

POLICY AND PRACTICE

Accelerating the response to noncommunicable diseases in Belarus: the role of focusing events and policy entrepreneurs in enabling policy transfer

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ABSTRACT

In response to the global burden of noncommunicable diseases (NCDs), a set of international policy recommendations has been developed. However, implementing these recommendations at national and local levels has been difficult owing to wide contextual variations among countries. Adding to this difficulty is the scarcity of empirical evidence on the process of NCD policy transfer, especially regarding low- and middle-income countries. This study analysed recent changes in NCD-related policies in Belarus using a multiple-streams framework to gain a better understanding of NCD policy transfer. The findings emphasize the importance of focusing events and actors in this

process. In Belarus, focusing events were the presentation and dissemination of the results of the STEPwise approach to surveillance (STEPS) survey and the actors were identified as WHO and national specialists on primary health care. The case of Belarus provides insight into how international policy recommendations can be transferred and adapted to national contexts, especially in countries with competing political priorities. The multiple-streams framework was useful for analysing NCD policy development in Belarus and might thus be of interest to specialists involved in developing and analysing national policies aimed at curbing the rise in NCDs.

Keywords: BELARUS, HEALTH POLICY ANALYSIS, NONCOMMUNICABLE DISEASES, STEPS SURVEY

INTRODUCTION

Globally, noncommunicable diseases (NCDs) account for over 60% of deaths and constitute the leading cause of morbidity and mortality. However, NCDs are not just a health concern but also a significant challenge for global development, as the burden of NCDs is unevenly distributed across countries. Currently, almost 80% of NCD-related deaths occur in low- and middle-income countries, with 29% in people aged under 60 years (compared with 13% of NCD-related deaths in the same age group in high-income countries). NCDs are widely agreed to pose a significant threat to social and economic well-being by widening the gap between affluent and less-developed countries and impeding sustainable development at the global scale (1).

The complexity of the global NCD burden calls for the effective development and implementation of appropriate policies at the international, national and local levels (2). The importance of NCDs has been recognized at the highest political level and is reflected

in a range of international documents. In 2011, the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases was endorsed by the United Nations General Assembly; the Political Declaration calls upon the international community and each United Nations Member State (especially low- and middle-income countries) to intensify their response to the problem of NCDs (3). To help achieve this, WHO approved its global action plan for the prevention and control of NCDs 2013–2020 in 2013 (4). At the European level, the basic principles of a comprehensive approach to NCDs have been adjusted to the regional context by the WHO Regional Office for Europe in Health 2020: the European policy for health and well-being and the Ashgabat Declaration, which emphasize the need for multisectoral actions to address the underlying determinants of NCDs (5,6).

The variable socioeconomic conditions among countries and the complexity of NCD-related problems make implementing these interventions at the local level extremely difficult. According

to recent WHO estimates, many countries are struggling to adopt international recommendations and show poor or no progress towards achieving the globally agreed NCD targets (7). Therefore, clear guidance is needed on transferring and adapting international policy recommendations to the local context. However, studies on policy transfer related to NCDs are scarce, particularly for low- and middle-income countries (8).

This paper provides a detailed description and analysis of the recent changes in NCD-related interventions in Belarus, an upper-middle-income country in eastern Europe. The findings emphasize the important role of focusing events and agents of change in NCD policy transfer, thereby contributing to a growing body of evidence-based knowledge on NCD policy-making in countries with different socioeconomic conditions.

METHODS

Several theoretical frameworks can be used in analysing the processes of health policy-making (9). The multiple-streams framework, proposed by Kingdon (10), was selected to analyse NCD-related processes in Belarus because it has proven useful for examining health policies in diverse socioeconomic settings (11). The framework is based on the concept that a change in governmental policy results from a complex combination of factors that can be classified into three groups (or streams): the **problem stream** relates to public matters requiring government attention (such as a high burden of NCDs in a given country); the **policy stream** considers proposals for change (such as the availability and acceptability of policy options to reduce the burden of NCDs); and the **politics stream** represents the attitudes of policy-makers and the public to the problem (such as the level of commitment to tackle the NCD problem). These streams flow independently until a change occurring in the problem or politics stream opens a window of opportunity in the policy stream (a policy window). Suitable solutions from the policy stream may then emerge through the policy window with the help of policy entrepreneurs. Kingdon defines policy entrepreneurs as individuals or groups of people who advocate for a particular policy to be added to the governmental agenda. In policy transfer, entrepreneurs can be representatives of international organizations that promote best practice

internationally¹. International entrepreneurs tend to be more successful because they have well-established credentials and are respected by supranational institutions (12).

This study used a multiple-streams framework analysis to identify the factors and processes that produced a policy window and allowed international and local policy entrepreneurs to accelerate the policy response to NCDs in Belarus by expediting the adoption of internationally recommended interventions.

RESULTS AND ANALYSIS

PROBLEM STREAM: HIGH NCD BURDEN, NEW PROBLEM INDICATORS AND FOCUSING EVENTS

Belarus has one of the highest NCD burdens in the WHO European Region: these diseases account for 89% of all deaths and 77% of the overall morbidity in the country. The average life expectancy at birth is significantly lower in Belarus than in the European Union (74 years and 80 years, respectively) (13, 14). More importantly, NCDs are the main cause of over-mortality among people of working age, with men being affected disproportionately: the age-standardized mortality rate for NCDs is twice as high for men as for women. There is also a geographical gradient in NCD outcomes: the rural population of Belarus has lower life expectancy and higher premature mortality rates compared with the urban population. In rural areas, the average male life expectancy is as low as 65.6 years (15). To a significant degree, the differences in male and female mortality are attributable to the greater exposure of the male population to behavioural NCD risk factors, especially tobacco use and the harmful use of alcohol. For the whole population, modifiable lifestyle factors (such as smoking, alcohol consumption, insufficient fruit and vegetable consumption, and low physical activity) and partially modifiable metabolic risk factors (such as high blood pressure and cholesterol and overweight/obesity) are estimated to constitute up to 60% of all NCD risk factors in Belarus (16).

However, until recently, comprehensive data on the main NCD risk factors in the country have been lacking. Although health data are routinely collected by the National Statistical

¹ The authors would like to stress that although the original definition made by Kingdon reads "(policy entrepreneurs are) advocates who are willing to invest their resources – time, energy, reputation, money – to promote a position in return for anticipated future gain in the form of material, purposive or solidary benefits" (10), this by no means implies that policy entrepreneurs act exclusively for the sake of their own interests. A wide range of international organizations, for example the United Nations System organizations, are striving to advance universal values, broader societal interests and general well-being.

Committee of the Republic of Belarus, NCD coverage in official surveillance has been extremely limited. To fill this information gap, Belarus (with the support of WHO) conducted a large-scale, representative national survey on the prevalence of major NCD risk factors in the adult population (the STEPwise approach to surveillance (STEPS) survey) in 2016–2017. The STEPS survey revealed that NCD risk factors are highly prevalent in the Belarusian population. According to the survey, about 27% of adults aged 18–69 years in Belarus are daily smokers; 53% consume alcohol regularly; 72% eat fewer than five servings of fruit and/or vegetables per day; 13% do not meet the WHO recommendations for physical activity; 61% are overweight; 45% have raised blood pressure; 39% have raised total cholesterol levels; and 7% have raised blood glucose levels (17). The survey identified some of the behaviour patterns considered most dangerous to health: 20% of adults (men, 27%; women, 14%) are binge drinkers and the proportion of women smoking has increased by threefold in the last 20 years (from 3% in 1995 to 12% in 2017). Currently, every fifth adult in Belarus is exposed to second-hand tobacco smoke at home or work. Approximately one third of the population (32%) always or often adds salt or salty sauce to their food and 81% always or often add salt to food when cooking at home. The mean daily salt intake is 10.6 g, which is significantly higher than WHO recommendations.

According to the STEPS survey, treatment adherence is also an issue: more than half of those who with high blood pressure (53%) do not take antihypertensive medication and 73% of those with a high total cholesterol level do not take any treatment. Among those who have had a heart attack, chest pain or stroke, only 12% take aspirin regularly and only 3% take statins to prevent or treat cardiovascular disease.

Against this backdrop, the extent to which the health system's potential to modify NCD-related behavioural risk factors is being utilized in Belarus was examined. Findings of the survey were that only 32% of adults had been advised by health professionals to quit or not to start smoking; less than half (47%) of drinkers had stopped drinking because of advice from a health professional; only 42% of patients had been advised by health professionals to reduce salt consumption; only 41% of adults had been advised by health professionals of the importance of eating at least five daily servings of fruit and/or vegetables; and only 41% and 43% of adults, respectively, had been advised to increase physical activity and reduce body weight.

The WHO Country Office in Belarus, with the support of the WHO European Office for the Prevention and Control of NCD, organized a launch event on the results of the STEPS survey in August 2017 to highlight the new data on the prevalence of

NCD risk factors to policy-makers. The event was attended by representatives of the Government of Belarus, the European Union and United Nations agencies. The main outcome of this high-profile meeting was increased high-level discussion on the policy response to the NCD problem (18).

POLICY STREAM: HIGH COMMITMENT, SLOW PROGRESS

To assist countries in their efforts to reduce the NCD burden, WHO has developed a list of policy options and cost-effective interventions under the framework of the global action plan for the prevention and control of NCDs 2013–2020 (4). The action plan includes (i) measures to reduce behavioural and metabolic risk factors for NCDs and (ii) clinical services to prevent and treat these conditions. However, for many countries, scaling up to the recommended set of core interventions remains challenging (7). Thus, the case study of Belarus might help identify some of the barriers to successfully adopting international NCD recommendations within local contexts.

The main paradox of the national NCD policy in Belarus is that the high-level political commitment to NCD prevention and control is associated with scant transfer into actionable policies capable of curbing the rise in NCDs. As regards formal statements, Belarus was one of the first countries in the WHO European Region to ratify the WHO Framework Convention on Tobacco Control in 2004 (19). It is also a signatory to the Moscow declaration on healthy lifestyles and noncommunicable disease control (20) and the Minsk declaration: the life-course approach in the context of Health 2020 (21). Commitment at the national level was confirmed in 2016 by the adoption of a comprehensive national programme, People's Health and Demographic Safety of the Republic of Belarus 2016–2020, which included a specific section on NCD prevention and control (22). The main goal of this programme is to reduce key risk factors for and the prevalence of diseases that lead to premature death. In an effort to establish a high-level coordination mechanism for the national response to NCDs, the Intersectoral Coordination Council on NCDs, chaired by the Deputy Prime Minister of the Republic of Belarus, was established in 2016.

In addition, United Nations agencies and international donors strongly support the Government of Belarus in combating NCDs through joint programmes and international technical assistance projects. For example, WHO has supported development of the national programme through supporting capacity-building and giving technical advice on policy options with proven effectiveness and efficacy (23). Belarus is currently conducting the BELMED project "Preventing Noncommunicable Diseases, Promoting Healthy Lifestyle and Support to Modernize the Health System in Belarus 2016–2019", funded by the European

Union and implemented by a number of United Nations agencies in collaboration with the Ministry of Health (24).

Despite these efforts, implementation of large-scale interventions to combat NCDs and their risk factors remains slow and inadequate. Since the mid-2000s many attempts have been made to introduce comprehensive packages of anti-tobacco and anti-alcohol regulatory measures at the national level in Belarus, but all have faced strong resistance from industry and trade groups. In 2013, a draft law on tobacco control was developed by the Ministry of Health, with the aim of uniting all tobacco control legislation into a single document. The draft law comprehensively covered the requirements of the WHO Framework Convention on Tobacco Control, including a complete ban on smoking in public places and an increase in the percentage of excise tax on the retail cigarette price (25). The document was submitted to the President's Administration in 2014 to be included into the legislation development agenda for 2015–2016. However, up to the end of 2017, no progress had been made in adopting this draft law. Regarding measures on lowering alcohol consumption, discussions on reducing the accessibility of retail alcohol and raising taxes on alcoholic beverages have been ongoing for more than a decade. The publication of data on alcohol consumption in Belarus, which placed the country at the top of the world alcohol consumption ranking, has only slightly increased the sluggish process of policy debate. Alcohol consumption in Belarus has slightly decreased since the peak of 17.5 litres per capita in 2008–2010 to 16.4 litres in 2016 (26, 27).

The health care system response to NCDs remains inadequate, especially at the level of primary care. The primary care sector in Belarus is underdeveloped, hierarchical and paternalistic and, until recently, has played only a limited role in NCD prevention and control. According to recent estimates, primary health care providers in Belarus lack essential skills and the knowledge required to help patients manage their chronic conditions and improve health-related behaviour (28). Historically, the health care system in Belarus has relied on secondary outpatient care and the direct treatment of patients by narrow specialists. However, this model lacks appropriate management tools for ensuring greater patient involvement, better performance and quality, and strengthened provider accountability for clinical outcomes. As a result, patients have limited opportunities to receive patient-centred, integrated care from properly trained and motivated health care professionals (28).

POLITICS STREAM: INERTIA AND RESISTANCE TO CHANGE

There is substantial scope to increase efforts to address NCDs and their risk factors through effective policy implementation in

Belarus. Recent studies on the health system in Belarus highlight the gap between rhetoric and reality. One study concluded that the health system in Belarus is characterized by inertia and that policy-making processes tend to be incremental and hostile to fundamental shifts (29). Policy proposals are often discussed for a long time without tangible outcomes or full implementation of agreed changes. Another study pointed out that the health sector in Belarus holds a lowly position in the state hierarchy and therefore has insufficient power to successfully promote health issues against the interests of more influential actors. So far, the Ministry of Health has not been successful in building consensus among all levels of government on the NCD issue. The Government's response to NCDs remains patchy and inadequate, constituting a significant barrier to the development and implementation of NCD-related policies in Belarus (28).

In Belarus, some policies on NCDs, especially those touching upon the issues of revenue and taxation, seem to be considered politically inappropriate by national policy-makers. Although there is strong evidence that the core population interventions recommended by WHO are in fact economically advantageous, policy-makers in Belarus appear reluctant to choose policy options that involve fiscal interventions. Unsuccessful implementation of the population-based anti-tobacco and anti-alcohol regulatory measures at the national level might be partly explained by the mistaken belief of policy-makers that raising taxes on tobacco and alcohol will have a negative impact on economic growth. In an effort to address this problem, WHO has been working with the United Nations Interagency Task Force on NCDs and the United Nations Development Programme since 2014 to produce robust evidence on the economic benefits of NCD-related interventions in Belarus. The case for investment is currently being developed by quantifying the cost of NCD prevention and those of inaction in the context of Belarus (30). Once completed, the case will be a powerful argument on the economic rationale for actions to prevent and control NCDs.

POLICY WINDOW: CONNECTING THE THREE STREAMS

In response to the alarming results of the STEPS survey, the urgent need to address the problem of NCDs in Belarus has been recognized. Dissemination of the STEPS survey report has increased the level of awareness about NCDs in the general public; NCDs are now regarded as an issue relevant to everyone. The Government of Belarus now perceives NCDs as an important problem that needs to be urgently addressed and policy-makers have become open to proposals on accelerating the policy response to NCDs. Thus, changes in the policy stream and in the perception of the problem have opened a policy window, providing the opportunity to make changes in the national NCD policy.

However, this policy window must be utilized quickly. Therefore, in parallel with its work on advocating core population interventions to combat NCDs, the WHO Country Office in Belarus has made considerable efforts to promote core individual services aimed at NCD prevention and control at the primary care level. These interventions are essential for the early detection and management of NCDs and have the greatest potential for reversing the progression of chronic diseases, reducing hospitalizations, decreasing health care costs and improving health-related behaviour. An advantage of this policy option for Belarus is that it aligns well with the national programme, People's Health and Demographic Security of the Republic of Belarus for 2016–2020, and is expected to be acceptable to key policy-makers because it does not involve industry and trade interests. The leading arguments in favour of introducing new clinical interventions at the primary care level are the STEPS survey results, which show a clear gap in the national response to NCDs in this particular area.

Thus, the WHO Country Office in Belarus, together with national specialists and consultants from the WHO European Centre for Primary Health Care, developed a package of policy interventions aimed at the primary care level and carefully adjusted to the local context. It contains clear, concise guidelines for strengthening the primary health system in Belarus to address NCDs and their risk factors. To facilitate implementation of these policies, the working group produced a series of recommendations for a revised scope of practices and professional competencies to enable primary health care teams to provide health education and motivational counselling to their patients. The recommendations also include a set of revised patient pathways aimed at improving coordination among different providers to ensure more comprehensive and continuous health care. To integrate evidence-based methods into primary care practice, new clinical recommendations for the prevention, diagnosis and treatment of selected major NCDs have also been developed, drawing on the WHO Package of Essential Noncommunicable disease interventions (31). A set of performance indicators for interventions targeting the main risk factors (smoking, alcohol consumption, diet and physical activity) and the clinical outcomes of major NCDs has been developed for primary health care providers, with the aim of introducing appropriate incentives and monitoring progress in supporting patients to take a proactive role in their health.

The proposed set of interventions has been piloted in primary health care practices in both rural and urban settings. The capacity of health care professionals to deliver patient-centred health services has been strengthened via a series of multidisciplinary training courses conducted by WHO. Based

on the experience gained through these activities, policy-makers in the Ministry of Health decided to (i) adopt the package of policy interventions aimed at NCD prevention and control at the primary care level and (ii) ensure that the new models of service delivery are introduced nationally. Moreover, the teaching materials on motivational counselling developed specifically for multidisciplinary training courses on NCD prevention and control have been integrated into a core postgraduate curriculum for general practice at the national level (32).

LESSONS LEARNED

Policy-making-processes in Belarus led to a set of internationally recommended interventions aimed at addressing NCDs being adopted at the primary care level. The analysis showed that the process of policy transfer is highly complex and context dependent. The availability of comprehensive international recommendations combined with the formal commitment of national authorities does not guarantee their successful adoption and implementation at the national level. As noted by Kingdon, it is not feasible to rely on a ready-made solution that provides “an irresistible movement that sweeps over our politics and our society, pushing aside everything that might stand in its path” because this ignores the full spectrum of local contextual factors (10). Thus, more work is needed to ensure that recommendations and statements are transformed into actionable policies. These efforts should be carefully planned and adjusted to the local (socioeconomic) context.

The multiple-streams framework analysis showed that recent changes in NCD-related policy in Belarus have resulted from the efforts of dedicated policy entrepreneurs in developing acceptable solutions from a list of evidence-based policy options and in encouraging national policy-makers to place NCDs on the public agenda. The WHO Country Office in Belarus, together with national specialists and consultants from the WHO European Centre for Primary Health Care, has been successful in raising awareness and suggesting options in the area of NCD policy-making. In supporting NCD policy change in Belarus, the role of policy entrepreneurs has been to increase the awareness of the public and policy-makers of the need to address the NCD problem as quickly and effectively as possible (“soften up”, according to Kingdon), while offering options that are acceptable to policy-makers and technically feasible for implementation in the local context (“coupling”) (10).

A number of lessons can be learned from the experience of applying the multiple-streams framework to analyse the recent change in NCD-related policy in Belarus.

- Some population-based interventions on NCDs, especially those affecting trade and industry interests, might be considered inappropriate by national policy-makers. Strong corporate interests might overcome the capabilities of the health sector to promote public health measures. Despite evidence that the interventions against NCDs are economically advantageous, national policy-makers might be reluctant to choose the policy options involving fiscal measures.
- In the context of competing political priorities, efforts should be made to alert policy-makers to the problem of NCDs. Policy entrepreneurs should demonstrate that alternative policy options are technically feasible, politically uncontroversial, publicly acceptable and sensitive to local needs.
- Due to strong credibility and knowledge of the political context, WHO and other international organizations are very good candidates for the role of policy entrepreneur to influence national NCD policy-making.
- Making coalitions with different actors of public policy arena, from the government to academia, is an important area of work for policy entrepreneurs to set the issue of NCDs onto the national policy agenda.

CONCLUSION

Although it is too early to assess the implications of the recent change in NCD-related policy in Belarus, the enactment of the package of policy interventions recommended by the global action plan for the prevention and control of NCDs 2013–2020 could represent an example of successful policy transfer in a complex environment of competing political priorities and conflicting interests.

The example of the change in national NCD policy in Belarus might be useful for countries with a limited capacity for comprehensive policy development and which therefore rely on international guidance in policy transfer. In such countries, policy entrepreneurs (that is, international organizations such as WHO) might hold very influential positions and thus be well placed to advance the goal of improving population health and well-being.

We believe that our study methods and findings might be of interest to a wide range of specialists involved in analysing and developing NCD-related policies and serve as a roadmap for actions to tackle the NCD problem in countries with diverse socioeconomic contexts.

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