HEALTH VULNERABILITY STUDY IN ALBANIA

CONTEXT

Top priority of the Albanian health sector is the **Universal Health Coverage**, reducing health inequalities by:

- Addressing **social determinants of health**;
- Targeting **vulnerable population subgroups**.

NEED

There is an urgent need to expand health care services (especially PHC services) in order to **reach and include all vulnerable groups** in Albania.

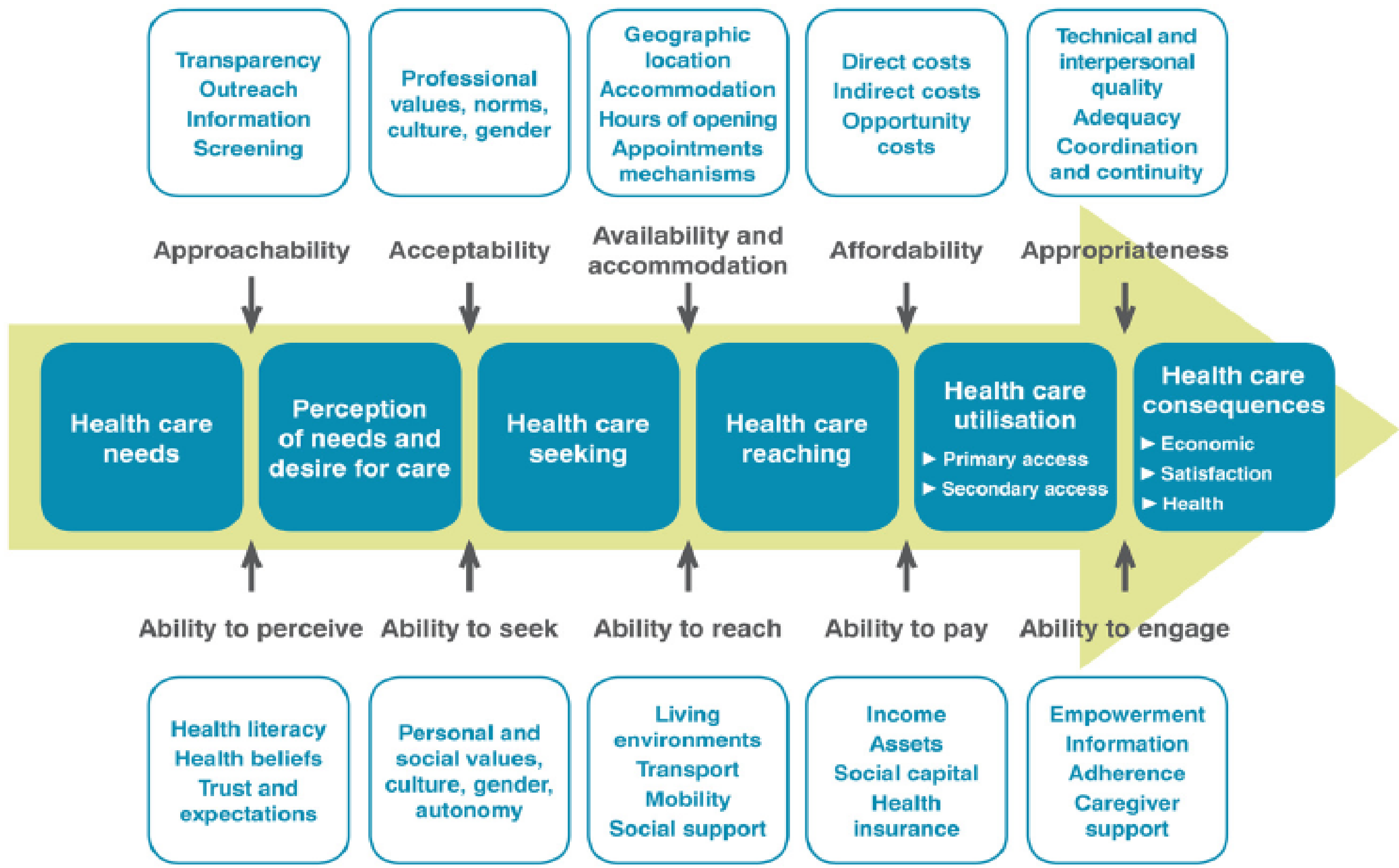
AIM OF THE STUDY

Identification and characterization of the most vulnerable groups in Albania in terms of access to and quality of health care services, with a main focus on PHC services.

METHODOLOGY

- PHASE 1 – Desk Review:
  - *Scoping Review (international)*
  - *Detailed review (Albania)*
- PHASE 2 – Primary Data:
  - Focus-Groups
  - Key Informants
  - Quantitative Study

ACCESS FRAMEWORK



(Levesque et al., 2013)

Assessment form for prioritization of vulnerable groups in the health field in Albania

At-risk groups for health vulnerability identified in the Albanian context		Population size	Degree of health needs	Degree of vulnerability for accessing health services	TOTAL
i.	Older people	25	25	50	100
ii.	Disabled	15	25	50	90
iii.	Sick people	20	25	40	85
iv.	Women	25	20	40	85
v.	Children	15	20	40	75
vi.	Roma and Egyptian community	5	20	50	75
vii.	People living with HIV/AIDS	5	20	40	65
viii.	Commercial sex workers	5	10	35	50
ix.	Problematic drug users	5	10	30	45
x.	Prisoners	5	10	25	40
xi.	LGBT community	5	10	20	35

Health vulnerability categories (population subgroups) identified in the Albanian context

At-risk groups for health vulnerability identified in the Albanian context	Criteria	Most vulnerable sub-groups: at least one criterion
i. Older people	• Aged 65years and above • Retired	• Social pension only • Living alone (including widowed) • Loss of functional abilities/lack of autonomy
ii. Disabled	• Under the disability assistance scheme	• Women • Living alone • Continuous need of assistance/care
iii. Sick people	• At least 2 diagnosed chronic conditions	• Unemployed • Homeless
iv. Poor people	• Under the social assistance scheme	• Homeless • Social assistance
v. Women	• Females aged >18 years	• Head of family • Unemployed • Homeless • Victims of violence/abuse • Victims of trafficking
vi. Children	• Age 0-18 years	• Orphans • Child labor • Victims of trafficking
vii. Roma and Egyptian community	• Self declared Roma and/or Egyptian ethnicity	• Roma/Egyptian • Women

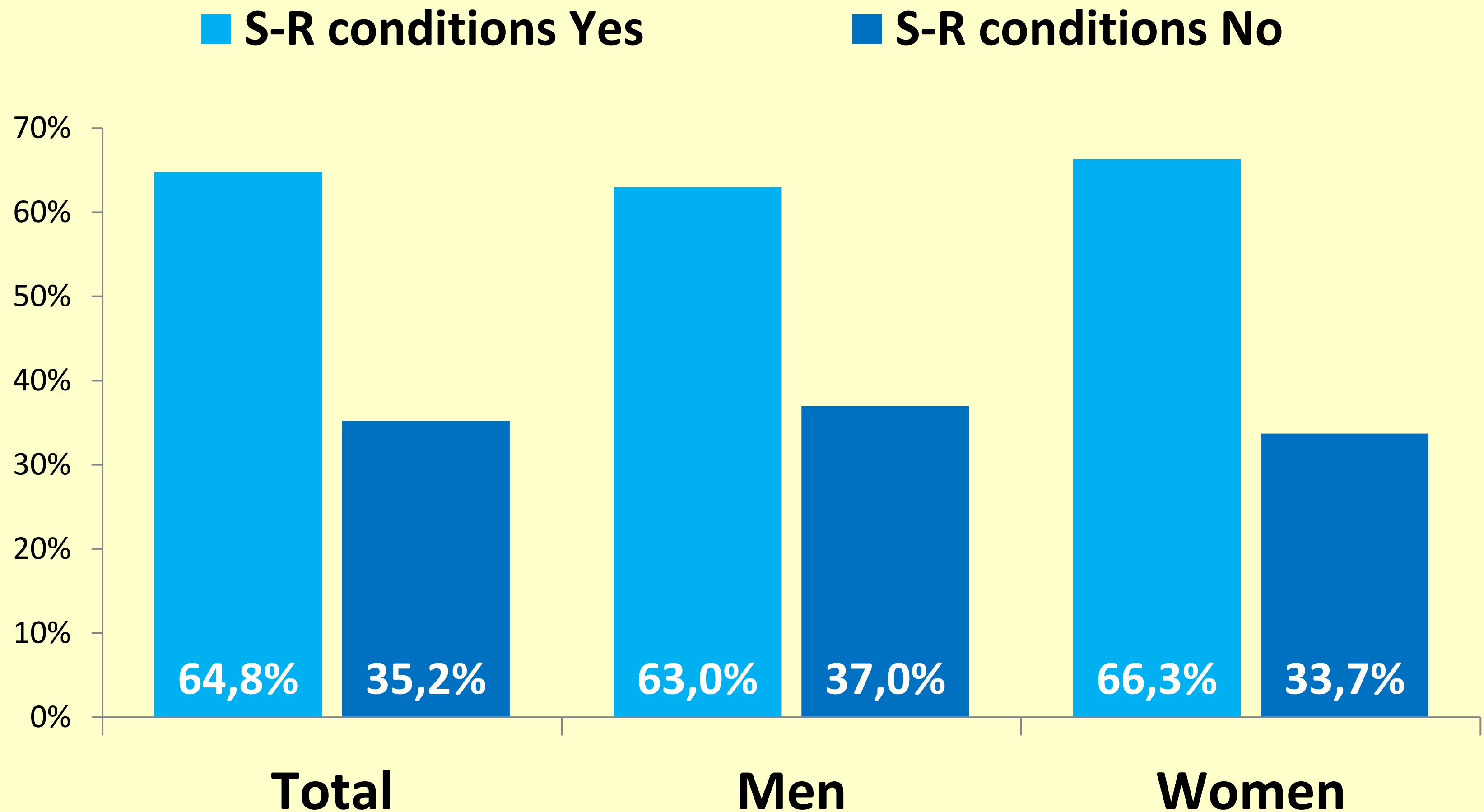
A gender-based analysis about health related needs and access of some vulnerable groups in Albania

Category	Women	Men
Elderly	Prevalence of most chronic conditions is higher. Starting from lower rates in younger age tend to surpass men at older age Mobility is lower and life space is more limited Mental health issues including depression are more prevalent. Starting from lower rates in younger age tend to surpass men at older age Inability to pay for drugs is higher	Lower life expectancy (mostly because higher risk of some frequent cancers and heart diseases) Higher smoking and drinking rates Lower utilization rates of health care compared to women
The poor	There are more head of family women among those living in absolute poverty. Women living in absolute poverty have more children to take care of. Women in lowest wealth quintile report poorer perinatal care Women in lowest wealth quintile experience much more frequent problems accessing health care, including taking permission to go. Women in lowest wealth quintile are less aware about disease prevention programs	Similarly to women there is observed a higher prevalence of chronic diseases, disabilities and mental issues among men of lowest quintile. Lower needs for reproductive health care compared to women Lower utilization of health care compared to women. High pressure to secure employment and family income Alcohol abuse and smoking at much higher rates compared to women
Disabled	Reported disabilities are more frequent among women.	
Roma	Education attainment among Roma women is lower compared to Roma men The mobility disabilities are more frequent among Roman women compared to Roma men High prevalence of adolescent pregnancies Lower rates of antenatal and post natal care compared top general population of Albanian women.	
HIV/AIDS	Higher stigma about HIV/AIDs in women	Higher prevalence among men
Drug Users		Much higher prevalence among men.
LBTI		Predominantly men. Higher risks of HIV and STI infections.

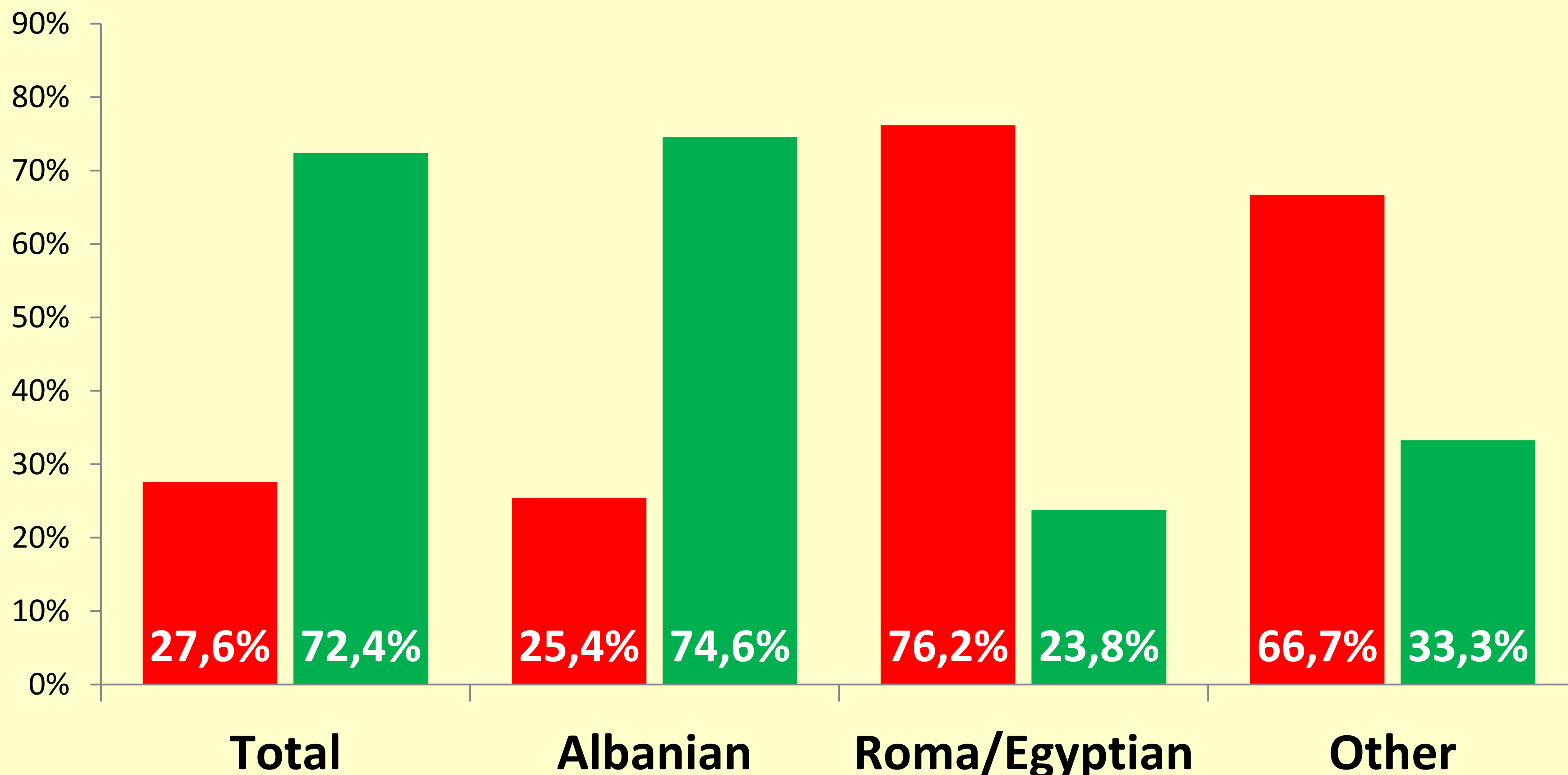
PRIMARY DATA

- **Focus-Groups:** 13 meetings with different vulnerable population categories (N=118) in 5 regions and 2 meetings with PHC providers.
- **Key Informants:** about 40 representatives of public institutions and civil society at national and local level.
- **Quantitative Study:** 12 PHC centers in urban and rural areas in 5 regions (N=1553).

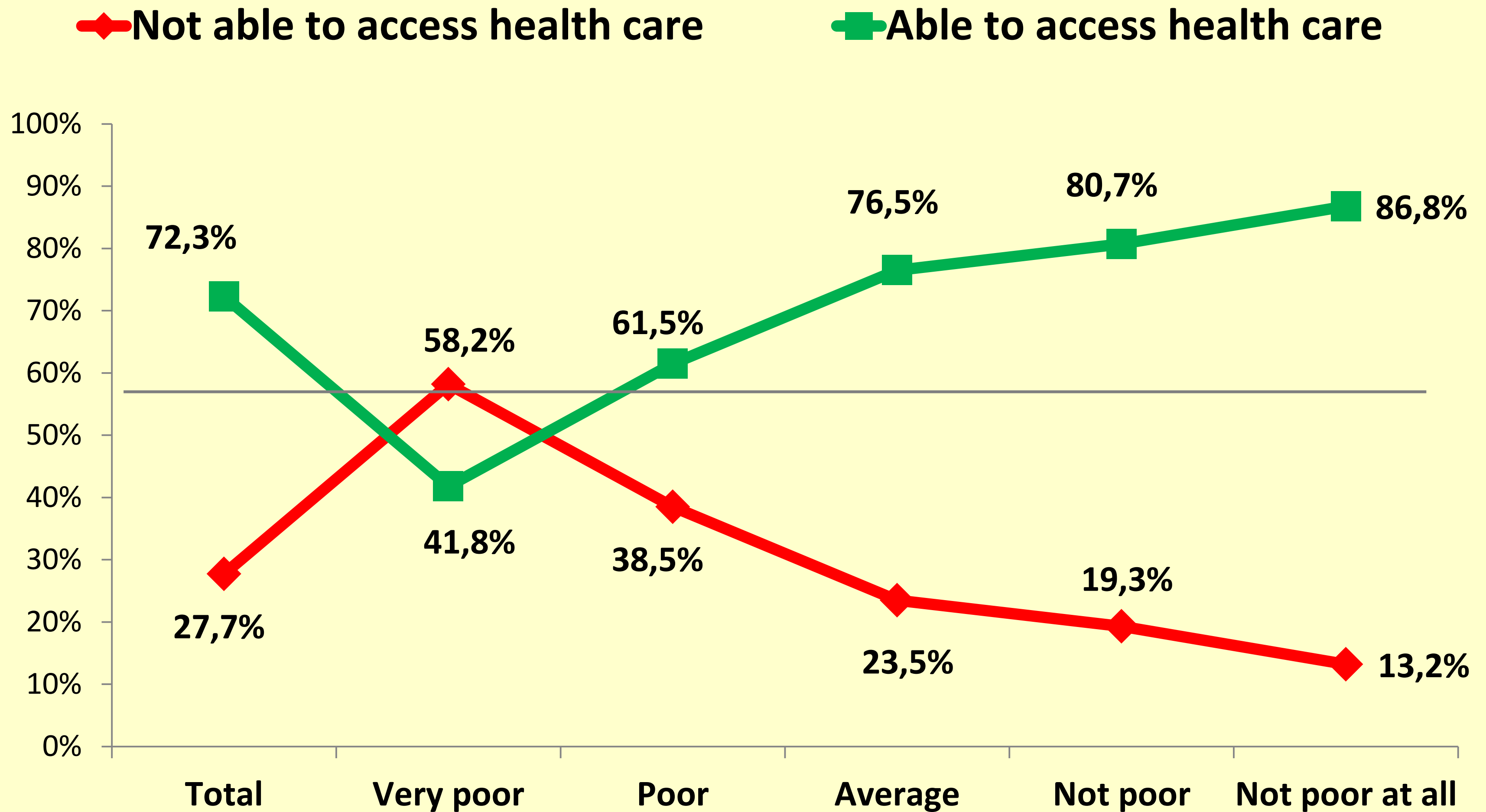
Prevalence of self-reported diseases, disabilities, or other conditions by sex



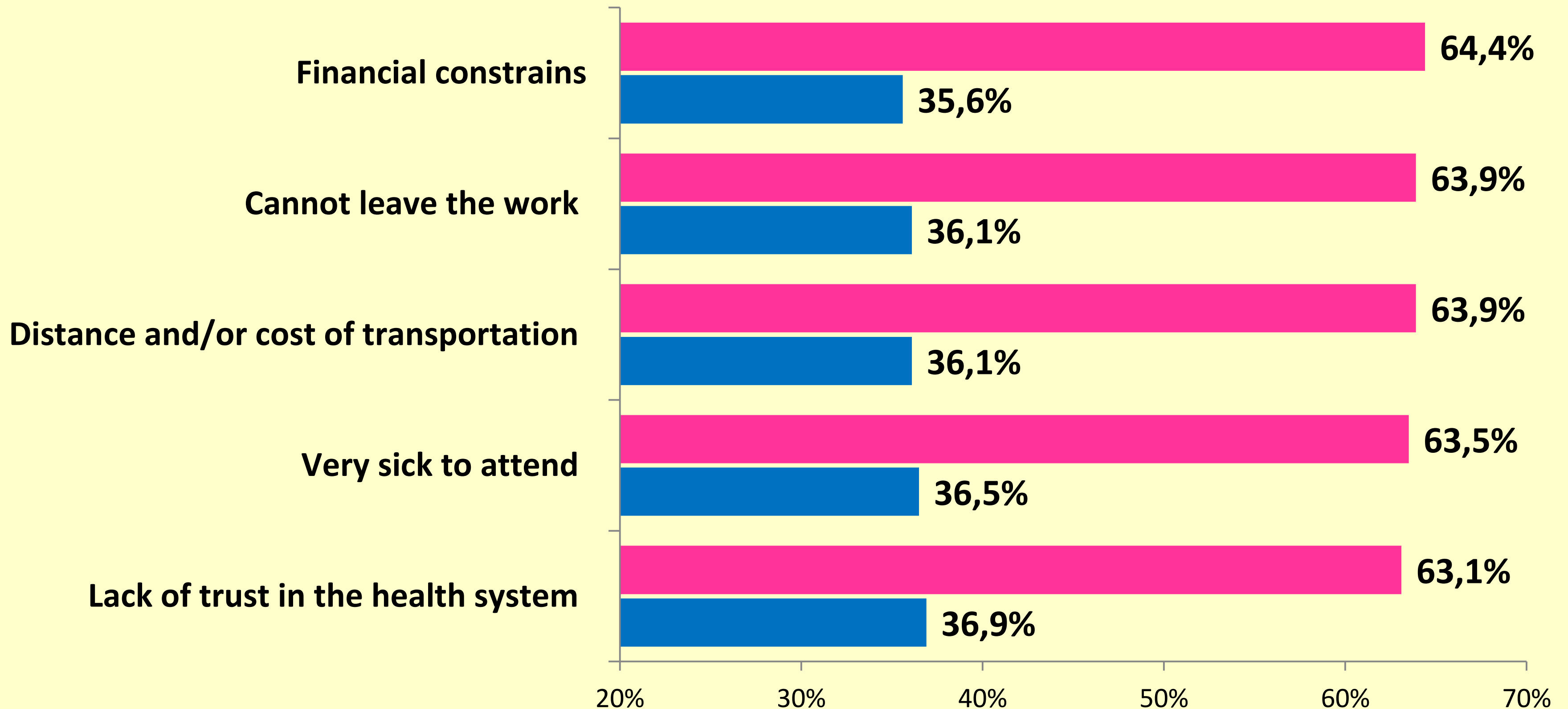
Lack of access to health care last year by ethnicity



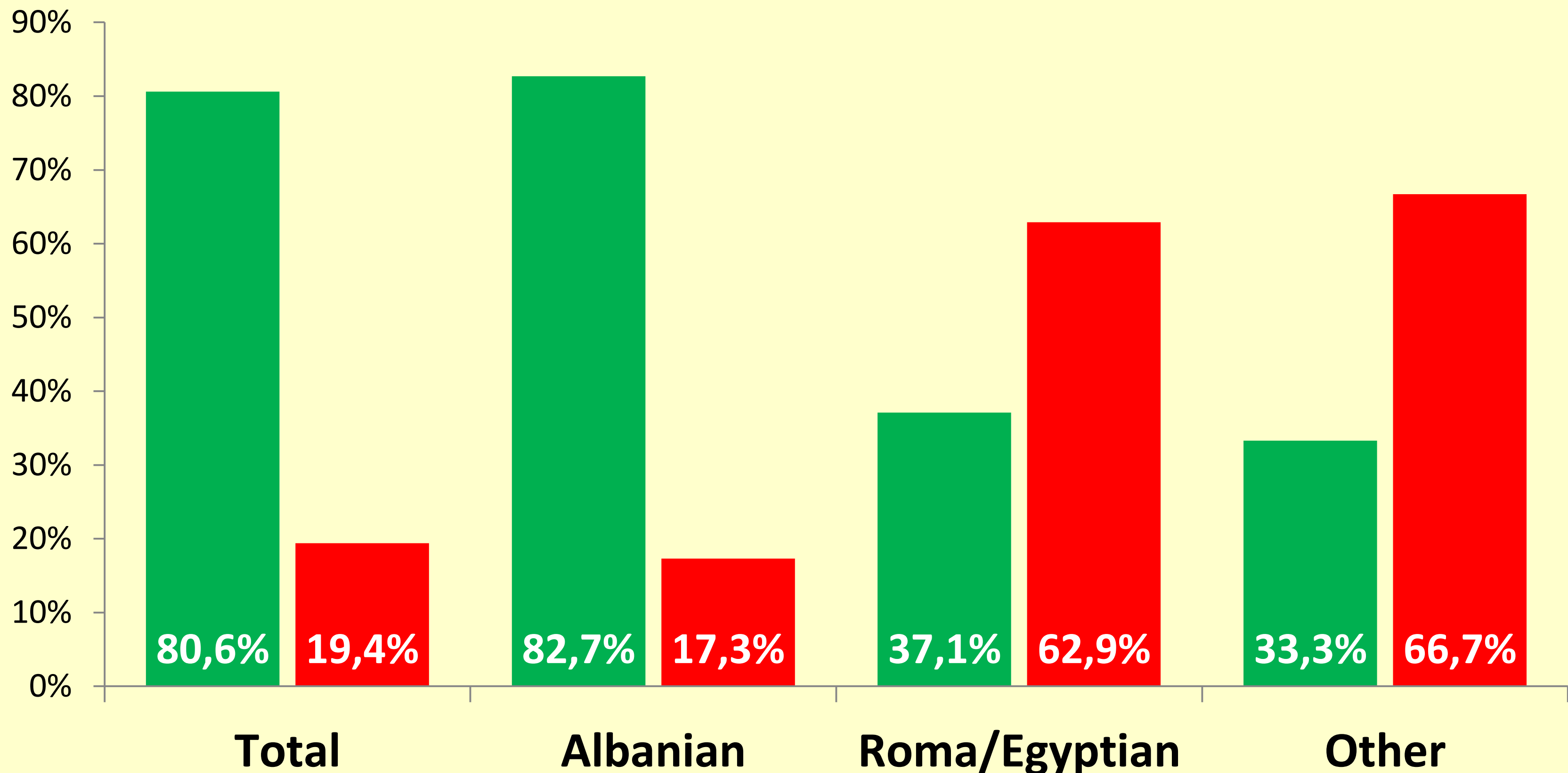
Lack of access to health care last year by poverty level



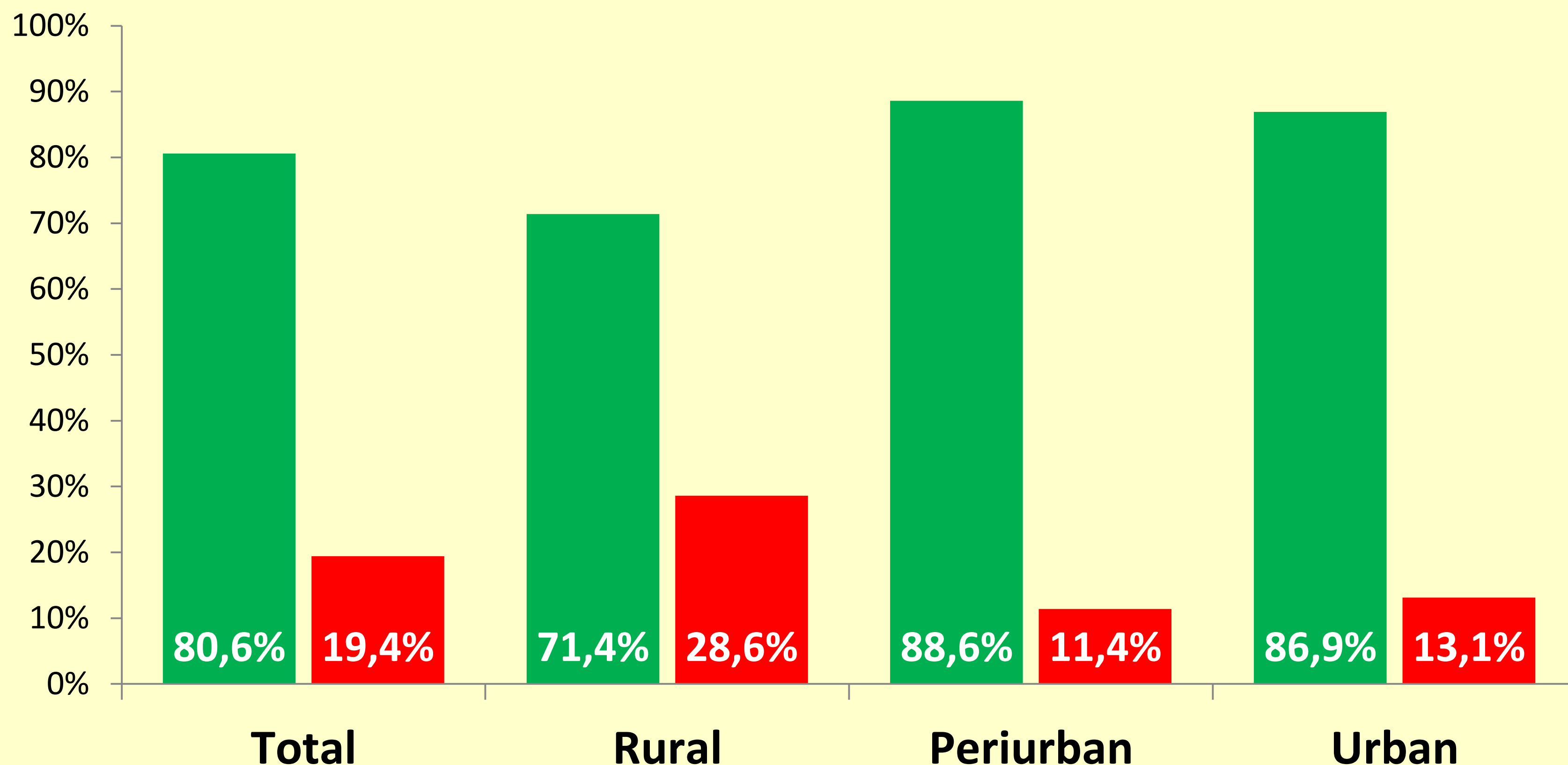
Reasons for the inability to access to health care services in the past year, by sex



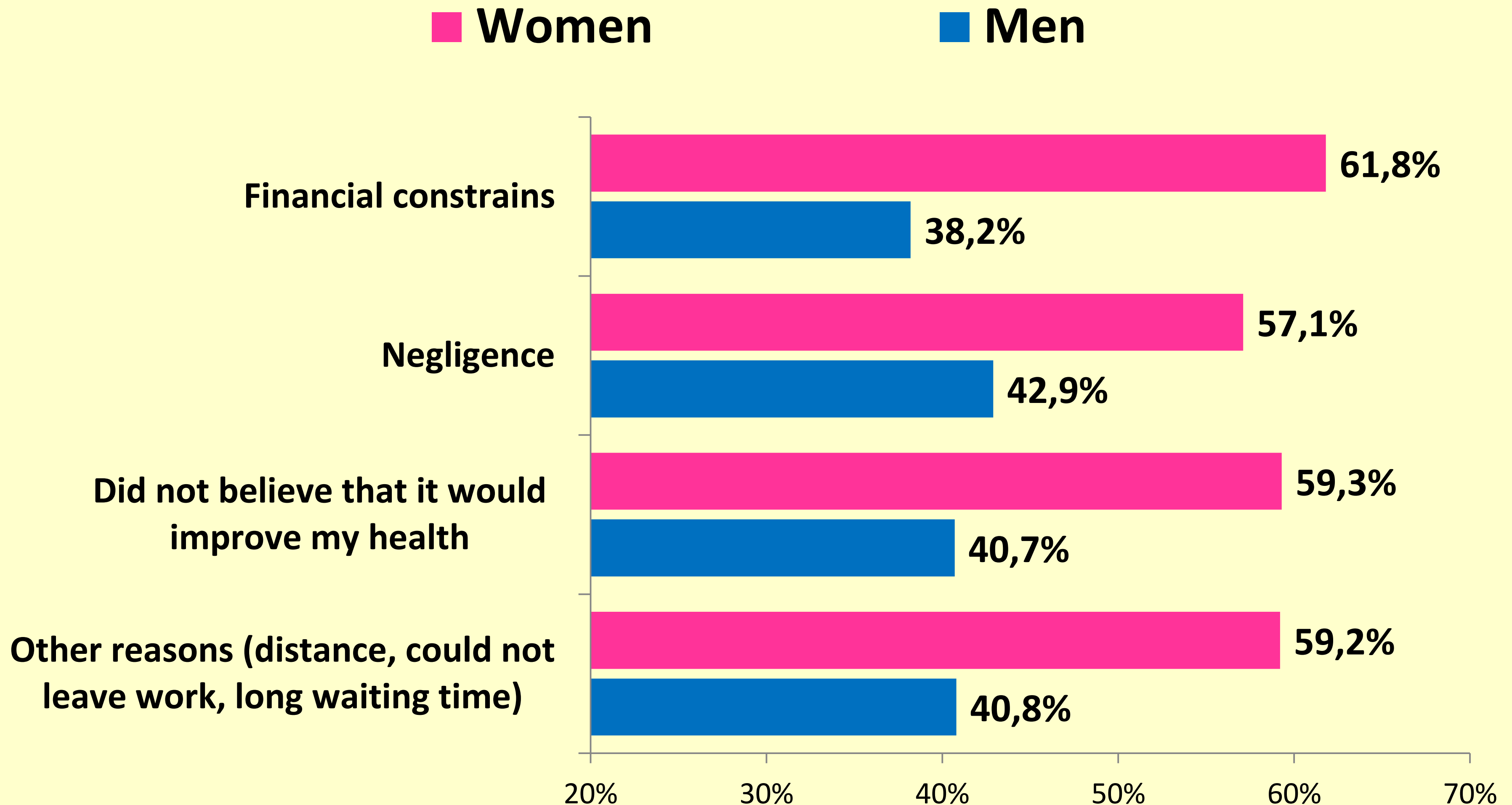
Performing additional tests when needed, by ethnicity



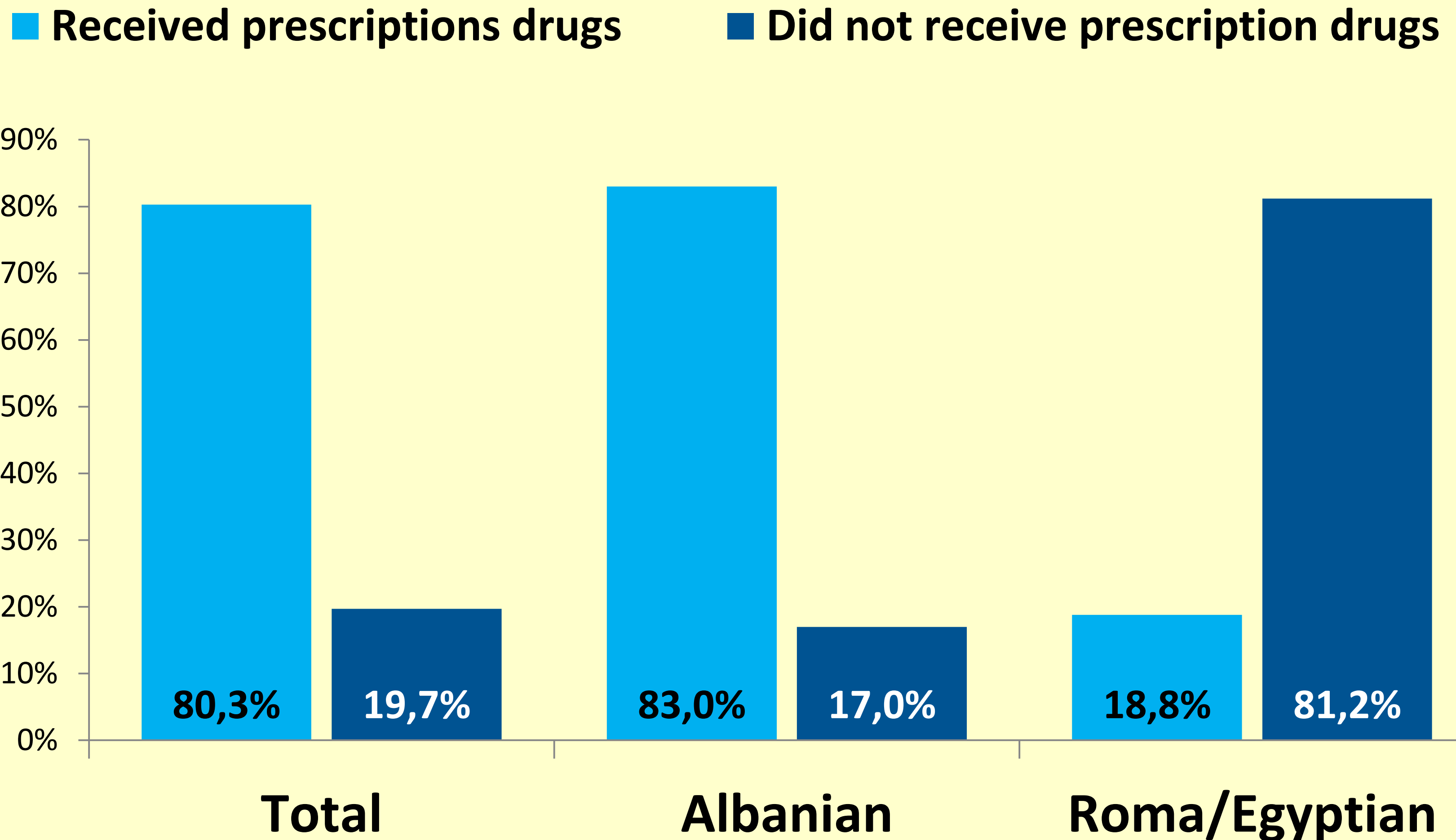
Performing additional tests when needed, by place of residence



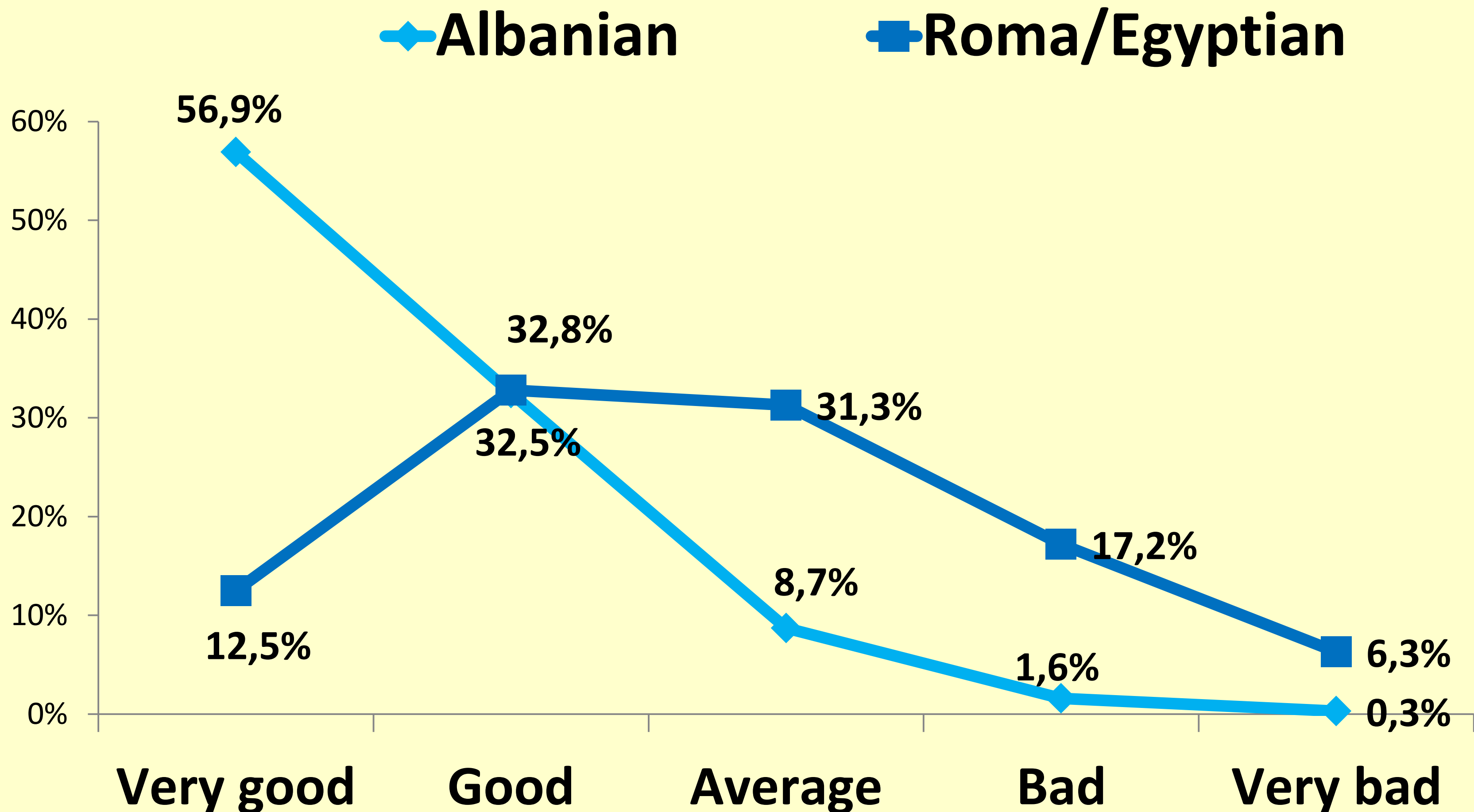
Reasons for the inability to do additional tests when needed *(in priority order)*, by sex



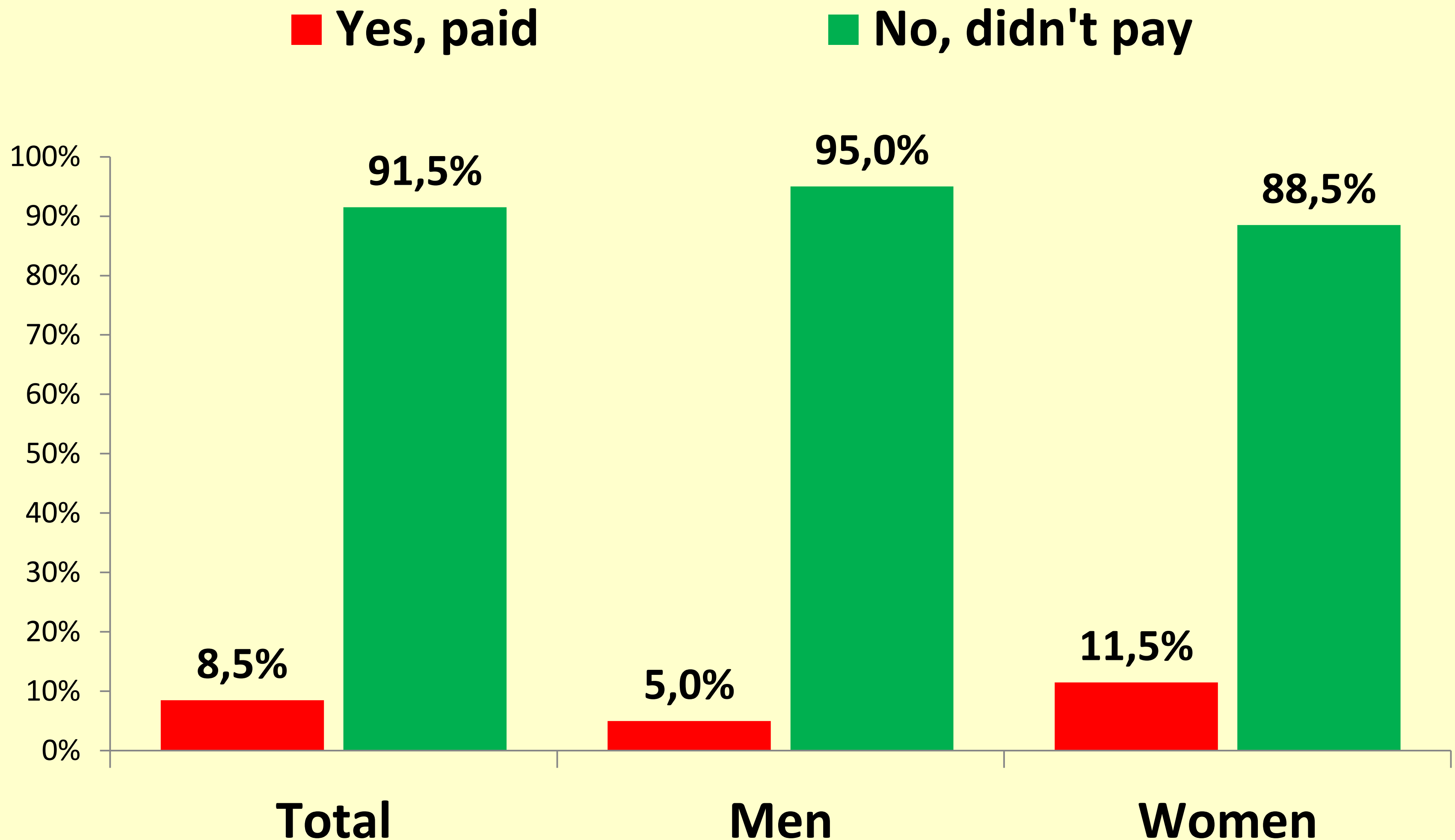
Drugs received based on prescriptions by family physicians during the last health visit



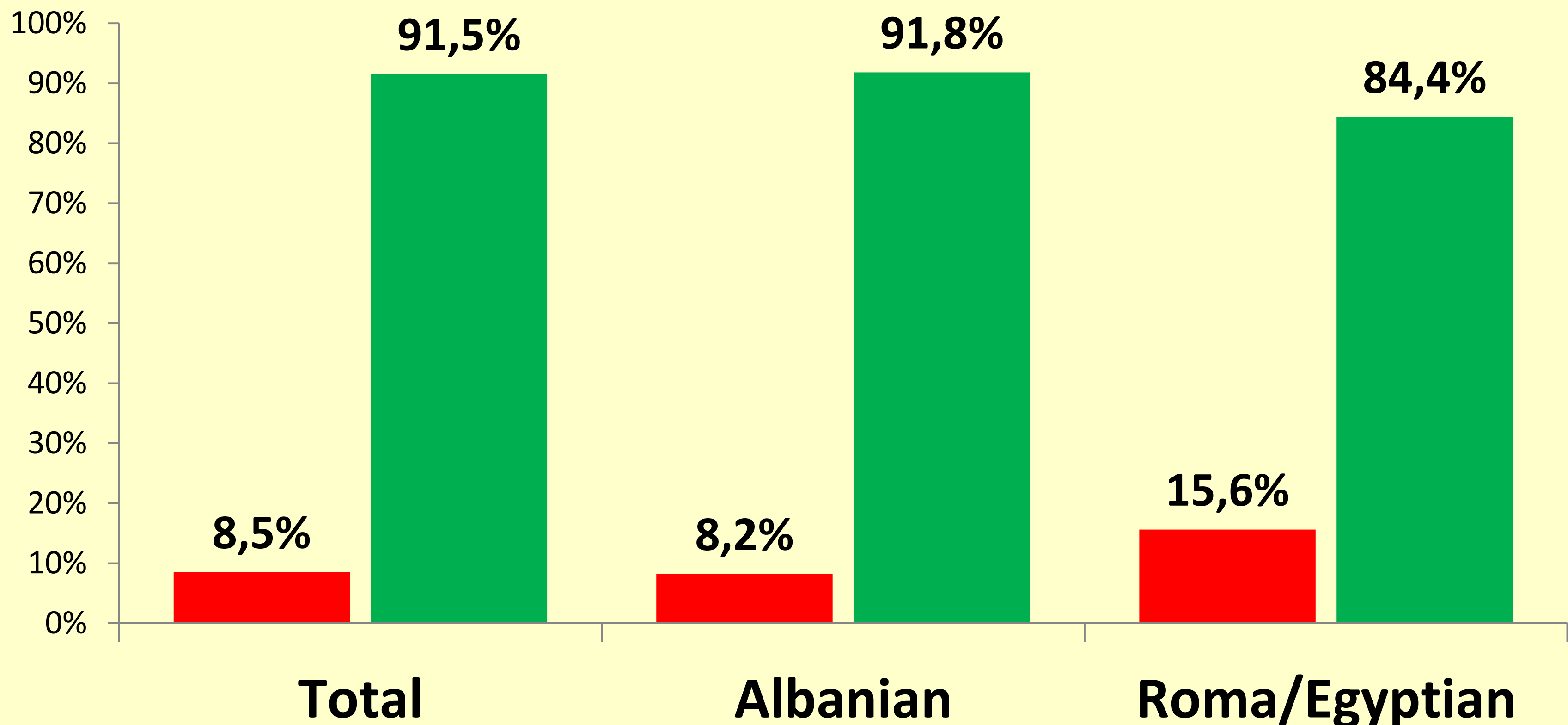
Communication of PHC personnel according to study participants' perceptions



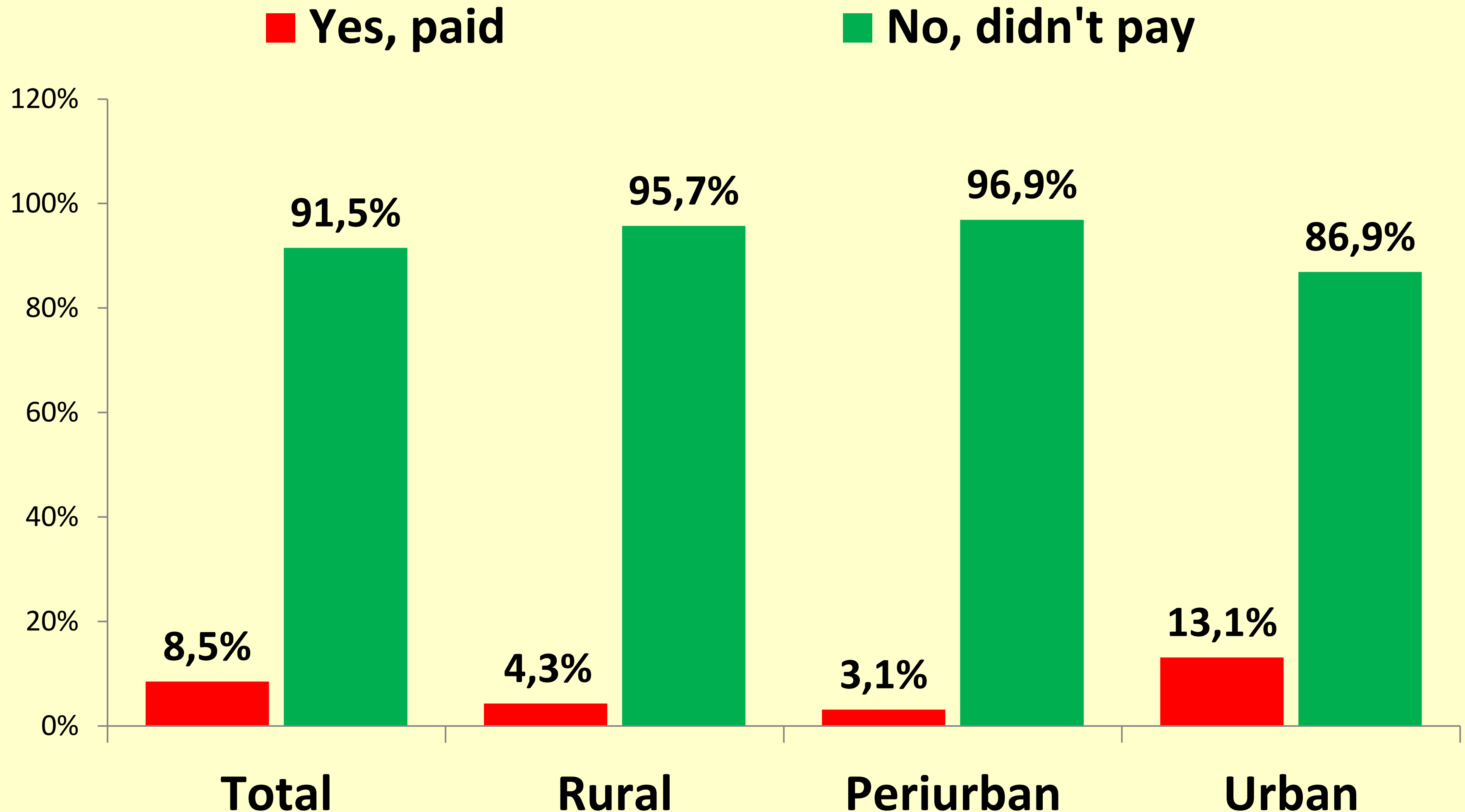
Out-of-pocket paying during last health visit at the PHC center, by sex



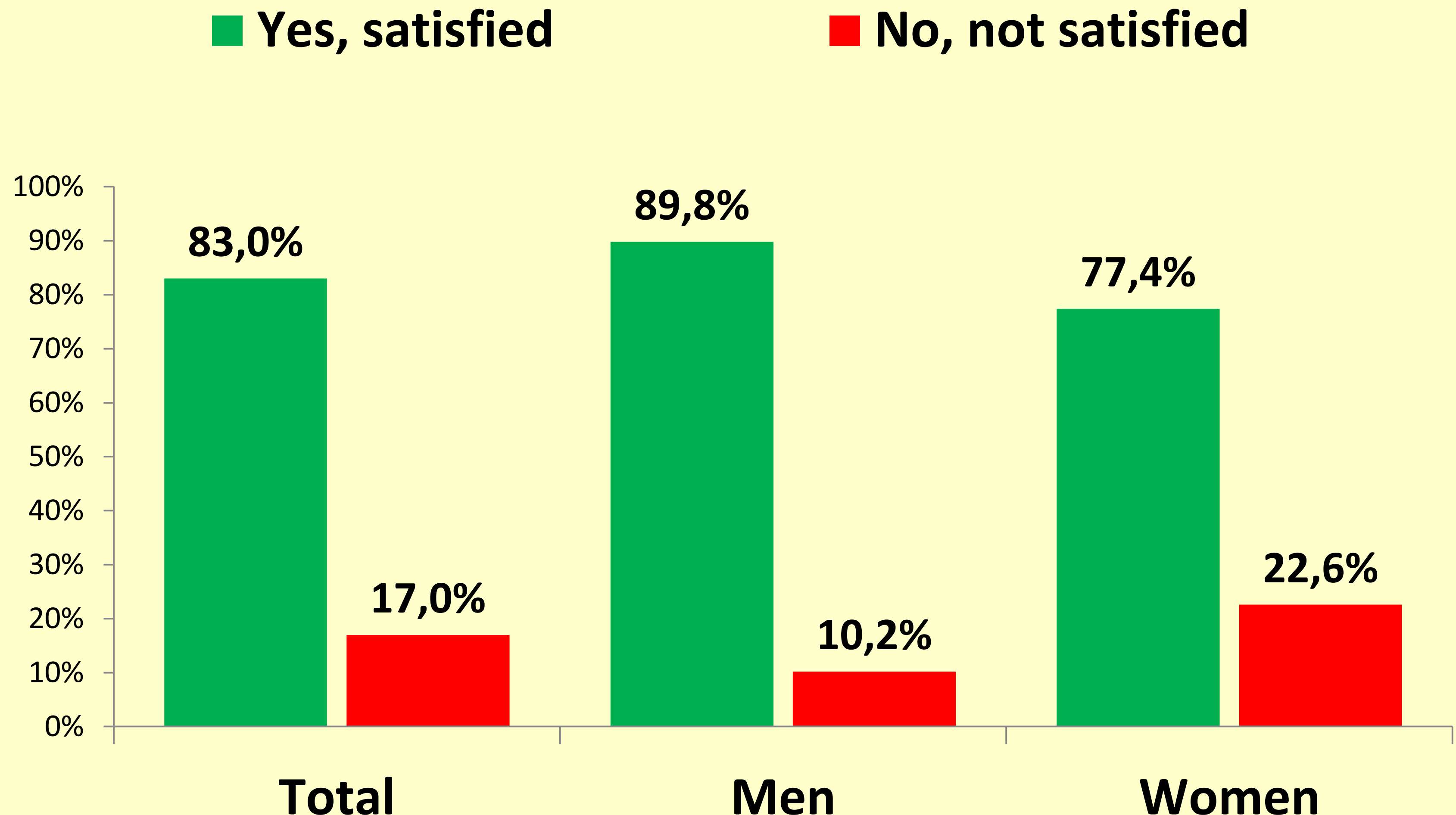
Out-of-pocket paying during last health visit at the PHC center, by ethnicity



Out-of-pocket paying during last health visit at the PHC center, by place of residence



Satisfaction in general with the services received during the last visit at the PHC centres, by sex



Home visits performed by the PHC personnel upon request from study participants