

Policy Brief

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Reaching Rural Communities With NCD Prevention and Health Promotion in Albania: The SDC Health For All (HAP) Project

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New Challenges to Health in Albania

Like many countries of the world, in Albania there is rising ill-health, disability and premature death resulting from non-communicable diseases (NCDs) such as cancers and cardio-vascular disease.ⁱⁱⁱ Underlying this trend is a rise in preventable risk behaviours, including inadequate physical activity, consumption and passive exposure to tobacco smoke as well as over-consumption of alcohol, added to this are the risks associated with a diet high in meat, fats salt and sugar, and at the same time low in health-supporting unrefined grains, vegetables and fruit. This Policy Brief sets out initiatives and innovations conducted by the Swiss Health for All (HAP) project on NCD awareness. Some of these were the first face-to-face approaches targeting rural and peri-urban communities in Albania.



The Response of the HAP Project

The Health for All project (HAP), supported by the Swiss Agency for Development and Cooperation (SDC), and implemented by the Swiss Tropical and Public Health Institute (Swiss TPH), Terres des Hommes and Save the Children in partnership with the Ministry of Health (MOH) and Social Protection contributes to the national response to the high burden of preventable disease by strengthening the health system to deliver effective health promotion and health literacy to empower individuals, families and communities to make healthful choices and reduce risk of developing NCDs by adapting their behaviour and consumption patterns.

In this way in Phase 1 (2015-2019) HAP has supported the government of Albania to address the following diseases in the regions of Fier and Dibër:

- cardiovascular diseases;
- diabetes;
- cancers;
- chronic respiratory diseases.

To do this the project's approaches focussed on activities aimed at prevention through **change in behaviours** associated with **hypertension, overweight/obesity, raised blood glucose and raised cholesterol** in Albania, specifically:

- tobacco consumption;
- physical inactivity;
- unhealthy diet;
- harmful use of alcohol.

Although whole communities have been included in HAP's activities, the project has particularly targeted school children and teenagers.

Health Promotion Approaches

The project used an array of approaches aimed at different levels from reorienting the policy environment to support health literacy to working directly with communities and their primary health care workers. This comprised four main initiatives:

Key results

- Training package for the Health Promotion Cabinets.
- National Health Promotion Action Plan 2017-2021
- Hypertension prevention, screening and control outreach provided to 7,058 community members.
- More than 600 school children and 57 of their teachers engaged in the Health Promoting Schools initiative.

1. Capacity-building cabinets and policy development

In 2015, in response to the need for strengthening cutting-edge, community participatory approaches health promotion, HAP began by working with the Institute of Public Health (IPH) to design a training package for the Health Promotion Cabinets of Dibër and Fier within the Directorates of Public Health. At the request of the Ministry of Health and Social Protection (MoHSP), HAP also assisted in the creation of a supportive policy environment development in the form of the 2017-2021 National Health Promotion Action Plan.



Figure 1. Screening of hypertension during the Measurement Month.

2. Hypertension awareness and control

Hypertension is one of the main causes of premature death and ill-health in Albania. In line with the National Health Promotion Action Plan and the International Society of Hypertension HAP supported the IPH, the Health Promotion Cabinets of Dibër and Fier, and selected local health centres to plan and implement May Measurement Month in 2018. The project provided logistical support to the implementing partners and printed education and communication (IEC) materials. In municipalities of Peshkopi, Bulqize, Klos, Lushnje, Roskovec and the cities of Tirana and Durres, local health personnel, together with the Health Promotion (HP) Cabinets, promoted hypertension prevention and control through at their local health centres. Presentations on the risk factors of hypertension and preventive measures were attended by a total of **7,058 community members**, 70% of whom were female and 40% of whom were males over the age of 18 years. As well as receiving take-away written information on hypertension risk factors participants were also had their blood pressure screened by Health Centre staff and those with hypertension were referred for treatment.

3. Health promoting schools initiative

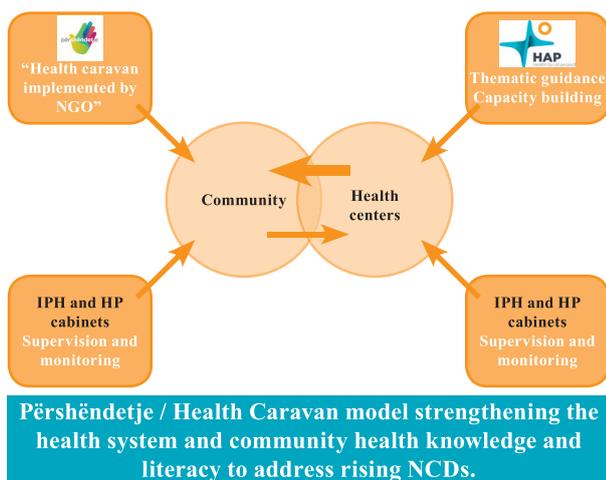
Schools are an important setting in which to reach children with information and guidance on health promotion to strengthen their health literacy at an early stage in the life course and before they become parents themselves. HAP engaged school children, parents and teachers in its health promoting schools initiative on sports and healthy eating. In this way, 1,500 school children, their parents and 120 of their teachers were engaged in school activities including nutrition fairs in Dibër region.

4. National Mass Media campaigns

Two video spots on hypertension and diabetes awareness were produced by HAP and broadcast during three campaigns in 2016 and 2017 by the national and regional TV channels with a substantial outreach: for example, the coverage of the November 2017 campaign on diabetes awareness was estimated to have been 88,000 people).

5. Përshëndetje / Health Caravan

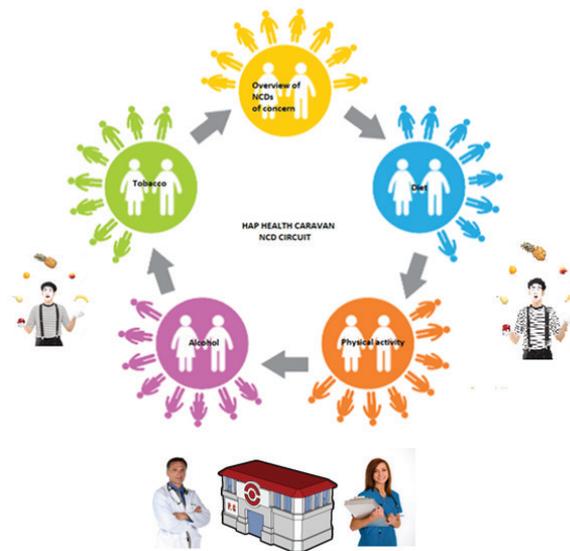
In response to needs identified at the community and Health Centre levels, the project in 2018 developed and piloted an innovative two-pronged community outreach and primary health care (PHC) strengthening model known as *Përshëndetje* in Albanian and the *Health Caravan* in English. This mobile campaign engaged individuals, families and communities in meaningful, participatory activities to enhance their knowledge of risk factors as well as the benefits of behaviour change to prevent disease and increase demand for NCD screening services. At the same time HAP developed materials and guidance to strengthen local PHC staff in leading and supporting communities in NCD prevention, detection, early treatment and emergency responses. The model, supervised and monitored by the IPH and health promotion cabinets, is shown below:



Përshëndetje / Health Caravan model strengthening the health system and community health knowledge and literacy to address rising NCDs.

As the figure above illustrates, the *Përshëndetje* model comprised a mobile community event consisting of five interactive NCD topic stations, each with trained male and female facilitators from a selected local implementing partner, comprising 15-20 facilitators in total for each community event. These were visited in turn by groups and families and were highly effective arenas for engaging adolescents and youth. While adolescents, teenagers and adults participated in health literacy and knowledge building activities on the risks related to tobacco smoke, unhealthy diet, physical inactivity and alcohol at the topic stations, younger children were entertained with games and activities incorporating simple health messages

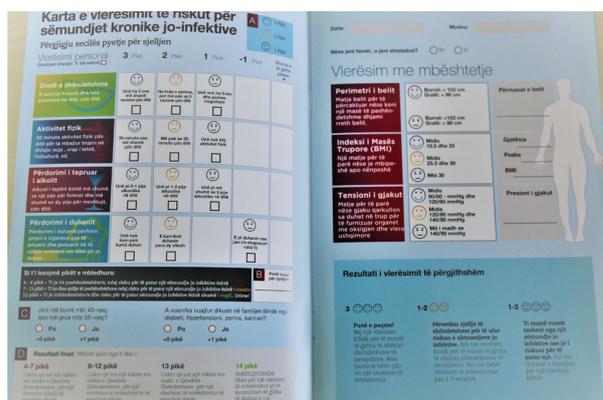
by two trained animators, who also facilitated the movement of people around the events. HAP not only developed this innovative model, but designed all the facilitator manuals, key messages and scripts and adapted and translated tested information, education and behaviour change materials to the local context.



The Përshëndetje model comprising five NCD risk topic stations and the local Health Centre station.



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HAP self-assessment cards

As people progressed along the 1.5 – 2 hour circuit of the Përshëndetje, they were encouraged to complete self-assessment forms to assess their own behavioural and lifestyle risks. Once they completed all of the topic stations, participants were guided to the station provided for each local Health Centre facilitated by trained health workers to discuss community members’ self-assessed risks, make follow-up appointments and answer questions raised by the NCD topic stations. For sustained engagement with communities on NCD health literacy, HAP designed materials and guidance on recognition of emergencies such as stroke, cardiac arrest and diabetic emergency for Health Centres to use to further strengthen community knowledge and crucially, appropriately respond to save lives of family and community members.

Key results

- Developed, tested and piloted an interactive model for community NCD health literacy.
- Strengthened local PHC services to take the lead in community health promotion as well as its supervision and monitoring.
- Engaged community members with their local PHC services – some for the first time in their lives.
- Supported local health staff with tailored guidance documents and behaviour change materials on reducing NCD risks.
- Provided manuals and guidance on recognising and appropriately responding to NCD emergencies.
- 4,850 adults and teenagers engaged in NCD risk reduction and linked with PHC services.
- 51% of participants were male and 49% were female.
- 40% were aged 14-35 years of age

Number of People Engaged in the Përshëndetje Health Promotion Campaign

In the course of the 2018-2019 campaign, Përshëndetje conducted community outreach events in 33 villages in Dibër and Fier, reaching about 4,850 adults and teenagers: Of these 2,468 of whom were male and 2,380 female. 40% of all participants were in the 14-35 age bracket.

Business Case for the Përshëndetje Approach

Mobile outreach, by its very nature is costly. Each Përshëndetje event reaching up to 150 adolescents, teenagers and adults cost USD 3,600 on average or USD 25 for each member of the public reached. This includes all one-off development and set-up costs as well as recurring consumables and implementation costs. HAP estimates that the Government of Albania or other agencies could implement the Përshëndetje model at costs as low as USD 2,700 per event as the following items with a value of USD 30,000 have been developed and paid for by HAP and are available for sustained use in the future; Përshëndetje training and guidance documents and terms of reference for implementing partners; Design of posters and information, education and communication materials for the five NCD station; Design of behaviour change booklets and risk assessment cards; Guidance documents for health centres on leading community health literacy and health promotion campaigns to address NCDs; Design of posters and information, education and communication materials for communities on recognizing and responding to NCD emergencies; Branded outdoor tents; Inflatable with Electric Pump; Trolley for Transport; Portable tables including printed fabric for cover; and, Roll-up banners

It might be argued that even a cost of USD 2,700 per event represents a high investment – of approximately USD 18 per person (with 150 people attending each event). However, the costs of investment in the Përshëndetje approach, which could be reduced further with the number of people reached, might offset the threat that the chronic nature of NCDs pose to the health system as well as household and national economies.

Conclusions Regarding Effective, Efficiency and Sustainability of the Përshëndetje Approach

- The Përshëndetje approach is **highly effective in reaching out to large numbers of people by mobilizing whole communities** and members of all ages via an engaging, participatory event to become empowered and health literate to take informed control of their health and have knowledge and professional support to reduce their preventable risks towards developing NCDs.



Young and old community members participated in Përshëndetje

- The method enables local **PHC services to connect with community members** – many of whom may never have engaged with them previously. In the course of the Përshëndetje event **1,667 participants with their Health Centres**. As **46%** of

- **these new registrations were made by men**, the approach is promising in terms of including this difficult-to-reach segment of the population. Thirty-one percent of these participants –aged between 14 and 89 years (average age 36 years) made a follow-up appointment at the Health Centre.
- The self-assessment of NCD risk element provides a **push factor** for individuals potentially at risk or already affected from undiagnosed NCDs to access clinical assessment, early treatment and care, with the potential to reduce disability and premature mortality.
- The approach **actively engages the health promotion cabinets with communities and PHC staff on health promotion and disease prevention**.
- The approach is promising in terms of **health literacy improvement and the potential for behaviour change**. Of a random sample of 936 participants leaving Përshëndetje events, **96% reported leaning something new relating to their health** that they were previously unaware of and **93% stated the intention of adopting at least one of the health promoting behaviours** they had learned at the event.
- Whole **communities can be reached, self-assessed and linked into clinical diagnosis and treatment within a half-day event requiring 20 staff** or fewer.
- **Schools are key arenas** for preparing communities of up-coming events as communication channels, especially as the experience of HAP was that school grounds provided good locations to hold the events. **Schools also have the potential to take a more pivotal role in using the model within a project format** for teaching and learning as well as a **low-cost means of staging and facilitating community events for NCDs and broader health concerns**.
- The recurring costs Përshëndetje approach can be **further off-set by integration with the national Check-up campaign**.

A number of challenges to the sustainability beyond the project intervention have been identified by HAP. These include:

- **National level recognition** of the value of mobile and face-to-face approaches to engaging communities, particularly young people, in NCD prevention campaigns is needed to scale-up and sustain the Përshëndetje approach. It is important that the knowledge base of the approach within the Institute of Public Health and the Ministry of Health is maintained, updated and strengthened over time.
- Budgetary commitment and cost. Strong **political commitment is needed to strengthen the potential of health promotion in addressing the threat posed by NCDs** in Albania, and the Përshëndetje approach although promising, requires financial support beyond that allocated to health promotion the government previously.
- As with any outreach approach, Përshëndetje involves competence and commitment to the logistics, transport and storage of hardware, which can become complicated by road conditions in remote areas that are aggravated by the weather. **Competent local implementation partners play a crucial role in the success in using their local knowledge and networks in liaising with local authorities, Health Centres, schools and stakeholders.** This becomes crucial under difficult conditions when last minute changes need to be negotiated due to unforeseen weather or transport difficulties.
- As Albania is firmly within an epidemiological transition from a pattern of morbidity and mortality resulting from infectious disease to non-communicable diseases, there is a need to **strengthen the national skill base.** Health promotion expertise is generally very weak, as are capacities in addressing NCDs both from a prevention and management perspective. The sustainability of nascent community health promotion will require national investment in themes such as nutrition that are lacking at present. Doctors, nurses and other health care workers need **capacity-building in the early diagnosis and treatment of conditions such as hypertension, diabetes and pre-diabetes, obstructive pulmonary disease, overweight and obesity.**

- The role of **nurses'** key to health promotion and NCD prevention as they together with **community health care workers** are the main interface with communities. They are well-motivated and will be pivotal to sustained and expanded community approaches to reducing NCD risk and early detection and treatment support.

Lessons Learned and Policy Recommendations to Guide Future Health Promotion Responses to NCDs

- Throughout Phase 1 HAP determined that Health Centre staff lack training, guidance documentation and communications materials to deal effectively with NCDs in their communities. As such they feel unprepared to lead preventive actions at community level and to provide appropriate clinical responses. Health Centre staff were highly engaged in the Përshëndetje events in the communities they serve. Staff commented that they found the preparation and supported engagement in a substantial community event to have been capacity-building and motivating. It met their needs for demand creation to support the national Check-up campaign and strengthen their resources and competence in leading communities in participatory health promotion to address the rise in NCDs through prevention and early diagnosis and treatment. **Within its mandate, HAP has filled some of the gaps in support and capacity-building the PHC system with regard to NCDs, however, additional guidance, materials and training are needed at the Health Centre level.**





Participants discussing their self-assessments with Health Centre staff and making follow-up appointments.

- Përshëndetje presented an opportunity for the **Health Promotion Cabinets** within the Directorates of Public Health to engage in the first community-level interventions with technical and material support from HAP. This **strengthened their planning abilities and confidence in executing community participatory initiatives** based on the early HAP training they received. **As the same personnel will be maintained within the “local units of health services”** under the health service reform. The Regional Operators should play an important leadership role in organising health promotion activities and campaigns in their respective geographic areas.



- Përshëndetje events were observed to provide a **highly effective arena for engaging adolescents and youth**. Participation among this demographic was high as young people found the face-to-face and participatory nature of the approach (as opposed to a top down health education campaign) very attractive. By holding the majority of the events on school premises, HAP ensured that young people were at the centre of information released ahead of time.
- Përshëndetje model offers potential for integration **into school health teaching and project work**, and a pilot might determine whether **older school children might become effective change agents by presenting a version of the approach to their communities**. This would offer benefits in terms of immersive engagement in NCD knowledge and health literacy and disease prevention to encourage the establishment of positive health behaviours early in the life course as well as preparing Albania’s youth as future parents in positive nutrition and the avoidance of tobacco, for example. This would not only capitalise on the acknowledged potential of youth as effective facilitators of change, but would also strengthen the health literacy of a key population of concern. If a pilot indicated such an adaptation to be effective, this would also provide a means of **reducing the cost of taking Përshëndetje to scale**.
- It should not be under-estimated how **little NCD health literacy exists in rural areas of Albania on risks health and positive practices**. Some young people commented that while attending the Përshëndetje they heard messages about the negative health impacts of sugary soda drinks for the first time in their lives. Furthermore, many young people did not drink water at all and were unaware of the importance of eating fruit and vegetables. Given that a number of negative consumption patterns have already been established among Albanian youth, approaches should be explored, such as using sports and music celebrities as champions for physical activity and positive nutrition to effectively reverse habits so they do not compromise their health or that of their own children in the near future.

- Përshëndetje was the first time that remote communities had been approached by health services on a face-to-face, community participatory level, rather than as patients. For some people, **the events led to their first ever contact of some with their local Health Centres**. In an era of NCDs this contact and preventive engagement is a crucial starting point for prevention, early detection and treatment to reduce morbidity, disability and premature death.
- As a new innovation the Përshëndetje approach would benefit from **operational research to inform the honing of the methodology and approach, particularly for different community members**. For example, some participants commented that they would be unable to request male or senior household members not to smoke in the same room as children. Closer study might inform gendered and generational adaptations to the model to effectively overcome such barriers to reduce passive smoke exposure, for example. Issues such as cost-effectiveness compared to other interventions should also be conducted, **documented and disseminated**.



i <http://www.thelancet.com/gbd/2015>

ii <http://www.healthdata.org/albania>

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Scan the QR code to watch a short video on the PerSHENDETje campaign.

