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Understanding the process of establishing a food and nutrition policy: the case of Slovenia

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ABSTRACT

Background: There has been an increasing effort across Europe to develop national policies in food and nutrition during the last decade. However, little is known about how public health nutrition issues get on the public health agenda and the roles individuals have when these agendas are being set.

Objectives: The aims of this study were to scrutinise the development process of the Slovenian national food and nutrition policy, and to identify the roles and functions of individuals who have contributed to that process.

Methods: This study undertook a qualitative approach. Data collection included 18 semi-structured interviews between 2007 and 2011, and grey and scientific literature search. Text analysis was based on Kingdon's streams model, which involved highlighting the relationship between problem identification, policy solutions and political opportunities. Data were coded to identify the roles and functions of individuals participating in the agenda-setting process.

Results: The analysis showed that the opportunity for the Slovenian food and nutrition policy to be developed was largely explained by a change in political circumstances, namely the accession of Slovenia to the European Union and the Common Agricultural Policy. Individuals with experience in policy development were identified because of their analytical, strategic and policy entrepreneurial skills. The analyst was responsible for communicating the key nutrition issues to policy-makers, the strategist joined international networks and promoted policy solutions from international experts including the World Health Organization, and the policy entrepreneur took advantage of the political situation to enlist the participation of previous opponents to a national nutrition policy.

Conclusion: This study found that individuals, their roles and skills, played an important role in the development of the Slovenian National Food and Nutrition Policy. The roles and functions of these individuals, which are identified in this study, may assist future endeavours to advance public health nutrition as a key political issue.

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1. Introduction

There has been increasing political interest in and development of national action plans related to food and nutrition in Europe during the last two decades [1]. However, the literature on what instigates nutrition policy development and the process of developing a national food

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and nutrition policy is limited [2–4]. Whilst historical and political literature offers an understanding of how political institutions, power and conflict influence policy development and pertinent political issues, there is little evidence about the factors that facilitate rapid policy change, particularly in regards to health issues such as nutrition [2,3,5].

The adoption of the Slovenian National Food and Nutrition policy (FNAP) in 2005 marks an important turning point for health in this country however, there is little published about this event. Some observers of the Slovenian scene suggest the health state secretary noted the marked differences in standardized mortality rates between the east and west regions of Slovenia [6–8] and was adequate to instigate policy change. Other commentators state that the accession to the European Union (EU) and Common Agricultural Policy (CAP) provided an opportunity for government to integrate health and agricultural policy-making [9]. It is difficult to determine from the literature the specific reasons the Slovenian had for adopting the FNAP and why it happened at that particular time. This study therefore aims to reconstruct the process that led to the adoption of the Slovenian national food and nutrition action plan in 2005 and to identify the roles and functions of key actors. Reviewing the process underlying the development of the Slovenian National food and Nutrition policy can help to provide valuable insights for those pursuing to develop food and nutrition policies but who face important political challenges.

This study builds on the JobNut project, which was conducted during 2006–2008. The objective of JobNut was to assess current and future labour market issues relevant to the development of an effective and efficient EU public health nutrition workforce [10]. The project was funded by the European Commission, Directorate General Education and Culture, as a Leonardo project.

1.1. The streams model

In order to reconstruct the development of the Slovenian National Food and Nutrition Plan we needed to understand the roles and skills of the key actors and the interaction between these individuals. The “streams model” by John W. Kingdon’s is a model used to explore rapid policy change and the role of individuals in that process [11]. In Kingdon’s model, attention is focused on the coupling of three streams: the *problem* stream, the *policy solution* stream, and the *political opportunity* stream. The coupling of these streams can be triggered by a new political administration or major political events that provide openings for a new issue or policy to be introduced and included on the agenda. According to Kingdon, these policy ‘windows’ are scarce and have a short duration. However, when windows are open, the likelihood of an item making the agenda is increased when a skilled policy entrepreneur is present. Policy entrepreneurs can be found in numerous places including within government agencies, non-government organisations (NGOs), or expert communities. These individuals are willing to invest their resources (time, reputation, and/or knowledge) in a particular proposal for policy change. They also need to manage timing skilfully, or as Kingdon notes, “hook solutions to

problems, proposals to political momentum and political events to policy problems” (p. 182 [11]). Kingdon’s model was an appropriate technique to guide our analyses because it highlights the importance of skilled individuals in influencing sudden, unexpected policy change.

2. Methods and materials

This study utilized a qualitative approach to reconstruct the policy development process of the Slovenia action plan in food and nutrition in 2005.

2.1. Study participants

A total of 18 respondents completed interviews. No invited study participant declined participation (see Table 1). The most important criteria for the participants in this study were: having direct involvement in the policy-making process of the Slovenian national action plan in food and nutrition in 2005 and/or having general knowledge of public health nutrition (PHN) policy development. The primary sample of respondents included those with experience in the Slovenian PHN policy-making process. The secondary sample consisted of PHN practitioners, experts and policy-makers from Finland and Sweden; this group and was included to identify more generally, key roles and functions in PHN policy-making.

2.2. Data collection

Data were collected in the form of interviews, scientific articles and governmental reports during the time period 2007–2011. The interviews were semi-structured and conducted by the first author using an interview guide that was informed by the policy literature. Semi-structured interviews were chosen because it provided a standardized template for questioning but retained some of the flexibility of in-depth interviews [12]. The interviewer invited participants to share their experiences based on their professional and/or expert role. The interviews lasted for 40 min–1 h and were conducted in English. All interviews were tape recorded and transcribed. One interview was conducted in the presence of an interpreter, because the respondent did not speak fluent English.

The scientific literature was identified searching in PubMed, using *Slovenia* and *policy* and *public health* as search terms. From the 67 papers retrieved, 13 papers were identified as being relevant from their title. Papers were excluded if the abstract focused on clinical health care reforms or clinical nutrition. The final selection included 7 papers that provided information regarding (a) Public health nutrition problem identification, (b) Public health nutrition structures and actors and (c) food and nutrition policy-making context.

During the analysis stage 20 additional papers were included because they covered important topics, which emerged from the interview analysis (see Table 1).

Table 1
Data collection.

Institution/organisation	Respondents			Scientific and grey literature
	Slovenia	Sweden	Finland	
Civil servant in Ministry of Health/Social welfare/Agriculture	2	1	1	Public health nutrition problem identification <i>n</i> = 5 [6–8,16,17]
Expert in national agency related to public health nutrition	1	5	3	Public health structures and actors <i>n</i> = 4 [9,13–15]
PHN practitioner in regional public health institute	2			The context of food and nutrition policy-making <i>n</i> = 5 [22,25,29,32,33]
PHN practitioner from CINDI (Country Integrated Non-Communicable Diseases Intervention Programme)	2			Intergovernmental food and nutrition policy <i>n</i> = 9 [18,19,21,23,24,26–28,30]
Researcher in academia	1			Key Slovenian Governmental policies on food and nutrition <i>n</i> = 4 [20,31,34,36]
Total	18			27

Table 2
Key roles and functions in the agenda-setting process.

	Role and functions
Problem identification	<i>Analytical role</i>
	To conduct surveys based on epidemiological principles to highlight the problem To communicate the nutrition issue by repeatedly giving information to policy-makers
Policy solution	<i>Strategic role</i>
	To strategically search for policy solutions abroad To join international expert networks in food and nutrition To promote policy solutions from international expert organisations
Political opportunity	<i>Policy entrepreneurial role</i>
	To take advantage of political change To think beyond the nutrition issue To enlist the participation and support of opponents to create a win-win solution To merge interests and knowledge to a common policy

2.3. Data analysis

We used content analysis to assess all collected material. We used the three themes from Kingdon's streams model to categorise the collected material namely, identification of the problem, policy solutions and political opportunity. Each of these themes was used to code key actor's roles and functions, as shown in Table 2. Assessment of the grey and scientific literature was used to support and build up the narrative around these findings. To validate the findings, we offered all interview respondents the opportunity to read and comment on this paper before publication. The JobNut project received ethical approval from the Regional Ethical Review Board in Stockholm, Sweden.

3. Results

The results are presented according to the three streams model themes problem identification, policy solution and political opportunity. The findings are drawn from

documents identified through the grey and scientific literature search, and data from interviewed respondents.

3.1. Problem identification

Traditionally, public health topics in Slovenia were debated within a social medicine paradigm. The social-medicine perspective dates back to the 1920s, where actors such as Andrej Stampar (1888–1958) and organisations such as the League of the Nations and Rockefeller foundation influenced the contents of health policies [13]. In 1985, when Slovenia was still part of the former republic of Yugoslavia, debates on the role of public health lead to the development of the present structure, with the national public health institute (PHI) and nine regional PHI [14].

In 1991, Slovenia gained independence from Yugoslavia and important changes in the lifestyle of the population emerged as a consequence of the changing political and socioeconomic context [15]. During this time results of epidemiological research showed that the burden of non-communicable disease was increasing across the country, with extreme morbidity apparent in the north-eastern regions, for example Pomurje [16].

Initially, this growing problem of chronic disease was the concern of only a small group of medical academics, doctors and epidemiologists in the PHIs and health professionals active in the World Health Organisation (WHO) initiated Country Integrated Non-Communicable Diseases Intervention Programme (CINDI) [6]. These actors raised awareness of important PHN issues including obesity, nutrition inequalities, school nutrition schemes and breast-feeding. By organising events to show the results of epidemiological studies and communicating nutrition issues to different audiences, these actors succeeded in highlighting the severity of these PHN issues. The publication of the first national dietary intake survey in 1997 by Verena Koch (a PhD Student) [17], provided data for key actors to highlight the discrepancy between the WHO CINDI Food Based Dietary Guidelines with the Slovenian situation. The diet of the nation became a politically charged issue and lead to the National Institute of Health Insurance, organised by the Ministry of Health, naming the CINDI programme one of their top priorities [15,18].

Epidemiological monitoring of health behaviours as an important tool for policy change and raising the awareness of health problems with the media and politicians was highlighted by a respondent from Finland:

“I want to come back to the monitoring, I think it is really important, not to monitor the diseases, but the risk factors and the behaviours, because if you have a good system, which monitors how smoking is developing, how blood pressure is developing, blood cholesterol levels, it is really important, it gives feedback to the people, it gives feedback to the politician. We always say, what is measured gets talked about.”

3.2. Policy solution

In 1992, following the Ministerial World Conference in Rome, the World Declaration on Nutrition and Plan of Action was published [19] and the WHO began encouraging member states to develop national food and nutrition policies. As a result, the PHI in Slovenia prepared a background document for the development of the first National Health Plan (NHP) “Health for all by the Year of 2000” [20]. In 1993, the Ministry of Health presented this document to the parliament. It emphasized the importance of a balanced diet, health policies, healthy lifestyles and reducing health inequalities. It was clearly influenced by the WHO’s “Global Strategy for Health for all by the year 2000” [21]. This NHP however, was significantly delayed during the parliamentary process. One respondent explained this situation:

“It was interesting that this document was proposed to the Slovene Parliament in 1993 and it took it seven years to pass the procedure. The parties unfortunately discussing the national health plan much longer than expected.”

A small Slovene network of academics, CINDI members, and individuals from the PHI questioned the way these issues were being administrated by parliament and joined a larger international PHN network to search for new policy solutions. As one respondent said:

“I did some training, international courses, which was developed by WHO. I wanted to increase my knowledge in how to develop health lifestyles in different settings. I remember one course think it was in 97, which were crucial for my work.”

The WHO regional office for Europe was a key actor in this network. Nutrition policies had been heavily promoted by Elisabeth Helsing, regional advisor for nutrition during the years 1984–1996 [22]. In 1992, Aileen Robertson joined the office and became responsible for advising the countries within the European Region on public health and national nutrition policy. She became the leading actor in the endorsement of the WHO European Region First Action Plan for Food and Nutrition Policy (2000–2005) [23–25]. Through workshops and seminars, member states were provided with comprehensive materials, guidelines and tools to assist with policy development [26,27]. Jozica Maucec Zakotnik, the director for CINDI Slovenia was invited by the WHO to join these workshops [28]. The WHO

meetings and workshops provided forums where actors shared and supported each other to pursue nutrition goals and objectives in their national setting.

As one respondent put it:

“In 1998, it was some conference and Aileen Robertson took over, she is really something special. She started to work on the first food and nutrition plan for the WHO European region. This was the push for Slovenia to start, and Jozica Maucec Zakotnik joined as well.”

Respondents from Sweden highlighted that ministerial meetings arranged by the WHO as important venues for networking and encouraging policy change. One respondent from Sweden also acknowledged WHO an important source for policy development:

“If we speak about healthy diets, then I think one major actor is the WHO. We attended a WHO conference, and other scientific officers from the other ministers were there. . . and the WHO really stresses that every member state need to have a national leadership and that we need to do something to promote healthy diets. . . During these conferences, people are really influencing each other. . .”

In parallel to the developments within the WHO regional office for Europe, the EU added public health as an area for policy action in the Amsterdam Treaty of 1997. The European Commission also set up an expert group within the EURODIET project, in order to identify the main nutrition issues for the EU in 1999 [29]. During the French presidency of the European Council in 2000, PHN gained further momentum within the EU and resulted in a Resolution on Health and Nutrition from the European Council [30].

In the late 1990s key Slovene actors tried to translate international developments to the Slovenian context and in the frame of the CINDI programme. As one put it:

“So, in 1998 we started several developments of nutrition policies, in the frame of our regular CINDI programme, together with different partners, also involving ministries responsible food and nutrition, also professionals in different fields. This also involved people from WHO.”

3.3. Political opportunity

The year of 2001 was characterized by swift changes within the Slovenian government and opened doors for new ideas. In 2000 the NHP [31] was passed and in 2001 a national survey of unhealthy behaviour was initiated and completed [6]. The new government appointed in autumn 2000 appointed the CINDI director as a state secretary specifically for public health. During her term as state secretary of public health, the preparation for FNAP began. As one leading actor at that time explained: “We actually started to put the government against the wall, and involved all the ministries, tried to make them to see their own goals, and convincing them that this was something we need to do as a government and as a country.”

Respondents in Finland and Sweden also stressed the importance of leadership in enabling policy change. Leadership was described as someone that was exercising influence and authority to get the support of opponents to create a win-win solution.

The Ministry of Agriculture, Food and Forestry was proven to be the most difficult to engage in the development of the Slovenian FNAP. Their focus was agriculture and primary production namely dairy farming, animal stock and corn, barley, and wheat crops. A window of opportunity arose in 2001 with the accession to the EU and the obligations for Slovenian law to harmonize with EU legislation, specifically the common agriculture policy (CAP). The CAP provides various agricultural subsidies, which have the potential to impact on a wide range of domestic policies. In particular, CAP was believed to have a substantial influence on the national agricultural and food production system and public health [9,32–34]. The individual responsible for advising countries within the WHO European Region on public health and national nutrition policy, Aileen Robertson, got involved in the Slovenian food and nutrition plan development and proposed to take a health impact assessment of the CAP. The health impact assessment of the CAP was believed to be a driver for the Ministry of Agriculture, Food and Forestry to support the food and nutrition plan and created an opportunity for multisectoral collaboration. The Ministry of Agriculture, Food and Forestry recognised that a health impact assessment of CAP could be instrumental to their own food policy goal, or as one respondent explained:

“The Ministry of Agriculture, Food and Forestry was also not satisfied with the CAP, because the Slovene Agriculture strategy from 1993 was much more modern than CAP at the time of the accession of Slovenia to EU. Agriculture sector used some of the arguments, developed during health impact assessment exercise – helping them in the negotiations in the accession process”.

Although the WHO provided guidance and technical assistance, the health impact assessment of the CAP took longer than planned due to the enormous body of CAP legislation of CAP [9,34]. The health impact assessment however, created opportunities for both the Ministry of Health and the Ministry of Agriculture, Food and Forestry and enabled interaction and formulation of an important pillar of FNAP, namely the part on food supply and security [35]. In 2004, a new government entered the scene and the next director general for public health, Marija Seljak finalised the policy-making process. After four years the FNAP was ready and was presented to parliament and a resolution on the national programme of nutritional policy 2005–2010 was adopted [36].

4. Discussion

The findings of this study suggest that the development and adoption of the national policy in food and nutrition in Slovenia largely can be explained by a change in political circumstances that enabled the Ministry of Health and the Ministry of Agriculture, Food and Forestry to work collaboratively. In our study, we also identified that individuals,

both outside and inside the Slovenian government, considerably contributed to raising nutrition as a political issue and the development of a national nutrition policy. These findings highlight the important role of individuals in the policy-making process through their analytical, strategic and political policy entrepreneurial skills. If these individuals had not participated, it is questionable whether Slovenia would have adopted a food and nutrition policy at that time.

The analytical role during problem identification was mainly attributed to individuals who collected data on the prevalence of non-communicable diseases and repeatedly communicated these scientific findings to high rank officials. Respondents in Sweden and Finland discussed the importance of nutrition monitoring in PHN to maintain the interest of policy-makers and media. The actions implemented by these health and medically trained individuals particularly the organisation of large surveys and conferences from 1990 to 1995, were important in bringing nutrition issues to the attention of politicians (cf. [11]). This suggests that using national data to communicate health issues and nutrition risk factors can capture political interest and influence the political agenda and policy change.

The strategic role in the policy solution process involves different functions to the analytical role in the problem identification. Firstly, the growing discontent with the parliamentary structure to respond to the growing issue of non-communicable diseases, led a small Slovene network to search for policy solutions in the international arena. This shows that an important policy solution approach is not only to question the way a policy is administered but to strategically search for new policy solutions abroad. Secondly, from the mid-1990s there was frequent interaction between experts from the WHO, public health nutrition academics, National Public Health Institutes and the international CINDI network. In this sense, the strategic role demonstrated need to join experts to create a knowledge-based network that could support action. Respondents in Sweden also highlighted this importance of professional support networks and noted that events organised by the WHO were particularly useful. The WHO European regional office was identified as an important policy actor who supported member states with linking nutrition and food issues to political priorities [24,26,27]. A crucial aspect of developing policy solutions is learning from the international community. This is a strategic approach because policies and ideas from the international community, such as those from the WHO, reflect authority and expertise and have been used previously to influence domestic agenda-setting [37].

The final role explored in the Slovenian example of nutrition policy development is that of policy entrepreneur. A crucial function of policy development is timing, which in this case meant taking advantage of major political changes. The former CINDI director was appointed state secretary in the Ministry of Health in 2001 and with that appointment the development of a national action plan in public health nutrition progressed. The window of opportunity to engage previous opponents to this plan came with the accession of Slovenia to the EU and the obligation to conform to CAP regulations. The exercise of conducting a health impact assessment of CAP created an opportunity

for both the Ministry of Health and the Ministry of Agriculture, Food and Forestry to support multisectoral policy development, where the objectives of both ministries were met. Here political negotiation and thinking beyond the agenda of nutrition was necessary to enlist the participation and support of other influential sectors. Osborn et al. have also suggested that a key function of policy health reform is political negotiation and the ability to join networks together, both interpersonal and inter-sectoral [38].

The health impact assessment of the CAP in this example in Slovenia created an opportunity for political negotiation to align different views and form a common goal. The effect of conducting a health impact assessment, in terms of creating intersectoral collaboration and integrating health into other policy sectors have been extensively reported earlier [9,35,39–44]. It is clearly essential to merge interests and knowledge to a common policy for successful policy development and endorsement.

To raise an issue to the political agenda is challenging. The Kingdon's streams model has helped us understand how an issue – with relatively low political priority – can rise to be part of the governmental agenda. Kingdon's streams model has been widely applied in previous policy analysis studies that have explored the key aspects of political agenda-setting and policy development [45–47]. In terms of exploring the role of individuals in policy-making, previous studies have focused on the key attributes of policy entrepreneur in connecting the streams in Kingdon's model [48,49]. In particular, the strategies applied by policy entrepreneurs when windows of opportunity have been opened [38,50,51]. This study has applied a broader approach and examined not only the role of policy entrepreneur in conjoining the streams but also investigated the characteristics of analysts and strategists and how they have contributed to agenda-setting and policy development of a national nutrition plan in Slovenia. The additional insights from respondents in Sweden and Finland have helped to clarify the roles and functions at play in the agenda-setting and nutrition policy development more broadly.

4.1. Limitations and constraints of this study

The country of Slovenia is rather small with a limited number of actors involved in public health nutrition policy development. This paper describes a case study of the process of developing a nutrition policy in Slovenia and the process described here may not be transferrable to other countries. There may be events, meetings and documents that we have overlooked in this assessment. We did however, reached a number of key actors and observers present during the critical period of developing this policy in Slovenia, and we have identified a similar sequence and description of events from several respondents. We are therefore reasonably confident that we have described this policy process with a high level of accuracy.

5. Conclusion

The most important conclusion of this study is that individual contribution to the agenda-setting and

policy development process take different roles: analytical, strategic and policy entrepreneur. The main function of each role respectively was to communicate scientific findings to policy-makers, promote policy solutions from the World Health Organisation and take advantage of major political changes to enlist the participation and support of previous policy opponents. The roles and functions identified in this study can be used to compare individual capacity in other contexts and policy sectors. The main advantage of applying Kingdon's streams model was to systematically assess individual skills in three key phases of the policy process. The analysis in this paper is restricted to the individual level and future research should address how cultural, structural and institutional norms also affect the development of national policies to address important public health nutrition issues.

Authors' disclosure

Susanna Kugelberg took a lead role in study design, data collection, analysis, drafting and editing the manuscript. Agneta Yngve contributed to the study design, drafting and final editing of this manuscript. Kristina Jönsson contributed to the drafting and final editing of this manuscript.

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