
Vulnerability in PHC in Albania: Considerations and recommendations

BACKGROUND

Albania is aiming at implementing a universal coverage primary healthcare system to respond to population needs and wants to extend its services toward reaching the vulnerable groups. On this regard, it is important to have a clear picture on the health vulnerability situation in Albania so to identify the main pillars for designing policies for responsive PHC services that meet the health needs thus providing universal coverage for the population.

METHODOLOGY

The ‘Health vulnerability study in Albania’ combines scoping review with cross-sectional study among 1553 primary health care users, 15 focus groups with 115 vulnerable group representatives and 45 interviews with key informants and care providers. The study was conducted during December 2018 - January 2019 in five regions of Albania, respectively: Tiranë, Shkodër, Diber, Fier and Vlorë.

The main objective of the study was to provide an overview and characterize the health vulnerability in the Albanian context by identifying the most salient vulnerable groups towards health issues and access to health care services and, thereby, providing concrete recommendations and specific suggestions on best practices and tailored interventions for reaching such vulnerable groups, mainly from primary health care personnel and other key stakeholders involved.”

KEY FINDINGS

Definition of health vulnerability

As result of a scoping review, a definition on health vulnerability was validated as the impact of risk on access to and quality of services and care received, taking into consideration all the potential informal and formal mechanisms and instruments of risk reduction, mitigation and coping strategies available to individuals, particularly those with limited resources, conventionally referred to as vulnerable individuals”.

Vulnerability in health care consists of the risk exposure to lack of access and poor quality of health care services received, and the lack of resources to cope successfully with such situations. Vulnerable populations are much more exposed to health risks and are the least protected categories from the negative consequences of these risks. In this respect, health vulnerability manifests itself in all five aspects of access to PHC services.

Vulnerability affecting accessibility of health services

The following is a manifestation of five key dimensions of access within primary health care.

1. *Approachability*¹: a) Lack of mobility and poor autonomy among elderly and disabled. b) Distance from the health centers and cost related to transportation.

¹ Existence of reachable services.

2. *Availability*²: Constraints related to work or inability to leave the work.
3. *Affordability*³: a) Financial constraints related to Costs of transport especially among rural residents and the poor. b) Costs of medicaments for most of the groups. c) Costs of medicaments for most of the groups. d) Poor health conditions and inability to go to the health center.
4. *Acceptability*⁴: a) Lack of trust in the health care system. b) Unethical communication and use of medical jargon and a technical language that the patient is unable to understand. c) Roma feel discriminated at all levels of health care. d) Inappropriate waiting spaces.
5. *Appropriateness*⁵: a) Problems with infrastructure and confidentiality for the disabled. b) Insufficient medical diagnostic equipment in some areas.

Considering these five dimensions of access of PHC service and the amount of risks exposed, the following pictures out a range of vulnerable groups to PHC.

The vulnerable groups in relation to PHC services in Albania

A consensus meeting involved 35 representatives from organizations working with vulnerable populations, identified a priority list of vulnerable groups relevant for Albania (see Table 1). The exposure of these groups to specific risks and their ability to cope with it, defines the gravity of their vulnerability in health-related care. It is worth mentioning that women in all categories of vulnerable populations mentioned, are most disadvantaged related to men in almost all dimensions of access to PHC services.

Table 1 Prioritization of vulnerable groups in the context of Albania

At-risk groups for health vulnerability	Vulnerability criteria	Risk to vulnerability: at least one criterion
Older people	<ul style="list-style-type: none"> • Aged 65 years and above • Retired 	<ul style="list-style-type: none"> • Social pension only • Living alone (including widowed) • Loss of functional abilities/lack of autonomy
Disabled	<ul style="list-style-type: none"> • Under the disability assistance scheme 	<ul style="list-style-type: none"> • Women • Living alone • Continuous need of assistance/care
Sick people	<ul style="list-style-type: none"> • At least 2 diagnosed chronic conditions 	<ul style="list-style-type: none"> • Unemployed • Homeless
Women	<ul style="list-style-type: none"> • Females aged >18 years 	<ul style="list-style-type: none"> • Head of family • Unemployed • Homeless • Victims of violence/abuse • Victims of trafficking
Children	<ul style="list-style-type: none"> • Age 0-18 years 	<ul style="list-style-type: none"> • Orphans • Child labor • Victims of trafficking
Roma and Egyptian community	<ul style="list-style-type: none"> • Self-declared Roma and/or Egyptian ethnicity 	<ul style="list-style-type: none"> • Roma/Egyptian • Women

2 Receiving health services in timely fashion.

3 Financial ability/capacity which is necessary to use (receive) health care services.

4 Cultural and social norms pertinent to the acceptance of health services.

5 The fit between health services needed and those actually obtained (received).

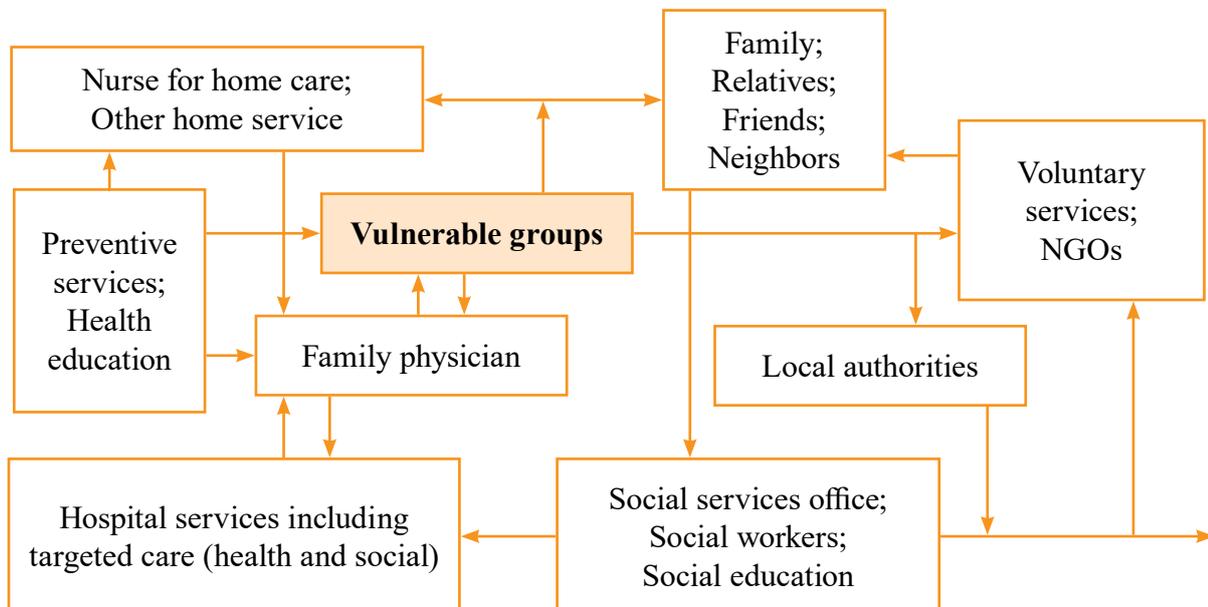
MESSAGES TO POLICY MAKERS: HOW TO BEST ADDRESS HEALTH VULNERABILITY IN ALBANIA

As a result of triangulation of qualitative and quantitative findings from the study some strategies deriving from an inclusive socio-ecological model to address the issues related to health vulnerability within PHC should include, but not limited to:

- Promotion of universal health care policies as a major prerequisite for inclusion of vulnerable.
- Empower the collaboration and interconnection of Local Government, Primary Health Services and Public Health ones, aiming better health needs identification and addressing of health vulnerability.
- Support alternative and need responsive PHC services at the community level: home based care services for those in need, strengthening the role of informal careers through PHC.
- Support and strengthen the integrated primary health and social care services in the local level, in the health center and community level.
- Support civil society networks and self-help/peer groups.
- Improve infrastructure to make it accessible for those with poor mobility.
- Address gender issues in access and quality of Primary Care in Albania.

The above recommendations are organized according to the socio-ecological model, which includes levels of intervention ranging from individual to national/central government as visualized in the following diagram:

Socio-ecological model: Outline of services in addressing PHC health vulnerability



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