PREVENTION AND HEALTH LITERACY AS PILLARS OF GLOBAL HEALTH: A COMPARATIVE ANALYSIS OF NIGERIA AND BELARUS

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Relevance. The execution of prevention and health literacy is extremely contextual, even though they are the most important components of health systems sustainabilityand Universal Health Coverage (UHC). The study of health literacy and prevention in completely different national contexts, such as Nigeria, a developing country with a dual disease burden, and Belarus, a post-soviet union states with centralized universal health care, is important for formulating global health strategies. The disparity in structure is evident, but there is an overwhelming need for health systems to provide the information and services to improve the health of the populace [1-3].

Target. Focus on the differences and similarities of the strategies, implementation challenges, and barriers of disease prevention and health literacy in Nigeria and Belarus, and derive practical lessons for improving health systems in a range of contexts.

Research methods. The study is a comparative analysis of WHO frameworks, peer reviewed publications, and country health data (including WHO Country Cooperation Strategies and Health System Reviews). The analysis focuses on the use of the three levels of prevention (primary, secondary, tertiary) and health literacy (cognitive, social, and practical) [1-4].

Results and their discussion. The analysis shows very different approaches in the two countries based on their different systems. Belarus benefits from a systematized and centralized funding system, which includes universal access to care and high (>95%) immunization coverage. These structural bases present challenges in preventive modernization to deal with rising non-communicable disease (NCD) prevalence and patient-centered care [2, 3].

Within Nigeria's decentralized, resource-constrained systems encumbered with a dual burden of disease and emerging NCDs, the fragmented implementation of prevention is significantly hampered by weak health funding and poorly built rural infrastructure. The achievement of health literacy is a paradox because in many developing nations, there exists a health literacy gap that requires strengthened health systems to address. Evidence shows that health literacy is tempered by the culture of a people [1-2, 4- 5].

Nigeria has opportunities through community health initiatives and active partnerships, while Belarus needs modern initiatives to bring change. Both countries have demonstrated that health literacy is the most impactful gap. Belarus must modernize to engage better with highly active community, culture, and resource-

targeted communication. Nigeria must close the gap to ensure operational access and a fully integrated system [1–4].

Conclusions. Effective prevention and health literacy are attainable without large financial investments or systematic centralization. Belarus and Nigeria offer examples of how health system structures and socio-cultural engagements can be harnessed, respectively. The core of the matter is health-literate populations. There are no alternative routes [1–4].

The way forward is health literacy and context-specific plans. Nigeria needs to use local culture to communicate health messages, including collaboration with traditional and faith leaders. Belarus needs to address modern patient-centered NCDs management from within the established system [2-3, 5]. In the end, health literacy – accessible, easy to understand, and adapted to local context – is a basic social investment that is needed to ensure global health security and equity [1, 4].

LITERATURE

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CRYPTOGENIC ISCHEMIC STROKE IN A 23-YEAR-OLD PATIENT

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Relevance. The incidence of ischemic stroke among younger adults is showing a concerning upward trend [1]. A significant clinical challenge in this demographic is the proportion of cases classified as cryptogenic, where no traditional etiology is identified, complicating both diagnosis and management. The presented case exemplifies this scenario, involving a patient devoid of conventional vascular risk factors or significant comorbidities.

Target. This report describes a clinically significant case of cryptogenic ischemic stroke in a 23-year-old male.