International Journal of Engineering Technology Science and Research
IJETSR
www.ijetsr.com
ISSN 2394 – 3386
Volume 2, Issue 11
November 2015

Healthcare Policy Network
Implementing a National Health Service model in Albania

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ABSTRACT
Health-sector reform is considered by OECD as one of the most import issues of public policies in all developed countries, considering the increasing share of the public health spendings in GDP and in total public expenditure and the projected demographic changes over the next 20 to 50 years. The aim of this paper is to present differents policy options for better results on projected health policy goals within the context of the current reform in the Albanian public health sector while attempting to implement a National Health Service model.
The paper is focused on 7 interviews with valued experienced individuals and key policy actors as the part of the 'healthcare olicy (issue) network' interested in the successful implementation of the actual health-sector reform. The interviewees rose a number of points and overviews regarding financing, the role of leadership, the relationship between the medical profession and the state, the universal coverage of the service and full access to all citizens. A qualitative research methodology enabled the evaluation of their opinions and perceptions, therefore a research question and a hypothesis was tested through text analysis.
This paper presents a critical reflection on the current performance and achievements of the health-sector reform. It highlights too, new suggestions and recommendations in this public policy issue and call for a re-focus of the actual health-sector reform in the light of these last ones, articulating an emerging and further research intention in this area.
Keywords: health-care reform, policy network, public policy, the medical profession.

I. INTRODUCTION
The current healthcare system delivers quasi the worst public services to the Albanian citizens. The health outcomes are presented better compared to regional standards, while the quality of care is a significant concern, as the health sector suffers from inefficiencies and inequities. The most concerning problems are related to out-of-pocket payments, low public health funding levels, low coverage by social health insurance, especially of poor people; the increasing health care costs.

Treatment protocols and standard working procedures are still officially missing in our hospitals, directly reflecting on the poor quality of the healthcare services. Unofficial payments remain common, particularly in public hospitals. According to World Bank (2015), although huge amounts have been spent every year on the construction and reconstruction of the health care centres, they still present serious lacks in terms of infrastructure, hygiene and sanitation conditions[1].

Before the 1990s, the Albanian Health Care System was based on the principle of free access, wide coverage of the population and financed through the general revenues of the government. During the communist system, the government had been responsible for both financing and the delivery of the service, but the system suffered from highly centralization and serious shortages of drugs and equipment, taking into accounts there was almost no skill to manage the culture of change. Therefore, although of an apparency of equity, the consequences of those problems displayed a lower level of quality of care and a declining moral of the staff.

In the early 1990s, the economic transformation from a centrally planned economy to a market one was followed by a lot of changes in the administration of the public health sector in particular. Health reforms were focused on decentralization through minimizing the direct state involvement; and privatization and

[1] http://www.worldbank.org/en/news/press-release/2015/02/27/world-bank-to-help-improve-quality-access-and-efficiency-of-albanias-health-care-system

orientation of the various actors in the market, improving the guidelines of resource allocation decisions. But, these reforms were fragmented into pilot plans and could not be implemented within national policies. The Institute of Health Insurance was established in 1996 and it was projected to be developed into an instrument for health financing reforms.

During the period of 2001–2004, healthcare has been identified as a priority sector under the Growth and Poverty Reduction Strategy (GPRS) and Association Agreement (SAA). The healthcare reform was addressed to improve the efficiency of financial resource allocation to a different level of the health care system and the accessibility of the healthcare services, too [12].

On April 02, 2015 the Albanian Government [11] got an important decision, as the first important and concrete step toward the universal coverage of the health care system in Albania. A national health screening programme will be applied for the population aged 40 to 60 years old and for younger age groups in certain population groups.

> *"...Our challenge in this respect stands in restoring citizens' lost confidence in the health service, ensuring them the deserved protection through universal health coverage and to provide to medical professionals suitable conditions to deliver qualitative services.*
>
> *We shall build a qualitative healthcare system that will offer full access to all citizens and will be financially sustainable. Through a radical reform, we will offer universal healthcare coverage for all the Albanian residents without excluding anyone just because they do not have the required financial means.*
>
> *We shall establish the National Health Service that will be the sole payer of the health care system, in order that no one will ever face financial difficulties to pay or face other obstacles because of their age, gender, geographic or cultural background in order to receive an accurate and proper health care service. The health care system shall be funded through general taxation, avoiding, first, the regressive element of the mandatory health care contributions."*[2] *[13]*

Traditional public administration theories are based on beliefs [6] that private actors become engaged in 'public policy' and the other way round. Horizontal arrangements link government, business and non-governmental organisations in mutual inter-dependences [6]. But the in-situ status of the healthcare reforms urges for a particular type of organisation, the policy network.

The aim of this research paper is to present a critical reflection and oversight of the current health care reform implementation. It analyses and evaluates the outcomes' perceptions of the reform from the perspectives of some key actors, part of our healthcare policy network and tries to present some findings and recommendations related to them.

The objectives of this research paper are: 1) to present a short description of the situation of the healthcare system in Albania and the developments of the health sector reforms; 2) to analyse some important issues, mainly focusing on financing, leadership, mutual relationship between the medical profession and the state under the views and the perspectives of the stakeholders.

Research question: "What does prevent/facilitate the successful implementation of the actual health sector reform in the Albanian healthcare system?"

Central hypothesis: "The successful implementation of the actual health sector reform in the Albanian Health Care System requires a multi-factors performance of a higher and a sustainable financing, a strong political driven force and a balanced relationship between the state and the medical profession."

II. LITERATURE AND THEORETICAL FRAMEWORK

The characteristics of a health system are the results of a mix of economic, social, political and historical factors outside and inside the system itself. The involvement of the state in the overall public policy [14], as

[2] Prime Minister's Office-Program-Public Service-Healthcare http://www.kryeministria.al/en/program/public-service/healthcare

well as the presence of a public health policy network at decision-making level, are important factors that have a great impact on a health care reform.

Networks are important for reforming public sector management. The spread of the networks is a recognition that they constrain government's ability to act. The concept of a "policy network" refers to "a (more or less) structured cluster of public and private actors who have interests in a specific sector of policy and effective influence over policy outcomes" [10].

The roots of the idea of a policy network lie, in part, in American pluralism, while the British policy network approach is useful in explaining the historical radical policy change. Governments confront different groups, outsiders and insiders ones, all interested to influence some laws or policy implementation. The insiders groups are acceptable to the government, responsible in their expectations and willing to work with the government. Over the years, such interests become institutionalised. These routine, standardised, patterns of interaction between government and insider interests become policy networks.

Marsh and Rhodes [7] argue that policy networks influence policy choices and affect policy outcomes [3] through formal and informal contacts between government and interest groups, where the involved actors, politicians, public servants, ministries, municipalities, interest organisations, and "even academics and journalists… [that] … constantly communicates criticisms of policy and generates ideas for new policy initiatives" [8] exerting influence on the policy agenda and decision-making processes.

According to Heclo [5], the policy (issue) network can be characterised by a wide range of interests, contacts, access, and level of agreement, resource, and power distributions among the group members and examples of these networks are often related to environmental, human rights issues with actors including politicians, government departments, management and policy consultants, academic researchers, and journalists.

III. METHODOLOGY

There is a shared concern with networks [4]. Those engaged in the macro-level concern about the extent to which networks are changing the nature of state-society relations and the policy network analysis which focuses on the relationship between processes of interest intermediation and their impact on policy making outcomes [4]. Using the policy network analysis model, this paper examined the different views and perceptions of those involved in the 'issue network' concerning the current health care reform oversight.

Our research consisted of 7 semi-structured interviews with individuals, purposefully selected from a range of interest groups that we identified as contributors to the health care reform network. The aim of these interviews was to contribute to the first phase of a wider research study of the health care reform outcomes and evaluation. The interviees are potentially involved in shaping or attempting to shape government policy in the area of the actual health sector reform.

The health care reform network sample. The sample included individuals from the Ministry of Health, representatives involved in financing and public policy administration (n=2); the Public Health Institute, representative involved in public health policy (n=1); The Mandatory Healthcare Insurance Fund, representative involved in public health policy (n=1); the professional journalism and a well-known expert on economic and public financing issues (n=1); and Healthcare Public Policy and Decision-making expert and politicians (n=2).

The semi-structured questionnaire. The interviews were semi-structured based on some key issues or problems the current health care reform is facing; the key contextual factors or conditions to achieving an effective reform; the proposed solutions and suggestions for improving the outcomes of the reform; and the recommendations these participants had for developing reform outcomes in moving forward.

A narratological approach was used, as it was considered valuable, particularly for the light it sheds on individual and group sense-making while people interpret phenomena [2]. The approach enabled important information of how individuals within our issue network reflected the problems and solutions related to the healthcare reform.

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The interviews were carried out by one of the authors between February 2015 and June 2015. Informed consent was provided along with assurances that anonymity would be assured, in case it would be requested.

Limitations

The interviewing process enabled the research to focus to some key issues within the interested area but, interviewing by its very nature is limited to certain perspectives; excessive personal bias and exaggerated roles represent an ongoing dynamic and challenge [1]. Some findings helped us focus on dominant areas while excluding other areas and developing particular key points.

IV. FINDINGS AND RESULTS

The results are presented in five sections, explaining the different perspectives put forward by the interviewees.

The relationship between the state and the medical profession. Almost all the interviewees evaluated that "despite the latest developments in the private health sector, this relationship should have a mutual dependence; it should be a stable and a long-term one." The state is dependent on the medical profession because, in order for a health service to work, it clearly needed doctors. On the other hand, the state is (still) an effective monopoly on the employment of the medical profession because of the relatively small size of the private healthcare sector, especially in the hospital level.

> *"This is a relationship set in proportion to the situation that has dictated the relevant health legislation, where the competition of the private sector improves significantly the overall quality of the delivery of the health public services."*

The state needs the medical profession also to ration care within the healthcare service.

> *"Because the medical profession is needed to run and ration the (health) care, the state asks to receive a 'best buy' healthcare system."*

Healthcare financing. Today, the Albanian health system is the poorest in Europe.

> *"In the world, the average level of health care expenditure is around 800 dollars per capita, we are currently at the level of 240 dollars per capita.*
>
> *Currently, Albania spends 2.7 per cent of GDP for health. Compared with similar economies in the region, this is one of the lowest public support for the health sector, leading to a unique ratio between public financing and out of pocket payments money. Out-of-the-pocket money level goes more than 60 percent of the total expenditures for the health sector."*

Comprehensive health care provided to all Albanian citizens. Alongside the problems and controversies to this entitlement, a series of narratives connected the limitation of the delivery of the health care within the system.

> *"All citizens have the right to receive health care, which is formally free at the point of delivery; they can expect to receive it regardless of their ability to pay."*
>
> *"The high share of out of pocket expenses and bribes often limit the access, particularly for the poor. Albanian health care service tends towards a universal care, but there are a lot of deficiencies in the delivery of the healthcare service. The phenomenon of corruption, not only distorts the system, but it also creates inequality worsening health conditions, particularly for more vulnerable groups."*

Driving forces and the needed leadership for a successful reform. In light of challenges, the actual reform faces our interviewees put unanimously forward that "the driving forces and the required leadership should be the politics. Leadership matters.

> *"Health reform must start from the policy makers as the decision-making process can not be issued from the doctors and healthcare professionals. The reform requires a clear vision and strong determination to implement it in practice. It may not look familiar to the Albanian political environment, but a successful health reforms should be detached from the politics of the day. But,*

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there are no simple recipes, solutions or adaptations of an ideal health care reform. It must be dynamic, adjusted to the needs and the socio-economic development of the country."

"The medical profession has the talent and the ability to give strong leadership."

The outcome perception of the reform in the last three years do not match with the projected results.

"Reforms had been chaotic and they have lead to a chaotic development of the healthcare sector. The Albanian healthcare sector has inherited some positive elements recognized by international studies. A proper approach to this reform would be also the effort to maintain and even strengthen these positive elements."

"The Albanian healthcare system is continually reforming for more than twenty years, and still there is no positive and reliable outcome resulted from them. The Albanian health system is still managed under a Semashko model. The expected change will only be a result of the most professional experts and the unconditional political support."

V. DISCUSSION

The following recommendations emerged from the interviews. They are related with the continuity and a successful implementation of the healthcare reform.

A rigorous implementation of the healthcare policiy is a necessity to increase the confidence of the citizens to public healthcare services. This should be a key priority of this healthcare reform. The healthcare reform should be citizen-centered designed; this is the only way to create a safe, accessible, effective and efficient healthcare system.

It is recommended that, in order to have a successful reform, the full cooperation and involvement of the medical staff will be required during the drafting process of the policy and the decision making. More professional capacities will be needed in the healthcare sector; they should be well trained. The employment and envolvement of healthcare managers at all levels of the organization of the health system are a strict necessity.

VI. CONCLUSION & RECOMMENDATIONS

Nowadays, health care is the most important sector of the welfare state in terms of recipients and the second most important in terms of expenditures. The review of the key issues of our study pointed out:

A very low level of healthcare expenditure in the region; The great importance of a stable long-term and mutual relationship between the medical profession and the state. The medical doctors, nurses and health practitioners should be strongly supported. There should be established a permanent dialogue with them, in order to address altogether the most concerning issues related to their training, continuing education, scientific research and development, professional autonomy, involvement in the clinical governance, performance and decision-making policy, and the need to address not only the shortage of the medical staff along the years, but also the nowadays migration of the medical staff.

The demand for an effective political leadership and policymakers as the current performance was assessed as "very slow, not at the expected pace," even as "an indifferent reform and with no effect or impact in current outcomes" in the health sector.

A wider research study was issued based on the findings of this paper, aimed at the relationship between the medical proffesion and the state, related to human resources management, professionalism, ethics and regulation.

New challenges face Albanian healthcare public policy-making including co-ordination problems, fragmented accountability and shared policy spaces of the health care professionals with the media, social scientists and politicians.

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