SHORT COMMUNICATION

Cross-sectoral health processes: strategic leadership. implementation of the healthy city project in Horki, Belarus

Andrei Famenka,¹ Sviatlana Bezzubenka,² Natalya Karobkina,² Raisa Prudnikova³

Corresponding author: Andrei Famenka (email: famenkaa@who.int)

ABSTRACT

This article describes the implementation of the Healthy City project in the small town of Horki, Belarus. Particular attention is paid to the role of strategic leadership in cross-sectoral health collaboration. Factors contributing to the successful implementation of the project included the interest of the local authorities, technical and advisory support from the WHO European Healthy Cities Network, and the financial independence of the local authorities. A special feature of the Horki – Healthy City project is that the goals and objectives of the nationwide cross-sectoral programmes to

combat noncommunicable diseases (NCDs) and promote a healthy lifestyle¹ were adapted to local conditions and more flexible strategies were adopted to implement the main areas of these programmes. The experience gained so far from the Horki – Healthy City project shows that the leadership of local governments has facilitated the harmonious and coordinated work of various sectors in accordance with WHO's research-based recommendations for improving public health and achieving health equity at the local level.

Keywords: WHO, HEALTHY CITIES, BELARUS, CROSS-SECTORAL HEALTH COLLABORATION, NONCOMMUNICABLE DISEASES

INTRODUCTION

In Belarus, the right to health protection and universal access to medical care, including free care at state health-care institutions, is enshrined in the constitution and national law (1, 2). Ensuring that people have equal access to medical care and taking measures to preserve and promote health is a key factor in the development, implementation and evaluation of the appropriate public policy (3). Belarus provides its population with a high level of medical services, with limited out-of-pocket household payments and a high level of protection against the financial risks associated with the provision of medical care (4). At present, Belarus has achieved significant success in ensuring affordable universal health coverage for its population. The country has achieved stability in the provision of health services and has maintained a high level of health-care coverage throughout the gradual

During the period of perestroika from the late 1980s to the early 1990s, migration and urbanization trends intensified in Belarusian society and socioeconomic conditions changed, which affected the structural and functional features of the health-care system as well as public health indicators. In the period from 1991 to 2010, the difference in life expectancy between the urban and rural population of Belarus was as high as five years at certain points, and in rural areas men were expected to live seven years less than women (6). At this time, the incidence of certain noncommunicable diseases among the rural population and residents of small Belarusian towns was 10-24% higher than the corresponding incidence among the urban population (7). In addition, there was a higher prevalence of risk factors for NCDs among the rural population and residents of small towns as well as a low level of adherence to medical recommendations for the effective use and administration of medication, especially among men (8).

¹ WHO Country Office, Minsk, Belarus

² Horki Central District Hospital, Horki, Mogilev Region, Belarus

³ Horki District Centre for Hygiene and Epidemiology, Horki, Mogilev Region, Belarus

modernization of the state health-care system without any drastic changes or reforms (5).

¹ The state programme entitled People's Health and Demographic Security in the Republic of Belarus for 2016–2020.

The need for comprehensive measures to improve the health of people living in rural areas and small towns has been reflected in national programme documents, such as the State Programme for Rural Development and Revival (for 2005–2010 and 2011-2015), the Health-Care Development Programme of the Republic of Belarus (for 2006–2010 and 2011–2015) and the National Demographic Security Programme of the Republic of Belarus (for 2007-2010 and 2011-2015). In political terms, the recognition of the role of cross-sectoral collaboration in the development of policies and the implementation of measures to improve public health while taking local conditions into account have been key (9). The current state programme, People's Health and Demographic Security in the Republic of Belarus for 2016-2020, clearly outlines the goal of improving the availability and quality of health care for the rural population and residents of small towns, as well as a shift in emphasis towards the prevention of NCDs and the promotion of a healthy lifestyle for all age groups. In addition, the programme pays particular attention to the needs of vulnerable groups (10). In 2015 Belarus launched the international technical assistance project Prevention of Noncommunicable Diseases, Promotion of a Healthy Lifestyle and Support for the Modernization of the Health-Care System in the Republic of Belarus (BELMED)2, which is funded by the European Union (EU) and implemented by the United Nations Development Programme (UNDP), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA), in cooperation with the Ministry of Health of the Republic of Belarus. One of the objectives of the project is to provide support for the modernization of the health-care system with a particular focus on primary health care in the Republic of Belarus, which pilots new models of patient-centred care and the integration of public health measures in primary health care in order to achieve better results in the fight against NCDs and their risk factors (11).

COORDINATION OF CROSS-SECTORAL COLLABORATION AT THE LOCAL LEVEL

As part of systematic measures to improve the health of the rural population and residents of small towns, the Ministry of Health of the Republic of Belarus had already adopted an initiative in December 2012 to introduce the Healthy City pilot project in the small town of Horki, Mogilev Region, the

administrative centre of the Horki District, in collaboration with the WHO European Healthy Cities Network. The town has a population of 33 000 people, features well-developed industry and transport links with neighbouring regions of the Republic of Belarus and the Russian Federation, and is home to the oldest agricultural university in Europe, the Belarusian State Academy of Agriculture, where 5607 students study fulltime. The academy employs 602 instructors, including 41 doctors of science and professors and 295 candidates of sciences and associate professors. Overall, the students make up roughly 20% of the district's total working population. Due to the unique landscape of the area and its vast park areas, the city is sometimes referred to as "little Switzerland."

The major factors that led to the decision to implement the project included the interest of local authorities in the initiative, the existence of favourable administrative factors (such as the local budget resulting from the generation of a high level of taxes and fees) and the financial independence of local authorities. The WHO Regional Office for Europe provided significant advisory support at the preparation stage in terms of formulating the goals and objectives as well as the core aspects of the work in accordance with the programme documents of the WHO European Healthy Cities Network and the European Health for All strategy (12). Before the project was launched in Horki, a publicity campaign was carried out in the media to disseminate information about the project among the district's residents. In addition, an awareness raising campaign about the goals, objectives and tools of the project was carried out among the heads of local enterprises and employees of regional organizations. From the very start of the project, the local authorities (the Horki District Council of Deputies and the Horki District Executive Committee) assumed responsibility for coordinating the activities of various organizations and groups involved in the implementation of the project. The primary role in the execution of the project is played by the coordinating council, which includes representatives of health-care institutions (Horki Central District Hospital and Horki District Centre for Hygiene and Epidemiology), education, sports, tourism, the editorial board of the local newspaper Gorki News³ and representatives of the Belarusian Orthodox Church (13).

A town's/ city's residents are the main source of information when it comes to the identification of the structural and functional changes that need to be made to the local environment, the changes that need to be made to health, educational and cultural institutions and industrial facilities,

² Further in the paper referred to as EU-UN BELMED project.

³ http://www.gorkiv.by/

as well as to what constitutes the vision of the image of a healthy city. Therefore, the Centre for Hygiene and Epidemiology carried out a survey among residents and organized a number of public opinion polls. In addition, virtual voting was conducted on the websites of the Horki District Executive Committee and *Gorki News*. More than 3000 residents took part in the polls and voting over the course of the project (14). Furthermore, representatives of organizations and enterprises are able to submit their proposals to the project secretariat throughout the year as they arise.

All obtained information is arranged by the project secretariat and presented at quarterly meetings of the coordinating council, where current issues concerning the project are discussed and new proposals and adjustments are made to the implementation of the action plan for the current year. Every six months, the results of the project monitoring activities and priority issues for implementation are reviewed at a meeting of the Horki Executive Committee. At the end of each year, the coordinating council holds a meeting to approve the work plan and budget for the next year. For example, in 2019 there are plans to build a roller skiing track and workout sites in all the town's residential areas, hold outdoor fitness classes, organize a cross country run in the autumn and set up mental well-being rooms at educational institutions, among other activities.

LOCAL CROSS-SECTORAL ACTIONS FOR HEALTH

During the project's implementation, all the town's residents, regardless of age or income, including people with disabilities, were given access to modern sports facilities and the opportunity to systematically engage in physical education and sports based on their preferences, level of physical fitness and health. All sports facilities were equipped with modern equipment and fitness machines.

An awareness raising campaign has been carried out to encourage all aspects of healthy eating in the local population. Horki food enterprises have learned how to produce dietary and high-fibre baked and confectionery goods and have begun producing fermented milk beverages, whey protein-enriched milk as well as milk containing vitamins A and C. The Department of Education is implementing several preventive projects including Healthy Class, Healthy School and Healthy Lifestyle – That's Good! Furthermore, an educational minicentre for students has opened at the University Preparatory School No. 1 that offers classes on life safety, traffic rules and first aid. The mini-centre employs health professionals and

representatives of the Ministry of Emergency Situations and the Ministry of Internal Affairs.

The Sports and Tourism Department of the Horki District Executive Committee serves as a patron for the programme and thereby regularly renovates the equipment in the outdoor exercise area along the so-called Environmental Path (a specially equipped pedestrian path), and an initiative group conducts Nordic walking classes for residents of all ages. The interest of business leaders in supporting the health of their employees should also be commended. A number of comprehensive measures have been introduced in conjunction with the Horki Central District Hospital to improve the quality and accessibility of medical care. Such measures include mobile health-care groups travelling to companies (to carry out check-up examinations and measure health indicators), the allocation of an additional day at the district clinic each month to conduct medical examinations of managers and employees of organizations in the region (the first and third Saturday of each month) and the training of volunteers from various organizations in self-help and mutual assistance skills. The Horki Central District Hospital has been participating in the EU-UN BELMED project since 2016, introducing pilot measures to provide patient-centred care and integrate public health measures into primary health care as part of the Support for the Modernization of the Health-Care System with a Particular Focus on Primary Health Care in the Republic of Belarus programme (15).

The municipal clinic runs the Trust Youth Centre in order to provide friendly assistance to adolescents, with individual and group conversations held with students of the State Academy of Agriculture as well as high school students. The Centre trains volunteers, organizes participation in community actions and distributes booklets, leaflets and hand-outs on a variety of healthy lifestyle issues. As part of a cooperation agreement between the Republic of Belarus and the Belarusian Orthodox Church, a prayer room was opened at the admissions unit of the Central District Hospital. Each month, representatives of the Belarusian Orthodox Church visit hospital wards and hold discussions about leading a healthy lifestyle, family values, preventing stress and mental health. As part of the Horki – Healthy City project, the state educational institution Horki Centre for Corrective Development Education and Rehabilitation holds sporting events to develop physical activity among children with disabilities. Specialists from the Horki Children's and Youth Sports School promote equestrian sports and talk about the benefits of interaction with horses (16).

Over the course of the implementation of the Horki – Healthy City project, the overall occupancy ratio of sports facilities has increased from 35% to 82%; the length of the city's bike path network has increased from 4 km to 14 km; two neighbourhood outdoor mini-exercise areas have been built; and the share of preventive hand-out informational and educational materials in the overall circulation of printed materials has increased from 11.2% in 2014 to 27.9% in 2018.

Despite the fact that it is difficult at present to assess the specific contribution of the project to improvements in public health, as the project's activities are being implemented simultaneously with the large-scale measures of the People's Health and Demographic Security in the Republic of Belarus for 2016–2020 state programme and the EU–UN BELMED project, the following positive trends can be seen in terms of improvements to the demographic situation in the town and the region over this period:

- the overall mortality rate decreased from 13.8 (per 1000 people) in 2017 to 11.7 in 2018;
- the mortality rate of the working-age population decreased from 4.0 (per 1000 people) in 2014 to 2.9 in 2018;
- the number of smokers decreased from 30% of the population in 2015 to 19.5% in 2017;
- the per capita alcohol consumption decreased from 34.1% in 2015 to 28.5% in 2018.

CONCLUSIONS

The Healthy City project that is being implemented in the city of Horki, Mogilev Region in Belarus is not only a good example of how various sectors can collaborate for health at the local Acknowledgments: the authors would like to express their gratitude to the donors and participants of the EU-UN BELMED project, without whom the publication of this article would not have been possible. The project is funded by the European Union and is being implemented by the Ministry of Health of the Republic of Belarus in collaboration with the WHO, the United Nations Development Programme, the United Nations Children's Fund and the United Nations Population Fund.

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REFERENCES⁴

- 1. Конституция Республики Беларусь. Национальный реестр правовых актов Республики Беларусь, опубликован 05.01.1999, № 1/0 [Constitution of the Republic of Belarus. Belarusian National Legislative Registry, issued 05.01.1999, № 1/0] (http://pravo.by/pravovaya-informatsiya/normativnye-dokumenty/konstitutsiya-respubliki-belarus/).
- 2. Закон Республики Беларусь «О здравоохранении». Национальный реестр правовых актов Республики Беларусь, опубликован 26.06.2014, № 2/2162 [Law of the Republic of Belarus. «On Health Protection». Belarusian National Legislative Registry, issued 26.06.2014, № 2/2162] (http://pravo.by/document/?guid=3871&p0=v193024353).
- 3. Evaluation of the organization and provision of primary care in Belarus. Copenhagen: WHO Regional Office for Europe; 2009 (http://www.euro.who.int/ru/countries/belarus/publications/evaluation-of-the-organization-and-provision-

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