

Transforming health values into meaningful impact

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During the past twenty plus years, Albania like many Central and Eastern European countries has been undergoing significant evolutionary reforms to their healthcare system which resulted in meaningful improvements of the health status of its population including a significant increase in life expectancy in both sexes and a considerable decrease in infant mortality and maternal death rates.

Four interdependent core functions representing the primary organizational elements of all healthcare systems are at the center of these changes and include:

- The adequacy of *financing* despite serious fiscal constraints associated with the recessionary economy of Albania;
- *Stewardship* defined in terms of the country's governmental structure and process of oversight of the management and operation of the health system;
- *Creating resources* by way of investments to increase the capacity and capability of the system to meet the health needs of the population, and, finally;
- The methodology and efficacy of the *delivery of services* to ensure the quality and quantity of the provision of health care across the spectrum of the diverse population profile of Albania (1).

Collectively, they also represent structural components of the Albanian health insurance system designed to serve as the critical defense system keeping people

from risks both to their health status, as well as their financial risk. The success or failure of the health system to meet the needs and demands of Albanian people rests in the delicate balance and synergies created when, or if, all of these components are performing at an optimal level.

In addition, we assert that there are two additional drivers of success resting at the foundation of the health system. These are Albanian *social values and health system values* which are highly correlated and work together to be the primary driving forces of the entire system of health care and public health services of the county. The core social values include *social justice, equity and responsibility* while the common health system values consist of *universality, solidarity, and access to cost-effective and high quality health services* (2). Each of these individual values has played an important role by helping organizations like the World Health Organization and the European Commission in establishing a framework facilitating the implementation of disease prevention and health promotion interventions, and evaluating the impact of such healthcare initiatives. Additionally, these two sets of values form the basis for many nations, including Albania, in their efforts to establish and implement distinct health policies.

It is well documented that most healthcare improvement initiatives are based on these values

across Europe and European health policies are focused on ten areas in evaluating their impact on the performance of the health systems and their ability to achieve the desired measurable outcomes (3). Complicating these efforts are the adverse effects and consequences of an on-going financial crisis resulting in most nations in the focus on short-term measures targeting efforts to control spending while avoiding the more important goal of creating a longer view toward “what Europe do we want?” (4,5). Up to this point, our assessment is that for Albania, there are some very positive outcomes that have already been realized to help position the country for some very exciting next steps in their healthcare reform. The accomplishments already achieved include:

- A clearer definition and enhanced coordination between the Health Insurance Institute (HII) and the Ministry of Health and its related governmental agencies roles creating efficiencies within the principal parts of the infrastructure of the health care system.
- Efforts to increase the stabilization of HII finances and the resulting opportunities to implement “aggressive” initiatives to expand the HII insurance scheme.
- Improved roles and responsibilities between the primary care and hospital components of the healthcare system along with the introduction and use of quality indicators to track system performance (2). All of these initiatives have created an opportunity

for Albania to work toward setting priorities and implementing strategies in the areas of: “*growing the managing capacities; growing the health services access; and, financing the healthcare system*” (1,3). In sum, these structural, organizational and financial health reform efforts have now positioned the Albanian health care system to shift its focus from a “national” unit of analysis to a more defined perspective of a finite application of reform at the “regional” level where health policies and strategic priorities can be defined and tailored to meet local needs. A continued successful transition to “building more resilient and innovative health system” for Albania will take place when national social and health values permeate throughout the entire system using a model to transform those values into meaningful health care reform outcomes (6).

As a consequence, we posit this transformation will result in more cost-effective and higher quality impacts to meet the diversity of community health needs across Albania. The model proposes to apply the social and health values, policies and strategic priorities and match them with the individual regional community health needs assessments to produce the opportunity to design, develop and implement health interventions with a greater potential for a positive impact. Figure 1 illustrates the model we propose to apply at the regional level including 36 districts to produce the results desired across Albania.

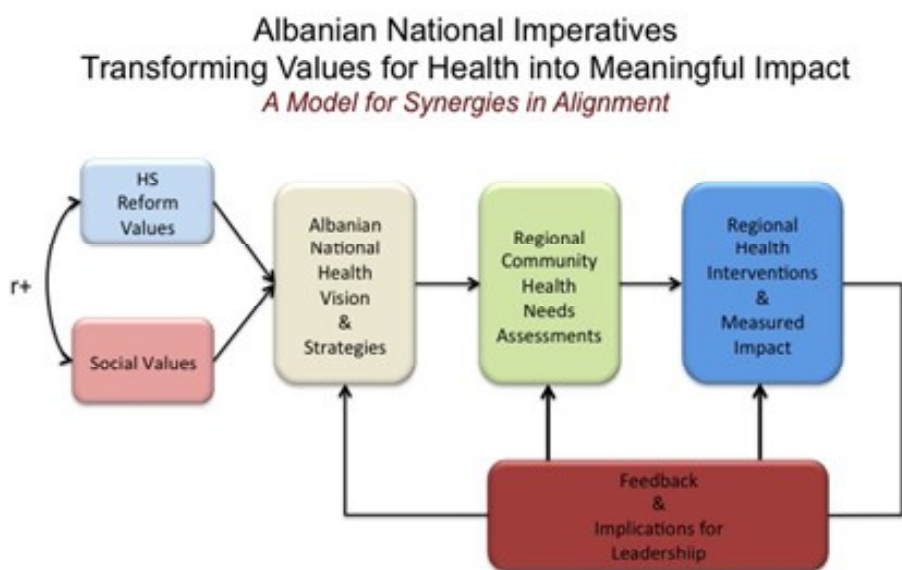


Figure 1

As illustrated in Figure 1, there are five components each building on the substance and strength of the previous one beginning with Social and Health System Reform Values dedicated to and permeating the balance of the model. As designed, we further propose that the unit of analysis shifts from a global or national perspective toward a more finite, regional focus because healthcare improvements are best achieved at the local level. In some respects, this is also confirmed by the United Kingdom National Health Service decision to move the management of primary care services to the Regional Health Authorities where accountability for community health needs are used as measures of system performance (2). In our proposed model, there is a deliberate emphasis on translating and creating an alignment “values” of society and the healthcare system into meaningful interventions with measurable indices of performance designed to

overcome the health challenges facing regional communities which if done well, will produce significantly better results at the national level. Our focus is to provide an argument supporting a very practical solution to optimize the use of scarce resources coupled with accommodating the diversity of the demographic profile of the Albanian nation. By using this approach, we suggest the accomplishment of two interdependent outcomes. First, this approach creates a clear call for effective leadership at the local level to ensure the model and its components are implemented effectively. Second, the call for effective leadership creates an excellent learning opportunity to embed the best and appropriate leadership competencies to increase the probability that true healthcare reform is realized. In conclusion, this is about building environments for translating healthcare values into action.

Conflicts of interest: None declared.

References

1. World Health Organization, Regional Office for Europe. European health for all database (HFA-DB). Copenhagen, Denmark, 2013.
2. Kurti, S. Albania: Health Care System in the Course of Health Reform: An Overview of Health Insurance System. *Mediterranean Journal of Social Sciences* 3, September 2011; Vol. 2, 146–158.
3. Schröder-Bäck, P, Clemens, T, Michelsen, K, Schulte in den Bäumen, T, Sørensen, K. Public health ethical perspectives on the values of the European commission's white paper “Together for Health”. *Central European Journal of Public Health* 2012; 20 (2): 95–100.
4. Mackenbach, J P, McKee, M. A comparative analysis of health policy performance in 43 European countries. *European Journal of Public Health* 2013, Vol 23, No. 2, 195–201.
5. Brand, H. Guest Editorial. *Eurohealth* 2013; 19(3).
6. Schröder-Bäck, P, Stjernberg, L, Borg, A M. Viewpoints: Values and ethics amidst the economic crisis. *European Journal of Public Health* 2013, Vol. 23, No. 5, 723–724.