

Strengthening disease prevention services in Albania

Overview

In Albania, noncommunicable diseases (NCDs) are the leading cause of mortality, with cardiovascular disease alone accounting for 50% of all-cause mortality in 2010.¹ With several lifestyle-related risk factors – including poor dietary habits, high tobacco use and high blood pressure – largely attributed to the NCD burden, increasing attention has been called to strengthening health promotion and disease prevention services. In 2014, as part of the newly-elected government's four-year agenda, the Free Check-Up Programme was launched to expand prevention services as part of a wider strategy towards achieving universal health coverage. The Ministry of Health led the development of the Programme in partnership with the Health Insurance Institute, under the guidance of an expert working group. The Programme offers free screenings for chronic conditions, such as high blood pressure, diabetes, certain cancers and depression, to all citizens aged 40 to 65 years. Eligible citizens are invited to participate in screenings by their local primary health care centre and offered health education, motivational interviewing and brief interventions to support them to adopt healthier behaviours. Primary care nurses and family physicians work as a team to conduct the screenings. Nurses are responsible for assessing patients through collecting measurements and samples, performing electrocardiogram tests and conducting questionnaires. Family physicians are responsible for interpreting and delivering results to patients and handling any necessary follow-up care. Short trainings for primary care providers were delivered by the Swiss Agency for Cooperation and Development as a development partner throughout the initiative. A detailed manual, along with specially developed risk assessment tools and questionnaires, guides the Programme's delivery. Health centres have been modernized and equipped with internet connections, computers, refrigerators, scales and electrocardiogram machines. Currently 360 of 415 primary health centres are equipped to deliver the Free Check-Up Programme. An additional 14 centres are undergoing improvements and the Programme continues to expand. The opportunity to extend the Programme to other screening services in Albania will be explored following evaluation at the end of the current Programme.

Problem definition

NCDs pose a significant burden on the health system in Albania. Measured through Disability Adjusted Life Years (DALYs), cardiovascular disease places the highest burden, representing 25% of all DALYs; followed by cancer (12%), diabetes (7%) and mental health (6%).¹ In 2010, cardiovascular disease alone accounted for almost 50% of all-cause mortality in Albania.¹

Much of this disease burden has been attributable to lifestyle-related risk factors including high blood pressure, smoking, high sodium intake and obesity. However, the reactive orientation of services and limited provision of health promotion and disease prevention at the primary level left these risk factors inadequately addressed within the health system (Box 1).

Box 1

What problems did the initiative seek to address?

- High NCD burden, notably from cardiovascular disease.
- Lifestyle-related risk factors contributing to suboptimal population health.
- Reactive orientation of services limiting focus on health promotion and disease prevention.

Health services delivery transformations

Timeline of transformations

In 2013, a new government with a strong commitment to establishing universal health coverage was elected in Albania. In line with this agenda, in 2014, a Free Check-Up Programme was launched to introduce free screening services for chronic conditions to the population (Table 1). Planned to run for a four-year period, the Programme continues to be actively implemented at present.

Table 1

What were the chronological milestones for the initiative?

2013	Alliance for the European Albania elected to government; new government commits to introducing universal health coverage.
2014	Four-year Free Check-Up Programme launches on first Universal Health Coverage Day in Albania.
Present	Continued implementation of Free Check-Up Programme.

Description of transformations

Selecting services. All citizens between the ages of 40 to 65 years are eligible to receive free annual screenings and primary care services through the Free Check-up Programme. Patients are invited to participate in the Free Check-Up Programme by their local primary health centre through a letter mailed to them near their first eligible birth date. As part of the screening process, participants complete questionnaires assessing risk factors and mental health status. Key measurements, such as body weight and blood pressure, are recorded and an electrocardiogram is performed to assess heart health. Blood samples are collected to test cholesterol, glucose and albumin levels; urine and stool samples are also collected and tested. Based on individual screening outcomes, patients receive health advice and brief interventions to address potential health concerns or future identified risks. Patients may also be prescribed medication, receive additional counselling or be referred for further tests and specialized care.

Designing care. A manual has been developed to guide delivery of the Free Check-up Programme, providing detailed instructions for each stage of the screening process, as well as recommendations for follow-up treatment. The manual was developed by an expert committee and is based on extensive literature reviews of international guidelines and best practices. For example,

in the case of depression, the manual draws on the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM). A form designed for the initiative also serves to guide providers in conducting screenings, documenting measurements and recording test results. The form includes three lifestyle assessment questionnaires to collect information on topics such as diet, alcohol consumption and tobacco use, as well as a questionnaire to assess mental health status. A quantitative scoring system, which categorizes patients’ risk level based on screening results, has been developed to guide treatment according to set algorithms. For example, counselling services are recommended for patients who score 10 points or above on the mental health questionnaire.

Organizing providers. The initiative has expanded the role of family physicians and increased nursing responsibilities. Primary care nurses and family physicians work as a team to conduct screenings. Nurses receive patients, collect measurements and samples, perform electrocardiogram tests and conduct questionnaires. Nurses then document all patient information in a central electronic database. External web managers control the database, consolidate information electronically submitted by nurses and laboratories and then mail family physicians a hard copy of each patient’s complete screening results. Once this file is

received by physicians, a second patient appointment is scheduled to review screening results. Family physicians then oversee follow-up care and refer patients to specialist providers as necessary.

Managing services. Primary care is delivered through a network of 415 primary health centres and 1600 health posts. All primary health centres are in the process of implementing the Free Check-Up Programme, according to activities laid out in a manual distributed to all centres and posts. Health centres are gradually being provided with the necessary equipment to offer the Programme; 360 are fully operational, 14 are undergoing improvements and the rest are to be covered by mobile units. New equipment for centres includes computers with internet connection, refrigerators for storing samples, weighing scales and electrocardiogram machines. Primary care providers are contracted by the National Insurance Institute to deliver the Programme as part of their regular duties and an external private company is contracted to manage the central patient database.

Improving performance. Family physicians and nurses received training to expand their skillset to promote effective delivery of the Free Check-Up Programme. Training included instruction on interpreting screening results and electrocardiogram outputs, motivational interviewing and basic computer skills.

Engaging and empowering people, families and communities Through the introduction of the Free Check-Up Programme, primary care providers now actively recruit patients in their local communities, inviting them to participate in screenings through mailed letters. Information on the Programme is included with the invitation, as well as instructions on how to prepare for the service. Providers have received

Table 2

How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Universal health coverage recently introduced for population; primary care services offered but remain weak.	Expansion of primary care services through the Free Check-Up Programme; all citizens aged 40 to 65 years eligible to receive screenings for chronic conditions, such as cardiovascular disease, diabetes and depression; tailored health education and brief interventions offered, along with referral to specialized services if needed.
Designing care	
Absence of guidelines for primary care screenings.	Assessment questionnaires developed with algorithms to classify patients according to health risk; manual provides instructions for performing screenings and delivering follow-up care.
Organizing providers	
Primary care providers (family physicians and nurses) stationed in 415 health centres and 1600 rural health posts throughout the country.	Primary care providers work as a team to deliver the Programme; nurses have expanded responsibilities and receive patients, perform screening tests and conduct questionnaires; family physicians interpret screening results and manage follow-up care.
Managing services	
Primary health centres lack necessary equipment to perform screenings; computers not widely available.	Primary care providers contracted by the Health Insurance Institute to deliver the Programme; private company manages central electronic patient database; health centres gradually being equipped with resources to support Programme delivery.
Improving performance	
Primary care providers' knowledge and skills for delivering screening services limited; providers' computer literacy generally low.	Short training courses organized for primary care providers on interpreting screening results, motivational interviewing and computer skills.

training on how to effectively communicate with patients, including how to perform motivational interviewing to support behaviour change and empower patients to take responsibility for their own health.

Health system enabling factors

The newly elected government has made a strong commitment to strengthening the health system and improving population health. A key part of the government's

new health agenda has been the introduction of universal health coverage, with a strengthened focus on health promotion and disease prevention. The Free Check-Up Programme is an integral part of this new approach and is overseen by the Ministry of Health in partnership with the Health Insurance Institute. The initiative was officially approved by the Council of Ministers in April 2014 and a supportive regulatory framework has been put in place, including the recently ratified and Ministry-endorsed guidelines for a basic package of primary care,

notably including screening and prevention services. Additionally, the agreement made by the Health Insurance Institute to reimburse providers for health check-ups has financially supported the initiative and expanded services covered under the universal benefit package.

Outcomes

The initiative is still in the early stages and information on its impact is not yet available.

Change management

Key actors

The initiative has been driven through a top-down approach, led by the Ministry of Health in partnership with the Health Insurance Institute (Box 2). The Ministry of Health assembled an expert working group to design the initiative, with the Swiss Agency for Cooperation and Development providing support during this process.

Initiating change

The election of a new government with an agenda supporting health system reform provided momentum for change and fostered the development of the necessary conditions to enable implementation of the Free Check-Up Programme.

Implementation

The initiative is being rolled out gradually to make the best use of resources currently available. With support from the Swiss Agency for Cooperation and Development, primary care providers have received

short training courses to enable them to deliver new screening services and utilize the new computer system.

Box 2

Who were the key actors and what were their defining roles?

- **Ministry of Health.** Led development of the initiative; co-finances activities along with the Health Insurance Institute.
- **Health Insurance Institute.** Co-finances initiative along with the Ministry of Health; contracts primary care providers to deliver screenings.
- **Working group.** Headed by the Deputy Minister of Health; designed Programme guidelines.
- **Swiss Agency for Cooperation and Development.** Assisted in the development of the initiative; led trainings for primary care providers.

Moving forward

The Free Check-Up Programme continues to be rolled out nationally across the country, with more health centres joining the initiative as resources become available. The Programme is part of a four-year government agenda, after which it will be evaluated and future steps determined.

Highlights

- Adopting a proactive approach for prevention was key to reaching and engaging the target population.
- Significant efforts were made to improve the systematic collection and monitoring of population health data.
- Government support for the initiative and a partnership with the Health Insurance Institution to reimburse health check-up services helped embed the initiative into the health system.

1 Institute for Health Metrics and Evaluation, (2015), *Global burden of disease: Cause patterns*. Available from: <http://vizhub.healthdata.org/gbd-compare/arrow>