World Bank loan. A Memorandum of Understanding with MOH for trainees in SPH is in place. The SPH is organized as consortium of departments (Hygiene, social med, epidemiology, occupational health, and microbiology). It is accredited under the faculty of medicine as a Center of Public Health, and not really a separate school. Director Dr. Krazinska-bislimovska is an occupational medicine specialist and coordinator of the Center. It makes use of existing departments and awards the public health degree (MSPH—science based) with some specialties. They are working toward development of doctoral programs according to the Bologna declaration. Students now come now from across disciplines, and the

educational approach is seminars, workshops, and case studies. Students must do a masters' thesis linked to a research project, and they have a comprehensive exam. She recognizes the importance of field work, but it is not a formal requirement. Many of the students are currently employed in public health institutes.

5. Occupational Health is still part of six regional institutes. It is a program primarily for unemployed persons, assessing health and abilities as well as occupational hazards including stress. The Occupational medicine units coordinate with IPH on methodological approaches such as surveys.

II. Workshop Report

- A. A workshop involving 9 of 10 Regional Health Protection Institutes (Directors, Finance officers, Social Medicine specialists), the Republic Institute of Health Protection, the Health Insurance Fund, the Ministry of Health, the PCU, the International Consultant, the World Bank Team Leader, and the International Consultant was held July 12, 2007, at the Hotel Vodno, 10:00-16:00. See Annex 1 for a complete list of attendees and institutions (MACEDONIAN ONLY).
- B. Invitees from each of the Institutes were asked to provide background information to the group on three main HEALTH problems for the population of your Region; three ideas you might have for improvement of communications and working relations between the Republic Institute of Public Health and the Regional Institutes of Public Health; and ideas for improving the accountability of your Regional Institute of Public Health for the *health outcomes* of your population. In addition, the PCU asked for data on revenues, staffing, and projected shortages. These reports were quite variable in quality and completeness. The PCU is asked to review each report, assure completeness of the responses, and request revisions of each of the reports to be provided in electronic format. *(These should be translated and forwarded to the consultant as received)*. In particular, the Republic Institute report needs to be completed, and a table of revenue flows will be developed by the consultant based on these reports.
- C. Attendees were divided into Working Groups on: Public health financing, public health communications, relationship between Republic Institute and Regional Institutes, and accountability in public health. A set of questions was assigned to each group. Results are reported below:
 1. Public health financing.
 - a. What is wrong with the current financing?
 - Does not consider the real needs of the public health
 - Insufficiently analyzed real costs
 - Legal obligations that cannot be enforced
 - Lack of finances
 - a) MOH Budget (20%)
 - b) HIF (70%)
 - b. What would be an ideal financing of public health functions?
 - Central budget based on what is expected from the HPIs

- Health Insurance Fund
 - Own revenues
 - Local self-government sources
 - Complete coverage of the work of the preventive teams and the material costs related to the achievement of the programs on the basis of an accurate analysis of measurable indicators
 - HIF should allocate a part of its finances commensurate to the savings incurred through reducing costs on the curative side.
 - Self-financing should have a small impact, only as a stimulating measure for development and motivation
- c. How will the institutes justify the expenditures?
- With a analysis of the real expenditures (financial accounting)
 - Proven effects manifested through reduction (eradication) of morbidities, mortalities and other measurable indicators
- d. Note: The Health Protection Institutes should have the proper authorizations to independently perform their obligations. Methods should be found to collect revenues which have not been included in any of the preventive programs based on analyses performed by the HPIs.
2. Communications
- a. Current communications
- RHPI and HPIs prepare a preventive annual program. The HPIs submit to the RHPI quarterly, semi – annual and annual reports as well as daily and weekly on infectious diseases.
 - The RHPI sends to HPIs monthly reports on the status of the infectious diseases, provides instructions and cooperation on how to deal in emergencies, as well as professional education and coordination through professional meetings and workshops. However there is insufficient feedback
- b. Communication with the local self government.
- Planning of the preventive activities based on the health status of the population and reporting to the local self government.
 - Sending reports about the health status of the population to the municipality, educational institutions, media and nongovernmental organizations.
 - Reporting to the media about health risks on local or regional level. Insufficient communication with the public at large
- c. Participation of representatives from RHPI and HPIs in policy development is needed
- Insufficient communication with some state authorities.
- d. Design of a communication system
- Single unified information system flowing from branch offices to HPIs to RHPI
 - Compatible software packages among HPIs

- RHPI to create a national database for the health status of the population as well as health risks, and HPIs should have access to this database
 - A set of health indicators should be introduced (for infectious diseases and other emergency situations) which need to flow from HCIs to HPIs to RHPI
 - The medical map should be upgraded in order to provide for direct extraction of data contained therein
 - Inclusion in the project of e-government
 - Regular professional meetings
- e. Describe a model for communication to the public and policy makers
- Joint information centers in RHPI and HPIs
 - Strengthening of the staff and equipment in order to provide for a greater presence in the field
 - Regular briefings of the public
 - Regular briefings of policy creators with proposal measures
3. Structural relationships between RHPI and the other HPIs
- a. Preventive program (the link established by law)
- Problematic relationships (software programs, methodologies, duplication of equipment and services, centralized donations, data from the PHC, non compliance with the legislation)
 - Lack of frequent communication, i.e. meetings where people could share experiences
- b. Functions:
- Monitoring hygiene and epidemiologic situation of the population
 - Monitoring the health status of the population, including risk factors
 - Specialist consultative laboratory services (microbiology)
 - Lab and other services to support specific public health programs
 - Health promotion
- c. Coordination between RHPI and HPIs
- RHPI should develop national public health policies based on data provided by HPIs
 - RHPI should prepare and disseminate unified data and surveillance programs, protocols, and methodologies in order to ensure comparability of data
 - RHPI should make more field visits to monitor implementation of programs and help assess priority problems
 - RHPI should provide an annual education program for all staff in public health system
 - RHPI should regulate laboratory analyses for food safety
 - The Maternal/Child Health Institute should be a part of the public health system (under RHPI?).
4. Accountability
- a. Criteria for choosing health priorities:

- Incidence and prevalence
 - Modifiable risk factors
 - Resources available – organization, cooperation, staff, equipment
- b. Defined priorities
- Cardiovascular diseases
 - Malignant neoplasms
 - Addictions
- c. Model project: Building of a healthy lifestyle and prevention of cardiovascular diseases
- Objective: To reduce risk factors (smoking, diet, physical activity, stress)
 - Activities:
 - Form a national coordinating body (the specialists in the HPI, 5 – 6 members)
 - Sectors involved: Health, education, economy, media, local self government, Food Directorate
 - Regional program for control of cardiovascular diseases
 - Human resources: HPI specialists and other staff, personal physicians, leaders from other sectors such as employers, education, etc.
 - Activities (interventions) – education, campaigns, monitor clinical preventive services, control of daily provisions, epidemiological research, enforcement of laws (e.g., nonsmoking), and overall professional supervision of the project implementation
 - Equipment: campaign material, devices for HA, Chol, GL, TRG, supplies, vehicles, campaign equipment
 - Performance measurement criteria: CVD incidence, smoking prevalence, number of preventive services provided, population reached by the campaign, number of public lectures provided, patient satisfaction, survey results, number of broadcasts in the mass media, results from program evaluations
 - Methods of communicating the results: written reports, invite representatives from other regions to see what has been achieved, web sites, media – press conferences

III. Conclusions based on Second Mission

- A. The public health planning network has been established during the Workshop above, and a number of very positive outcomes can be seen in the cooperation within the working groups. The Working Groups were mixed with Directors, finance managers, and social medicine participants from the different institutes. Only one institute (Prilep) did not participate. There are other stakeholders in the broad public health system. Table 2 shows an initial attempt to define these stakeholders. Representatives of several of these other

stakeholders (non-health sector especially) should be invited to the next public health workshop in late September.

- B. A smaller, focused Steering Committee (SC) is now needed to work on actionable plans for Public Health Reform. This committee should be appointed by the Minister of Health. The leadership of this SC should rely on the RIPH staff, and the Ex-officio chair should be the Deputy Minister. A preliminary list of nominees is included in Annex 2. The TOR for the SC and schedule are shown in Annex 3.

Table 2. Key Stakeholders in the Public Health System in Macedonia

Institution	Mission	Public Health Functions
Republic Institute of Health Protection		
Regional Institutes of Health Protection		
Occupational Health Institutes		
Local self-governments		
Food Directorate		
State Sanitary Inspectorate		
Ministry of Agriculture		
Health Insurance Fund		
Ministry of Labor		
Professional Organizations		
State Statistical Office		
Non-governmental organizations		

- C. There have been numerous consultations and documents already produced on reform of the health system (see for example, MINISTRY OF HEALTH. DRAFT PROGRAM for Public Health in Republic of Macedonia in 2005, Skopje, 2004), but there is a need for detailed financial determinations based on actual public health programmatic functions, a review of the public health law in order to accommodate reforms, and a thorough review of the health manpower. In addition, a review of the MPH and continuing educational programs to support the future development of the public health system is needed. The consultant will develop a Draft Public Health System Reform plan for use by the SC in its deliberations. However, the real work of reform should be led by the RIPH and involve the various stakeholders.
- D. It is not possible at this time to develop a detailed new budget plan for the 2008 budget cycle. It is recommended that the Republic Institute and Regional Institutes be funded at 2007 levels plus 5% as an investment in the Reform process. It will be important for the PCU and RIHP to gather complete data on revenues and budgets from the Regional institutes and RIHP prior to the next mission. A detailed financial plan should be possible for the next budget round in May 2008.

IV. Work plan for Third Mission

- A. Proposed dates: September 24-October 2. The most important activities will be done in advance of the mission by the SC (see attached work plan).
- B. A Draft Public Health Reform Action Plan, Financing Plan, and Legal plan will be provided by the Consultant by early August. This will help guide the SC in their deliberations.
- C. This Progress Report should be translated and disseminated to all the meeting attendees as well as the Prilep director by the RHIP via electronic means. It is important to begin to establish a regular electronic communication among the institutes.
- D. The RIHP should look into the current status of the IT project supported by the World Bank; this needs to support an integrated communication system for the Institutes. During the next mission, the Consultant should meet with IT planners. The RIHP should establish a web page for the Public Health Reform project so that network members can access plans, documents, and progress reports. RIHP should assert leadership in the planning process and publicize its efforts accordingly.
- E. A local legal consultant should be involved in the planning process regarding public health law, and the RIHP should identify this individual for meetings during the next mission.
- F. The Consultant will visit at least two more Regional institutes during the next visit (Ohrid and Prilep).
- G. The consultant will plan to meet with other stakeholders such as the Sanitary Inspectorate and the Food Directorate during the next mission.

Annex 1. Attendees in First Public Health Reform Workshop
(Katerina to attach typed list in Macedonia of attendees, Label as Table 3)

Annex 2. Proposed Public Health Reform Steering Committee Membership

After the First Public Health Reform Workshop, discussions were held among the DM, Republic Institute of Health Protection leadership, the International Consultant, the Project Coordination Unit, and the World Bank Team Leader. It was decided that a small, functional steering committee would be appointed by the Minister of Health to fully develop a public health reform action plan. The plan will be drafted by the consultant for use by the SC. Suggested membership on this SC is as follows:

1. Vlado Trajkovski, Acting Director Bitola IHP
2. Florentina Surbevaska, Acting Director Veles
3. Fimka Tozija, RIHP Social Medicine Specialist, Co-chair
4. Vladimir Kendrovski, Hygiene Specialist, Co-chair
5. Jovanka Kostovska or other nominee from MOH
6. HIF representative nominated by Director
7. Shefalj Memishi or Valentina Simonovska, Skopje IHP

Ex-officio Chairman: Deputy Minister Vladimir Lazarivik

Staff: Katerina Venovska, PCU

Annex 3. Terms of Reference for Public Health Reform Steering Committee

Draft Mission Statement: To Develop a Short and Medium Action Plan to Revitalize, Reform, and Refinance the Macedonian Public Health System

Terms of Reference:

1. Review background reading material provided by PCU.
2. Review draft Reform Plan produced by Public Health Consultant and recommend steps to restructure the public health institutes in support of a modernized public health system based on core public health functions;
3. Identify coordinating and leadership functions of Republic institute and define relationships between it and the Regions;
4. Review current financing and revenue flows of the public health system, including non-institute sectors, and identify gaps in funding for core public health functions based on No. 1;
5. Identify health manpower needs for the next five years in the public health system; recommend training programs to fill these needs and identify key interactions between public health training component and public health practice environment;
6. Approve an integrated communications system that will link institutes, republic institute, the public, and the Government ministries with equity in public health (MOH, MOF, HIF, Sanitary Inspectorate, Food Directorate);
7. Establish business plan templates for needs-based financing of public health functions at the Regional level.

Documents for Review and Background

1. MINISTRY OF HEALTH. DRAFT PROGRAM for Public Health in Republic of Macedonia in 2005, Skopje, 2004.
2. Ten revised and completed pre-Workshop reports from Regional Institutes of Public Health and Republic Institute. (These will need to be reviewed by the PCU and returned for revision and uniformity to the Institutes by August 1)
3. Draft Working Paper on Structural Reform of Public Health System in Macedonia (to be submitted by Consultant to PCU by August 1, 2007, for review and comment)
4. Reference paper on core functions of public health to be excerpted from: Turnock BJ. *Public Health: What It Is and How It Works, Third Edition*. Sudbury, MA: Jones and Bartlett Publishers, 2004 (Consultant will prepare).
5. Thirteen MOH programs (in Macedonia) for 2007.
6. Macedonia MPH Curriculum (to be provided by Dr. Krazinska-bislimovska)

Timeline for Steering Committee (SC) Work

<u>Date</u>	<u>Action</u>	<u>Responsible party</u>
July 13	Appoint SC	D. Gjorgjev, V. Lazarivik, MOH
July 22	Notify appointees, get MOH letter of Appointment	D. Gjorgjev
July 27	Distribute Draft TORs, in Macedonian To SC for review and comment Establish email listserve and website	K. Venovska F. Toziya
Aug 6	Distribute Background Reading material including revised pre-Workshop Reports	K. Venovska
Aug 30	Agree on TORs Comments Due on Draft Reform Plan	D. Gjorgjev, V. Lazarivik
Sept. 10	First meeting of SC Organizational -Financing -Communications -Structural issues	V.Lazarivik (Ex-Officio Chair)
Sept. 17	Second meeting of SC -Overall Draft Reform plan -Legal consultation -Financial analysis -Manpower needs	V. Lazarivik (Ex-Officio Chair)
Sept. 26	Third meeting of SC with Consultant -Revise draft reform plan -Specific financial plan -Specific communications plan -Specific legal revision plan	Novotny
Sept. 27	Second Plenary Workshop Public Health Network*	PCU
October 1	Revised Draft Reform Plan With Actionable steps “The Vodno Declaration”	Novotny

* Includes wider representation of public health actors in Macedonia. See Table 2 above