

CROSS-CULTURAL TRANSFER OF GLOBALLY INITIATED HEALTH PROMOTION POLICIES

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ABSTRACT

This paper refers to the issue of cross-cultural transfer of globally initiated health promotion policies. The purpose of the study is to explore the possibilities of cross-cultural transfer looking at the international language of health promotion and to assess its applicability in terms of transfer to Bulgaria. It also aims to identify aspects of cross-cultural policy validity, consideration of which might assist the process of health promotion global policy transfer. The Walt model for health policy analysis was used as a basic analytical framework. The Hofstede model of national cultures was applied as a guiding tool to assess the cultural constraints and possibilities for cross-national policy transfer. The analysis revealed major difficulties of global health promotion policies transfer to the Bulgarian realities. Ideas were advanced about the need for global policy language interpretation and adaptation to develop a better fit for the purpose of specific locations. The results can be drawn up to set an agenda for further essential work on the pragmatic issues of how to modify the global policy items of health promotion and develop an interpretation that is in line with the realities of the Bulgarian life.

Key words: health promotion, global policies, cross-cultural policy transfer, United Kingdom, Bulgaria

INTRODUCTION

With the overall tendency towards globalization, alongside the ongoing processes of European integration, there is a major potential for cross-cultural policy transfer (1). With the increasing interdependence of countries in the world today, where problems cross borders and the policies of one country strongly affect those of others, comparing and sharing the policy experience becomes a necessary and an inevitable process. Within this context it is essential for the field of policy research to understand the processes associated with cross-cultural language and policy transfer.

Health promotion has moved higher up the global political agenda - it has become an important issue and a main feature of modern health policies. Global health promotion policies and common approaches have been developed, e. g. the Ottawa Charter (10), the Jakarta Declaration (11), etc., which are constructed exclusively for the cultural specifications and societal levels of development of countries oriented towards the traditions of Western Europe, Northern America and Australia.

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The policy language might not be immediately and easily transferable to Eastern European countries where connotations may be politically sensitive or not culturally and socially aligned. What works or seems appropriate for one society is hardly likely to be deemed a perfect fit for somewhere else (6).

However, there is a tendency to assume that direct transfer is possible of global policy documents to widely differing environments without considering the socio-cultural specification and language compatibility. This might lead to major difficulties for some non-westernised countries in understanding some of the fundamental concepts developed under global arrangements. The socio-cultural differences that exist between the Eastern and Western parts of the European region might determine, in this particular instance, difficulties associated with West-East policy transfer. This raises some questions associated with global policies' language compatibility and adaptation in a way to be better fit for the purpose of policy implementation in unique socio-cultural settings.

The specific hypothesis stated in this study was that globally produced (western based) health promotion policies will experience major difficulties of cross-cultural transfer, particularly as related to Bulgaria. The aim of the present work was to explore the possibilities for policy transfer and to advance ideas about cross-cultural policy formulation looking at the international language of health promotion in terms of transfer to Bulgaria.

MATERIAL AND METHODS

Comparative policy analysis was carried out based on two case studies – the UK and Bulgaria. The Walt model for health policy analysis (9) – taking account of policy context, content, and actors in the policy arena – was used as a basic analytical framework. The Hofstede 4-dimensional model of national cultures (4) was applied as a guiding tool to assess the cultural constraints and possibilities for cross-national policy transfer. The four dimensions that build up this cultural model are Large versus Small Power distance; Individualism versus Collectivism; Masculinity versus Femininity, and Strong versus Weak Uncertainty avoidance. The main data used for the analysis was documentary sources together with personal interviews with key persons involved in the policy process.

Explorative steps that have been undertaken throughout the study are detailed below. A conceptual and developmental background for the cross-cultural comparative policy exercise was set out. An overview was provided of health promotion fundamental concepts and principles (10) and the process of policy development (2). The theoretical aspects of cross-cultural transfer were reviewed and underlying transferability constraints explored (6).

First, a comparative policy analysis was carried out using two case studies – the UK as a donor, and Bulgaria as a recipient location of a simulated cross-cultural policy transfer exercise. This involved a study of health promotion policy dynamics using the Walt model for health policy analysis (9). The British experience of health promotion policy within the European scene was reviewed, emphasizing trends and changing environments that have driven the policy process and have caused major policy shifts that have moved health promotion up on the agenda (3). The realities of the Bulgarian situation in respect to health promotion policy were also analyzed in order to set out the context of the recipient location of the cross-cultural policy transfer exercise.

Following this, possibilities were explored of how to transfer the British experience into the Bulgarian context, and in the light of this, to identify difficulties as well as to propose ways for cross-cultural policy formulation that could in the most possible way move health promotion policy forward in Bulgaria.

RESULTS AND DISCUSSION

Cross-cultural policy transfer exercise revealed major realities of global (western produced) health promotion policy. Cross-cultural transfer to the Bulgarian realities were advanced about cross-cultural policy formulation possibilities of transfer from the UK experience to the Bulgarian context in the health promotion arena. Some critical factors were identified that need to be considered in the process of adequate cross-cultural policy formulation.

A major factor of cross-cultural policy transfer validity identified throughout the study was the need for consideration of the diversity across countries of their policy contexts, including such essential areas as cultural patterns, social values and socio-economic level of development. Several particular aspects of the policy context were also explored that might influence upon the process of cross-cultural policy formulation, such as the cultural characteristics of a certain society, and the need for pragmatic policy solutions that are rational within the specific policy setting.

Substantial differences were found in the national cultural characteristics of Bulgaria and the UK that might greatly influence on the possibilities of cross-cultural policy transfer in the health promotion field. Following from Hofstede's approach the British characteristics of society's culture (4), described by small power distance and weak uncertainty avoidance has been much more favourable for development of health promotion. The specific cultural model of Bulgaria (5) does not seem to favour proper understanding of health promotion policy language and provide a suitable context for application of health promotion global concepts. In the Bulgarian autocratic society characterized by large power distance, strong uncertainty avoidance, masculine value characteristics and a tradition of passivity of its culture, health promotion policy that requires community action, personal activity, intersectoral cooperation and partnership formation would not be easily achieved. Diversity across countries determines a necessity of specific adaptation and cross-cultural interpretation of policy language to become understandable and applicable to the concrete distinctive setting.

The need for pragmatic policy solutions that are appropriate for a unique policy setting was identified as another important item. Global policies cannot offer universal solutions to all policy contexts. They may prove to be of pragmatic value for one particular situation but not relevant for another. In policy development various interests are competing for scarce resources. In this particular instance, health and health promotion are not of prime concern to both of the countries. Bulgaria has more basic and immediate tasks that need to be resolved.

The policy process per se was also identified throughout the work as a crucial aspect requiring consideration. Bulgaria and the UK are at different stages of development regarding health promotion. Policy in the UK has reached the stage of involving relationships, structures and organizations on a wide scale. To the educational policy approach (to promote understanding and changes in personal behaviour) has been added the strategic one (to gain public and political support for policy and organizational action). The progression in the field has gone through a sequence of developments, from disease prevention and lifestyle/health education orientation to others encompassing broader concerns about community development, social action and environmental support in order to fully develop a comprehensive healthy public policy.

Health promotion developments in Bulgaria, by contrast, are at the beginning of this process. The Bulgarian society is not ready for healthy public policy yet. Public participation, community empowerment and intersectoral cooperation (fundamental concepts under health promotion) are far away ideas. The civil society in Bulgaria is still weak. The perception of 'health promotion' has not matured enough to allow development of comprehensive policy. It has still a limited orientation in terms of the ideology. Further developments need to be realized in order to forward the processes of community involvement, intersectoral collaboration and tangible political commitment for health. The new democratic environments of the CCEE have created opportunities for new policy developments for health and steps forward have been made. However, time is needed for the maturation of society that will involve establishment of new relationships, development of new structures, and overcoming of community passivity. Healthy public policy development in Bulgaria requires establishment of links and co-operation between the different structures, institutions and organizations; development of networks and of new skills, roles and relations; and also a system of regular monitoring, evaluation, feedback and control. Bulgaria lags much behind the UK in the process of health promotion policy development, and a direct transfer of the British policy experience is not likely to work in Bulgaria.

CONCLUSION

Health promotion policy experiences could be transferred from the UK to Bulgaria but not as a direct and immediate process. Cross-cultural policy formulation will need to take into consideration the different policy contexts, the dynamics of their development and the related stage of policy process progression of both the donor and the recipient ends of the transfer exercise.

The global policy items under health promotion did not prove to completely fit the cultural specificities of Bulgaria.

The way forward for health promotion policy development in Bulgaria might bring to the necessity to look at the business of adaptation of global policy items into a language that is culturally specific for the country.

On the overall scene of world globalization and the ongoing processes of European integration, there are good potentials for cross-cultural policy formulation. Though, caution is needed. Successful policy formulation must build on the basis of local socio-cultural, historical, intellectual and resource realities within the wider global policy frames. Cross-national policy transfer should also involve global policy language cross-cultural interpretation to the specific setting and adaptation of main policy concepts to the distinctive concrete contexts.

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