

Policy and practice

A MULTISECTORAL APPROACH TO THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES: BUILDING THE MOMENTUM IN BELARUS

Tatiana Migal,¹ Irina Novik,² Egor Zaitsev,³ Altynai Satylganova,⁴ Frederiek Mantingh,⁴ Sylvie Stachenko,⁵ Tatiana Elmanova,⁶ Gauden Galea⁴

¹ Department of Specialized Medical Care, Ministry of Health, Belarus¹ World Health Organization Regional Office for Europe, Copenhagen, Denmark

² Republican Scientific and Practical Centre for Medical Technologies, Informatization, Administration and Management of Health (RSPC MT), Belarus

³ WHO Country Office in Belarus

⁴ Division of Noncommunicable Diseases and Promoting Health through the Life-course, World Health Organization, Regional Office for Europe, Copenhagen, Denmark

⁵ School of Public Health, University of Alberta, Edmonton, Alberta, Canada

⁶ Consultant, World Health Organization, Regional Office for Europe, Copenhagen, Denmark

Corresponding author: Frederiek Mantingh (email: frm@euro.who.int)

ABSTRACT

Noncommunicable diseases (NCDs) account for 75% of the total mortality in Belarus, and pose a threat to the social and economic development of the country. This calls for swift policy actions that are aligned with regional and global mandates. Internationally agreed upon approaches to tackling the NCD burden call for multisectoral action. Through coordinated country support by WHO and the conduct of two assessment missions by

international agencies in 2014, the attention of the Government of Belarus and non-health sectors was drawn to the existing burden of NCDs. The activities undertaken by these organizations created a momentum for change in Belarus, and helped in developing the multisectoral National Programme on the Prevention and Control of NCDs. These activities and processes also influenced the introduction of NCDs in the United Nations

(UN) Development Assistance Framework (UNDAF), in which NCDs were defined as one of the priority areas for the work of the entire UN team in Belarus. A retrospective exercise of the processes and outputs of coordinated, intensified support for Belarus in 2014 uses a modification of the Kingdon model of policy formulation. It also conceptualizes the possible pathways of translating this approach to other countries.

KEYWORDS: MULTISECTORAL ACTION, NONCOMMUNICABLE DISEASES, BELARUS, EASTERN EUROPE

BACKGROUND

Belarus, like other countries of the Commonwealth of Independent States (CIS), has a high burden of noncommunicable diseases (NCDs). These account for 75% of the total mortality, with a disproportionately high burden of premature mortality among men of working age (1). In 2012, the probability of dying from

one of the four main NCDs (cardiovascular diseases, cancers, diabetes and chronic respiratory diseases) between the ages of 30 and 70 years was estimated by the World Health Organization (WHO) to be 26% in Belarus, compared to an average of 18% in the WHO European Region (2). The prevalence of NCD risk factors is high in Belarus, especially alcohol use, with an estimated annual consumption of 17.5 L of pure alcohol per capita¹, as well as high levels of tobacco use:

¹ Latest available data in WHO "Global status report on alcohol and health 2014"

46.8% of the male population are active smokers (1). Aside from the ethical imperative of addressing NCDs, there is the economic case for investing in better prevention and control, as working-age adults account for a large proportion of those who fall ill, which poses a threat to the social and economic development of the country. The existing burden of NCDs and high prevalence of their major risk factors call for prompt policy action.

In accordance with the September 2011 Political Declaration on NCDs (3) and the July 2014 United Nations (UN) General Assembly (4), globally, countries have committed to developing national multisectoral action plans for NCDs by 2015 in order to achieve the goals and targets of the “Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020” (5). Commonly agreed priority actions for the prevention and control of NCDs suggest that multisectoral policies provide an effective framework for addressing NCDs and their risk factors at the country level. At the regional level, the need for multisectoral action is also echoed by Health 2020 strategic objectives on participatory governance (6).

LOCAL CONTEXT

Historically, Belarus has adopted and implemented health policies as a “one sector business”, as in other countries of Eastern Europe and Central Asia. However, in line with recent international recommendations on participatory governance and a multisectoral approach to NCDs (5, 6), Belarus has shown an interest in applying these principles to the development of a multisectoral Belarusian National Programme on the Prevention and Control of NCDs 2015–2020. This is an example of multisectoral country work in the area of NCDs in the WHO European Region.

APPROACH

During 2014, WHO provided coordinated country support to Belarus in the area of NCDs. In May 2014, experts from the Belarusian Ministry of Health (MoH) and the Republican Scientific and Practical Centre for Medical Technologies, Informatization, Administration and Management of Health visited the WHO Regional Office for Europe (WHO Europe)

to discuss programmatic issues and receive technical advice on work in the area of NCDs. The objectives of the visit were to introduce the national experts to the key documents and tools of WHO in the area of NCDs, and for the national experts to present and discuss the current draft NCD strategy and action plan, as well as next steps for finalization of the plan.

In order to assess the health system capacity of Belarus for the prevention and control of NCDs, a first country mission was conducted in May 2014. This was a joint mission between the Division of Noncommunicable Diseases and Promoting Health through the Life-course and the Division of Health Systems and Public Health of the WHO Regional Office for Europe. The mission evaluated country capacity in the area of NCDs (with a focus on cardiovascular diseases and diabetes), including both core individual services and population-based interventions, through an assessment of the degree of implementation of the WHO-recommended set of cost-effective interventions for the prevention and control of NCDs. As collaboration with other sectors is essential for the successful implementation of these interventions, the capacity of the health sector to work across sectors was also scrutinized during the assessment. This collaboration between the Government of Belarus and WHO created an opportunity for national decision-makers to openly discuss the barriers to achieving better outcomes in NCD prevention and control. The preliminary results of this mission informed the subsequent mission of the UN Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Belarus in July 2014. This mission had representatives from various UN organizations – the United Nations Development Fund (UNDP), United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), World Bank and WHO – and was the first of its kind, not only in the European Region, but globally.

The aim of this mission was to support the UN Country Team and the Government of Belarus in their efforts to address NCDs, including identification of entry points for engaging with government agencies and other partners. The outcome of the UNIATF mission and its recommendations were communicated to the Government of Belarus. The mission team held meetings with the MoH,

Ministry of Economy, Ministry for Taxes and Levies, Ministry of Education, Ministry of Labour and Social Protection, and with civil society and donors, such as the European Union (EU) delegation. The mission found that different sectors varied in their readiness to address NCD issues. There was acute awareness of the boundaries created by differing mandates between the ministries in Belarus. Opportunities for creating synergies could be identified and used, while higher efficiency could be achieved through strengthening interministerial cooperation in service referral, screening, risk monitoring and health promotion. The alignment of various UN agencies was a great advantage, as different governmental bodies were receptive to advice from specific UN agencies that related to their area of work. For example, for the Ministry of Economy, involvement of the World Bank was important.

At the same time, integrated with these missions, WHO Europe also provided support to the MoH for developing the integrated multisectoral Belarusian National Programme on the Prevention and Control of NCDs, 2015–2020.

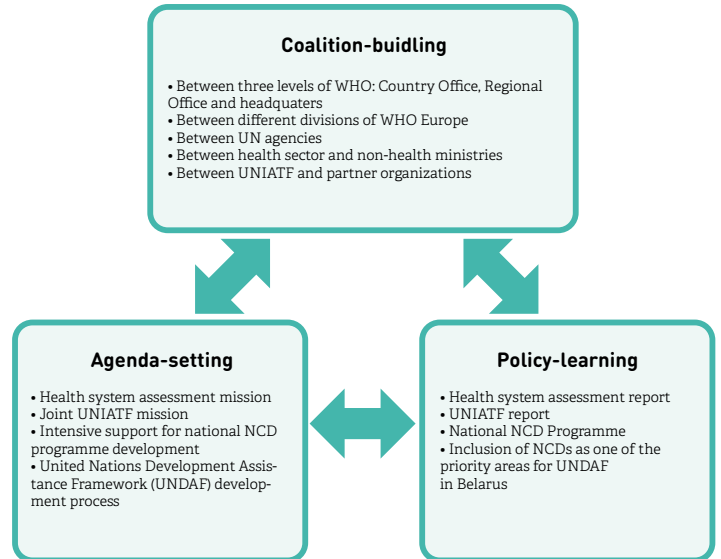
There are several theoretical frameworks that can assist in analyzing the factors responsible for the success of the policy processes that led to the development of the National Programme on the Prevention and Control of NCDs, 2015–2020. The framework chosen for backward analysis of the processes in Belarus is the theory proposed by Kingdon: the Policy Stream Approach. Kingdon's model suggests that policy formation is influenced by the flow of three parallel streams: a so-called problem stream, a policy stream and a politics stream (7). The problem stream regards public matters requiring attention, i.e. the high prevalence of NCDs in our analysis. The policy stream regards proposals for change, i.e. multisectoral work as one of the options for better prevention and control of NCDs. Finally, the politics stream is composed of political issues, such as political commitment to the problem, and the general political environment. In the classical Kingdon theory, when all three streams come together, a momentum for policy change is created. Further modifications of the model by the Population Reference Bureau and other authors (8,9) suggest that policy action can also be catalysed by three types of activities: coalition-building, agenda-setting and policy-learning (Table 1).

TABLE 1. OVERVIEW OF ACTIVITIES THAT CATALYSE POLICY FORMULATION (9)

CATALYSING ACTIVITIES	DESCRIPTION
Coalition-building	Creating or strengthening coalitions that sustain attention around the problem issue
Agenda-setting	The process of focusing attention on the problem to get it on the policy agenda
Policy-learning	Increasing the knowledge of policy-makers about the problem

Fig. 1 visualizes the activities for intensified support in each of the above-mentioned categories, although all activities and output products are interconnected and their categorization is diagrammatic and artificial. Nevertheless, this retrospective exercise gives a good overview of the categories and types of processes and outputs required to work across sectors for the prevention and control of NCDs.

FIG. 1. CATEGORIES OF SUPPORT ACTIVITIES FOR NCDs IN BELARUS DURING 2014



RELEVANT CHANGES

It is evident that the two country missions created the momentum for key policy changes in Belarus through increasing the visibility and understanding of the NCD burden among policy-makers in the country. These missions were also a key stimulus for setting the agenda for NCD prevention and control.

The coalition among UN agencies at the country level resulted in the recognition and inclusion of NCDs in the UN Development Assistance Framework (UNDAF) of Belarus, in which the efforts of all UN agencies were combined to control and prevent NCDs in a single country. Active involvement of the Government of Belarus and non-health sectors in the policy-learning process served as the basis for the inception and development of the National Programme on the Prevention and Control of NCDs, 2015–2020, which is currently in the process of adoption. For strong support and better coordination of intersectoral NCD policy activities, the recommended establishment of an interministerial group is currently under development.

The findings and outcomes of these activities have led to the development of programmes in the area of NCDs, such as the EU-funded project “Preventing noncommunicable diseases, promoting healthy lifestyle and support to modernization of the health system in Belarus”. Along with policy work and engagement of local communities in the area of risk factors for NCDs, this project also envisions conducting a WHO STEPS survey for NCD risk factor surveillance (10), which was one of the recommendations of the UNIATF mission.

Following the UNIATF recommendations, the Government of Belarus made a request for a country needs assessment of the WHO Framework Convention on Tobacco Control (WHO FCTC) from the Convention Secretariat in Geneva to accelerate implementation of the WHO FCTC.

LESSONS LEARNED

The coordinated support in the area of NCDs in Belarus during 2014 showcases effective ways of translating evidence and international frameworks into policy action at the country level. It also provides a practical example of merging the efforts of the entire UN country team to achieve a common vision for NCDs, as each UN agency is influential within certain sectors of a given country. This example therefore presents a possible model for multisectoral work that could be implemented in other countries and in other areas of health policies. Engaging the government and non-health sectors in the early

stages of work creates a greater sense of government ownership for the developed strategy and a clearer vision of the implementation stage. Finally, interventions for the prevention and management of NCDs at different life stages will be in the focus of the upcoming WHO European Ministerial Conference on Life-course Approach in the Context of Health 2020, which will take place in Minsk in October 2015 (11).

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