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HEALTH CARE SYSTEM IN ALBANIA

A FORMATIVE RESEARCH WITH CONSUMERS TO INCREASE NON-STATE ACTORS' ENGAGEMENT IN HEALTH SYSTEM GOVERNANCE

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

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ACRONYMS

PHCs	Primary Health Care Centers
EEHR	Enabling Equitable Health Reforms
USAID	United States Agency for International Development
MoH	Ministry of Health
HII	Health Insurance Institute
ALL	Albanian Lek
GoA	Government of Albania
NGO	Non-Governmental Organization
CSO	Civil Society Organization

EXECUTIVE SUMMARY

IDRA Research and Consulting was commissioned by Enabling Equitable Health Reforms Program in Albania to conduct qualitative research aimed at exploring health consumers' attitudes, behaviors and knowledge levels regarding the public health care sector, health issues and civic engagement. The general objective of the research is to assist EEHR in contributing to the creation of an informed, engaged and empowered civil society that will accelerate broader health reform efforts.

Findings presented in this report are based on 15 focus group discussions held between March 11th, 2013 and March 20th, 2013 in Tirana, Korça and Lezha. A total of 120 urban and rural citizens participated in focus group discussions. Research conclusions presented in the Executive Summary Section are more thoroughly explored and illustrated through participants' quotes in the Findings Section of this Report.

I. HEALTH CARE AND HEALTH SYSTEM FUCTIONING: AWARENESS AND COMPLIENCE

- The great majority of participants do have proper information about procedures to be followed to access the system. Despite knowledge on the functioning of the system, family physicians, which represent the first step of the system, are often bypassed and, and citizens very often self-refer to specialized physicians. In participants' views, PHCs lack necessary equipment and supplies while family physicians do not have an adequate qualifications and experience.

- The ability to access free-of-charge healthcare services is considered to be the primary benefit of health insurance. Public healthcare costs seem to be quite prohibitive for citizens lacking health insurance, resulting thus in limited access to health services for the poorest and most vulnerable. As a result of the significant costs, quite a few participants admitted to refrain from contacting public healthcare facilities altogether, access the system only through emergency services or substitute medical check-ups with pharmacists' advice.

- From the perspective of unemployed citizens, health insurance coverage is perceived as a benefit resulting exclusively from formal employment. Such a belief seems to be closely linked with the general lack of information on the right to gain health coverage through the registration at Regional Employment Offices. Formally employed citizens, on the other hand, perceive health insurance as a "tax" or an "unnecessary burden" due to the belief that "health insurance does not guarantee protection from the need to pay out-of-the-pocket in exchange for health services".

II. INFORMAL PAYMENTS

- Based on feedback from focus group discussions, informal payments represent the most frequently cited, most pressing issue of the public healthcare system in Albania. While for many participants, informal payments are absolutely essential to gaining access and receiving good quality services, the widespread occurrence of this phenomenon seems to be significantly harming the image as well as public trust in health providers. Overall feelings of frustration towards "corruption" in the health system seem to be also negatively affecting

participants' outlook on other aspects of the system such as quality of health services, health infrastructure, etc.

- The "act of providing a bribe" to health providers seems to be linked to a significant psychological dimension. A strong feeling of powerlessness towards health providers as well as the existence of asymmetric information in the relationship patient - provider seem to be leading to a situation where patients provide bribes just to feel "less scared" or "more confident" in the quality of service they will receive.

III. HEALTH SYSTEM ACCESS

- Based on group discussions, the poorest and most vulnerable strata are encountering significant physical and financial barriers in accessing health services. Physical access to health care seems to be particularly problematic for rural residents who highlight the long distance and considerable transportation costs to PHCs, the limited working schedule of rural health care facilities, the unavailability of specialized care and the limited access to ambulance services as their major concerns. In terms of financial barriers, access to health care is perceived to be contingent upon health insurance coverage and one's ability to afford "under-the-counter" payments, both features that the poorest and most vulnerable usually lack. In addition, the majority of participants claim that they incur significant costs when dealing with the healthcare system due to the need to privately purchase medical tools and medicaments while hospitalized as well as the need to take medical tests in private clinics.

- The widespread belief that one has to pay money to gain access to health care is so widespread and enrooted in citizens' mindset that it seems to be creating significant perceptional barriers. It appears that the poorest and most vulnerable refrain from approaching the public healthcare system altogether just because they have heard that one needs to pay out-of-the-pocket money to get any kind of service in public healthcare facilities.

IV. HEALTH SYSTEM QUALITY

- According to a majority of focus group participants across all the different regions, the poor health infrastructure and hospitals' inefficient management and administration systems remain a major problem of the public health care. Commonly cited issues include health buildings physical conditions, lacks of basic furniture, poor hygiene conditions, inadequate infection control mechanisms, poor quality of food and laundry services and the ineffective implementation of basic rules and policies with healthcare facilities.

- Despite the general feeling of dissatisfaction with the current health system infrastructure, many participants acknowledge recent improvements in health infrastructure and hygiene condition within public hospitals. The introduction of more sophisticated medical techniques and procedures as well as the increased availability of modern medical equipment are commonly cited as the main indications of the recent efforts to improve health system infrastructure.

- Feelings of dissatisfaction towards system quality seem to be "fueled" by an overall feeling of frustration with health providers' attitude. With a few exceptions, the majority of participants think that health providers are not sufficiently devoted to providing good quality care, lack professionalism and display poor communication ethics in their interactions with patients.

According to participants, the lack of providers' accountability to health consumers is the main culprit for their poor performance.

V. INFORMATION ON HEALTH AND HEALTH CARE

- The majority of participants affirmed that people in their communities are not sufficiently informed about health, preventive health care and health insurance schemes. While a poor health condition is a cause of great concern for patients and their families, priorities seem to be focused on treatment rather than preventive care. Many participants affirmed that they see a doctor only when there is "no other choice" and "nothing left to do".
- Many participants feel that they receive very limited health-related information from physicians. This gap in information seems to be filled-in by pharmacists, who seem to represent very trusted and influential sources of information on health. Other commonly trusted information sources include "the elderly in the family", relatives, friends and the media.
- Based on focus group discussions, there seems to be very limited information on the existence of the Patients' Rights Card. Very few participants admitted to have ever seen this document while many others appeared surprised about the existence of this document.

VI. HEALTH SYSTEM ACCOUNTABILITY

- A feeling of submission to poor healthcare services seems to prevail among focus group participants. The majority of participants admitted, not without a sense of bitterness that they refrain from reacting and raising their voice when faced with injustice because they feel "powerless". Others seem to be discouraged from demanding equal and quality treatment due to the general belief that "no matter what, no significant measures will be taken against health provides who disrespect rules". The abovementioned reasons coupled with a deep sense of fear that raising one's voice will only result in an "even worse treatment from health providers" seem to be feeding a culture of inaction and "silent acceptance".
- According to participants, an effective health consumer feedback mechanism should be impartial, professional and sufficiently powerful to have a follow-up impact. They believe that it is absolutely necessary for a feedback mechanism to preserve its impartial stance by being sufficiently distant from health providers. On the other hand, it is commonly asserted that the mechanism should be administered and monitored by a "knowledgeable-in-health issues" entity, sufficiently powerful to follow-up and act on patients' complaints. Based on group discussions, a "one size fits all" approach to the designing of an efficient feedback mechanism is bound to fail as participants seem to be very diverse in their preferences for particular mechanisms. While rural and older participants prefer to provide feedback through "more anonymous approaches", guaranteeing data confidentiality such as toll-free numbers and "feedback boxes", younger participants in general prefer more direct approaches such as "feedback offices".

VII. CIVIC ENGAGEMENT

- A prevailing sense of distrust towards institutions, organizations and "others in general" seems to be leading to a situation where citizens feel detached from the needs of their communities and focus only on their personal interests. Many participants noted that Albanian citizens would only get involved in issues that s/he can reap immediate benefit from in contrast issues that do not personally concern them.

- Participants seem to be quite skeptical of the role and impact of civil society. Many lacked awareness and understanding on the role and presence of NGOs in Albania and very few were able to name civil society organizations operating in the country. In addition, participants mention the political motives or aspirations, the lack of transparency and dubious sources of funding as key issues that prevent NGOs from triggering public support and bringing a meaningful contribution to the Albanian society.

- Despite the general negative attitude towards NGOs, some participants acknowledge the good work of some civil actors in Albania. They base their support upon the genuine mission of these NGOs and their ability to provide meaningful contribution. Young people, especially females appeared more predisposed to have information on NGO activities and seemed more willing to participate of provided with the right incentives.

VIII. RECOMMENDATIONS

- Study findings indicate the need to introduce a citizens' information role in PHCs along with their other functions. The range of functions and services that might be promoted through this role include: preventive care, education on causes, prevention and cure of different health conditions, risks of self-medication practices, etc. On the other hand, there is a need to increase and facilitate citizens' contact with primary healthcare services by establishing and promoting different means of communication such as telephone numbers and e-mail addresses.

- Findings of the study point to an urgent need to change the profound negative image public hospitals have in citizens' eyes today. Public Hospitals need to be promoted as institutions whose primary mission is to serve patients with integrity, dedication and professionalism:
    - There is a need to convey to health consumers the message that entering a public hospital means entering a "bribe-free area" through a continuous and systematic campaign. The reassuring messages that "paying a bribe is not necessary" and "it is not dangerous not to pay a bribe" need to be strongly and continuously promoted through posters, banners and stickers.
    - EEHR might consider launching a round of proposals for civil society actors soliciting strategies and ideas on how to promote public hospitals and improve their image.
    - Regional Hospitals might be assisted in establishing a permanent presence in social media (i.e. Facebook) as a framework that would enable them to connect with health consumers, solicit customer feedback, share news and ultimately build reputation.

- The establishment of an "Integrity Task Force" aiming at reintroducing values of integrity, professionalism and trust in the health system might be effective in strengthening citizens' confidence in the general willingness to enhance system accountability. Operating under the direct supervision of the Ministry of Health, the "Integrity Task Force" should serve as

citizens' first point of contact if they want to report abusive practices, corruption, medical malpractice, or other alleged injustices encountered in the system. The Integrity Task Force should be promoted as a newly established mechanism open to receiving citizens' concerns through several communication channels such as toll- free numbers, text messages, e-mails and also direct contact.

- Public hospitals should strive to establish formal feedback mechanism such as (i) standard evaluation forms; (ii) books of experiences where patients would simply write their opinions on service quality while they leave hospitals; (iii) periodic large-scale customer satisfaction surveys aiming at attracting, collecting, and tracking consumers' experiences in a systemic and structured manner. In order to complete the feedback-loop, it is necessary to involve civil society in analyzing consumer feedback information and compiling data into official reports. Periodic events presenting feedback outcomes to health management, health consumers and media might be organized.

- EEHR might consider encouraging health managers to establish Patient Information Centers inside health care facilities. Aside from the traditional role of scheduling patients' appointments and providing directions to different departments inside the hospital, information centers should also be involved in (i) explaining hospital policy to patients, (ii) ensuring patients that the hospital is a "bribe-free area", (iii) informing them about hospitals' accountability policies and mechanisms and (iv) administering hospital evaluation forms and the book of experiences. Hospitals might also consider establishing "information booths" where patients can find leaflets about Patients' Rights, preventive care, accountability mechanisms as well as the presence and activities of local health NGOs.

- Study findings point to an pressing need to raise citizens' awareness and information levels in regards to patients' rights, benefits of health insurance coverage, health insurance models as well as system functioning. Civil society organizations might be invited to design and implement strategies aiming to inform citizens about these key aspects of the health system.

1. INTRODUCTION

The Albanian Government (GoA) has initiated a long process of reforms aimed at enhancing capacity to manage services and facilities, increasing access to effective health care as well as increasing health system financing and governance. USAID/Albania's program Enabling Equitable Health Reforms (EEHR) is a five year program with the aim of assisting GoA in facilitating the process of health reform implementation as well as addressing the identified barriers to a more effective health care policy.

More specifically, EEHR aims to provide technical assistance and resources to assist key stakeholders in implementing reforms at the national level as well as at a local level. Following an initial year of set up activities, EEHR decided to focus on the public hospitals, as the most problematic and hardest to be accessed by the poor and most vulnerable. Three regional hospitals - *Tirana Maternity Hospital "Queen" Geraldine", Korça Regional Hospital and Lezha Regional Hospital* were selected as primary testing sites. Major interventions areas as envisioned by the program include (i) Improved capacities to implement a set of health reforms in the selected institutions; (ii) Improved policy and planning capacities at the regional and national level and (iii) Enhanced non-state actor participation and oversight of health system's performance.

To inform the process of shaping effective strategies for "the creation of an informed, engaged and empowered civil society that will accelerate broader health reform efforts", EEHR engaged *IDRA Research and Consulting* to conduct a comprehensive, qualitative research project. Fifteen (15) focus group discussions were held between March 11th and March 20th, 2013 in Tirana, Korça and Lezha in order to explore health consumers' attitudes, behaviors and knowledge levels regarding the heath care sector, health issues as well as civic engagement. This study presents findings from the 15 focus group discussions as well as implications for well-targeted health care reforms.

Focus Groups and Research Findings. Focus groups represent a semi-structured form of qualitative research aimed at discovering prevalent trends in thoughts and opinions and providing insights into the setting of a problem. Unlike quantitative research which enables measurements of incidence of various views and opinion in a chosen sample, qualitative research usually involves a more limited number of participants and, as such, is more helpful in gaining an understanding of underlying reasons and motivations rather than "quantifying answers". Given the latter, this report should be considered as a "snapshot" of perceptions, views and opinions of those citizens who participated in the study and is not statistically representative of the larger population. Unless otherwise noted, conclusions presented throughout the report represent commonly and repeatedly cited views during focus group discussions. Minority views exist and are noted only when deemed significant or when they illustrate an alternative opinion.

Perceptions vs. Reality. It is important to note that citizens' perception do not necessarily correspond to the reality; ordinary citizens sometimes get their facts wrong and often form opinions based on semi-accurate or inaccurate readings of the world around them. Nevertheless, it is crucial to note that understanding citizens' perceptions is essential to understanding their behavior: people act based on what they believe. Without knowledge on citizens' perceptions, state and non-state actors will not be able to address them. Therefore, the goal of this research project is to report participants' perceptions and views regardless of their factual accuracy as they might be helpful in understanding and addressing the concerns of the general population.

2. METHODOGY

Findings for this study are based on 15 focus group discussions, equally spread among the three pilot regions selected by EEHR. The main characteristics of focus group discussions are summarized in Table 1.

TABLE 1: DISTRIBUTION OF FOCUS GROUPS

Type of Respondents	Number of FGDs per Region			Total No. of FGDs
	Tirana	**Korça**	**Lezha**	
Women 18-39 with 2 or less children	1	1	1	3
Women 18-39 with 3 or more children	1	1	1	3
Women 40-60	1	1	1	3
Men 18-39	1	1	1	3
Men 40-60	1	1	1	3
Total	**5**	**5**	**5**	**15**

RESPONDENTS' RECRUITMENT

Participants in each of the selected sites were recruited based on predefined recruitment criteria including:

- **Gender -** Focus groups were designed to be gender-homogenous in terms of composition. A total of 9 focus group discussions were held with females only and 6 focus group discussions were held with males only.
- **Age-group –** Considering differences in the extent of the exposure to the healthcare system and the subsequent dissimilarities in perceptions, separate discussions were held with young and middle-aged adults. A total of 9 FGDs were held with young adults (aged 18-39) the remaining 6 FGDs comprised middle-aged adults (aged 40-60).
- **Children status -** Due to the reported higher level of difficulties facing women with 3 or more children in accessing health care[1], this demographic component was taken into account during the recruitment process. Three (3) focus group discussions were held with women aged 18-39 with three or more children and the rest of female groups were held with women of the same age-group with 0-2 children.
- **Urbanity –** Separate discussions were held with urban and rural residents in order to account for the differences in access to health care and perceptions on health

[1] Albanian Institute of Statistics, Institute of Public Health and ICF Macro. (2010). *Albania Demographic and Health Survey 2008-09.* Tirana, Albania: pp. 234. Retrieved from: http://www.measuredhs.com/pubs/pdf/FR230/FR230.pdf

between the two groups. Seven (7) focus group discussions comprised rural residents while eight (8) focus group discussions were held with urban residents.

- **Income Level –** In terms of the income level, focus group discussants were recruited to belong to the low- to mid-income range, defined by the most recent Living Standards Measurement Survey (LSMS)[2] and the Household Budget Survey[3]. Based on the two surveys, the average per capita monthly consumption of poor to mid income individuals in Albania ranges between ≈ 5 000 ALL/month – 17 000 ALL/month. All respondents participating on focus group discussions belonged to the abovementioned income range.

In order to ensure that only the "right" participants, belonging to the above noted demographic profile were invited to participate in group discussions, a pre-qualification questionnaire was developed and used during the recruitment process. The questionnaire included questions aimed at identifying potential participants who met: (i) gender, (ii) age, (iii) children status, (iv) urbanity and (v) income level criteria. Groups were also recruited to include a mix of previous and potential patients of public hospitals in the three selected regions.

FOCUS GROUP INSTRUMENT DEVELOPMENT

A comprehensive guide including specific topics to be explored during focus group discussions was developed by IDRA. The research instrument was designed to include both open-ended questions for group discussion as well as written individual exercises aimed at obtaining the independent, individual opinion of each focus group discussant. After initial feedback from EEHR, the guide was tested in the first focus group discussion to ensure that the information gathered through the instrument was in compliance with study objectives. The moderation guide was slightly modified based on the outcome of the pilot group. The final instrument included 6 discussion topics: (i) general information – general knowledge on health issues; (ii) healthcare system evaluation (iii) knowledge and attitudes – deeper exploration; (iv) accountability, transparency and engagement; and (v) values clarification**.** The finalized discussion guide can be found in Appendix A.

DATA ANALYSIS

Before starting the analysis process, all focus group discussions were transcribed and reviewed by the moderators in order to ensure their accuracy. Data were analyzed by means of ***constant comparison analysis.*** Known also a "coding" type of qualitative research analysis, this type of analysis allows researchers to identify underlying themes present throughout the dataset. A coding scheme representing the main research categories was preliminary developed based on the research instrument. Then the large body of information obtained from focus group transcripts was "chunked" into smaller parts and labeled with a code. Codes resulting after the information review were then grouped by similarity under the main categories preliminary defined. New coding categories emerging after the review of each transcript were added to the main analysis frame.

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[2] Albanian Institute of Statistics, UNDP, The World Bank. (2009). *Albania: Poverty Trend 2002-2005-2008.* Tirana, Albania: pp.2. Retrieved from : http://www.instat.gov.al/media/38685/anketa_e_matjes_se_nivelit_te_jeteses_2008.pdf

[3] Albanian Institute of Statistics. (2010). *Household Budget 2006-2007.* Tirana, Albania: pp. 1. Retrieved from: http://www.instat.gov.al/media/33144/buxheti_i_familjes.pdf

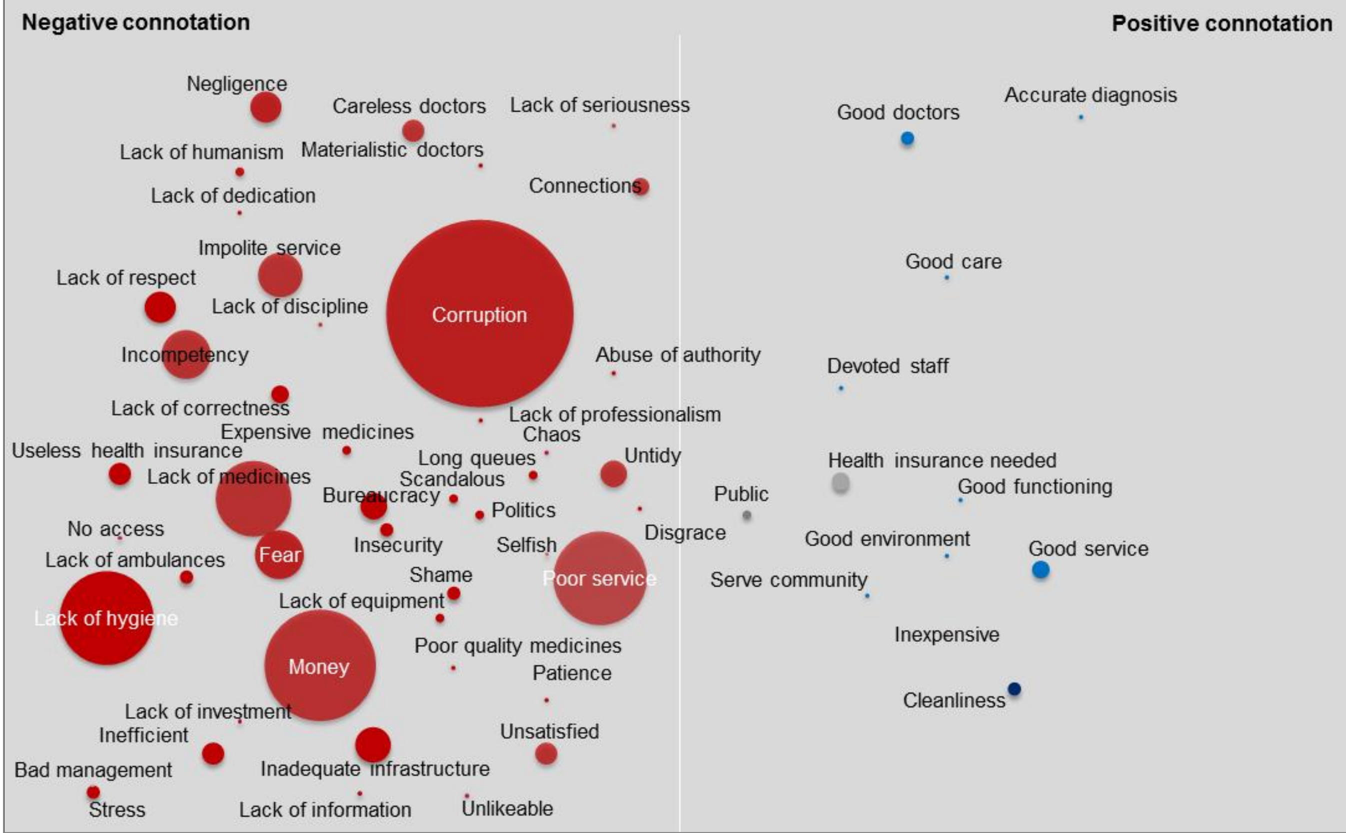
3. FINDINGS

3.1 THE BIG PICTURE

Participants in all the groups, regardless of gender, age, urbanity level or region expressed overwhelming dissatisfaction with the current situation of public hospitals in Albania and low levels of trust towards the system.

In order to get a sense of their individual opinion about the current situation in public hospitals before the discussion unfolded, they were asked to write down the first three words that came to their mind when they thought of public hospitals in Albania[4]. Their "top-of-the-mind" associations reflecting their emotional, first-hand reactions about public hospitals were then aggregated, categorized based on their connotation and are presented in Figure 1[5].

FIGURE 1: GENERAL PERCEPTIONS ON PUBLIC HOSPITALS IN ALBANIA



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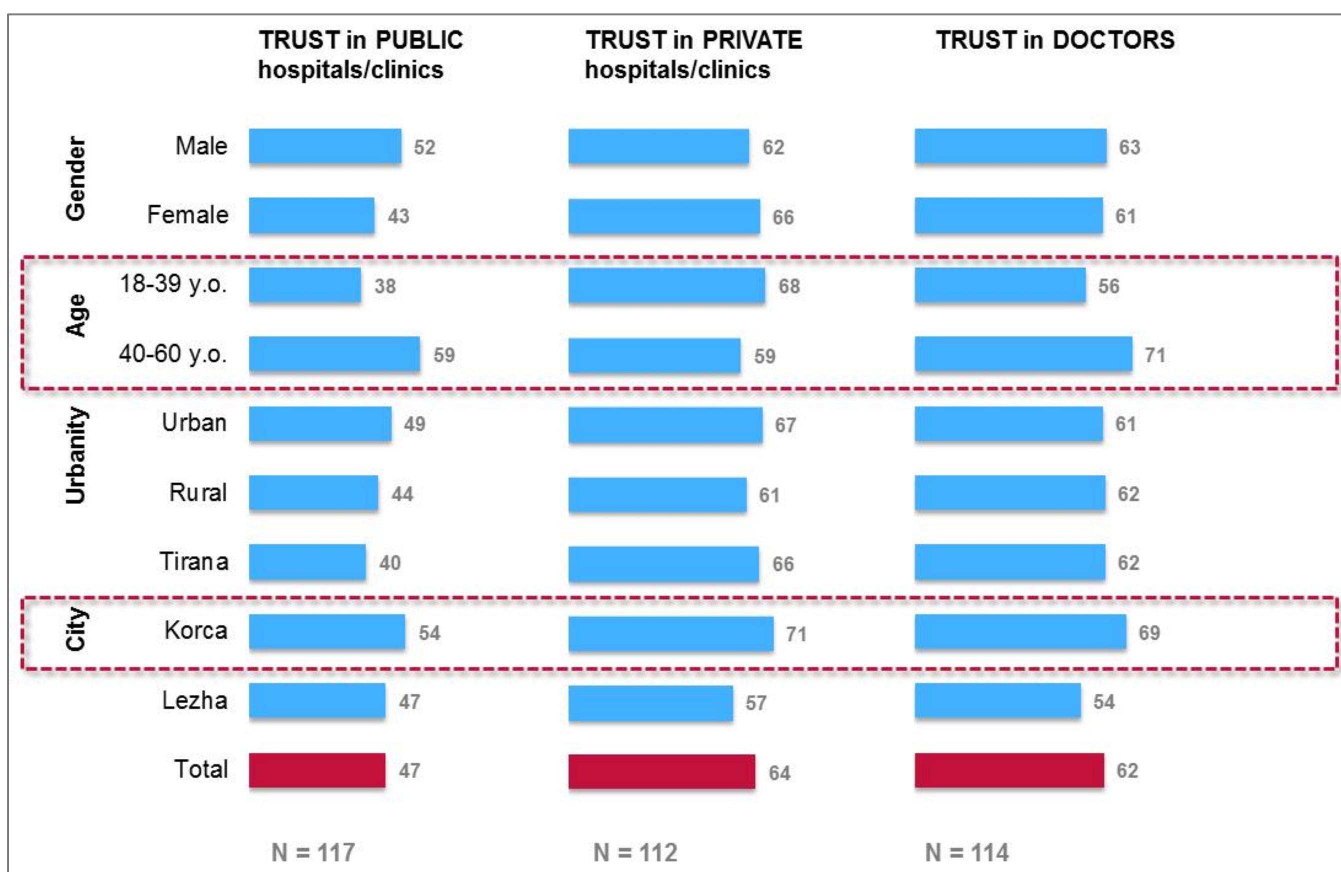
[4] This type of projective technique is commonly adopted by qualitative researchers in order to encourage respondents to uncover their feelings, beliefs, opinions or motivations in regards to an object/situation/topic. It enables the exploration of "top-of-the-mind" associations as a form of unprompted reflection of emotional, first reactions about the topic at hand.
[5] The graphs is designed not only to present all the attributes mentioned by participants by also to provide indications in regards to the most mentioned attributes – the size of the "bubble" representing each specific attribute increases proportionally to the number of times that particular attribute was mentioned during the exercise. Negatively-charged attributes are depicted in red, positively-charged attributes are depicted in blue while neutral attributes are depicted in grey,

As seen from Figure 1, focus group participants share overwhelmingly negative perceptions about the health care system in Albania, which according to the majority of the respondents is stuck in a vicious cycle of corruption and poor service. The lack of proper standards of service, in addition to the lack of infrastructure and willingness, forces citizens to feed this cycle by resorting to bribery and informal solutions to their problems. Respondents identify corruption, poor service, lack of hygiene and lack of medicine and incompetence as the most concerning issues.

In order to identify the implications of the general perceptions on public hospitals in the level of "trust" respondents hold towards the healthcare system, respondents were also ask to evaluate individually "how much they trust" the main actors of the system including public hospitals/clinics, private hospitals/clinics and physicians in general[6]. As depicted in Figure 2, public hospitals/clinics received a score of 47 points on the Trust Scale showing that respondents feel more distrust than trust towards them. The level of trust in private hospitals/clinics is relatively higher, with the latter scoring 64 points on the Trust Scale. Interestingly, respondents exhibit a higher level of trust in physicians in general compared to public hospitals/clinics. "Doctors" score an average score of 62 points on the Trust Scale.

FIGURE 2: TRUST IN PUBLIC HOSPITALS/CLINICS, PRIVATE HOSPITALS/CLINICS AND PHYSICIANS



[6] Respondents were asked to evaluate these institutions on a trust scale from 1 to 7, where 1 means "No trust at all" while 7 means "Complete trust". For ease of presentation, evaluations were later converted to a 0-100 scale where 0 means "No trust at all" and 100 means "Complete trust". **A score of 50 points on the Trust Scale means that the institution is neither trusted, nor distrusted.**

On average, young respondents (18-39 year old) exhibit a significantly lower level of trust in public hospitals/clinics and physicians compared to older participants (40-60 year old). On average, they evaluate their level of trust in public hospitals/ clinics and physicians at respectively 38 points (vs. 59 points for older respondents) and 56 points (vs. 71 for older participants).

On the other hand, residents of Korça participating in focus group discussions exhibit a slightly higher level of trust in all the three entities compared to residents of Tirana and those of Lezha. Public hospitals/clinics, private hospitals/clinics and physicians score respectively 54 points, 71points and 69 points in the Trust Scale for respondents from this region.

The two individual exercises serve only as an illustration of the negative charge with which the current situation in the healthcare system is viewed by focus group participants. More specific issues and concerns resulting in the overall gloomy picture and yet some recent improvement in the healthcare system noted by focus group participants will be described in more details through the report.

3.2 THE PUBLIC HEALTH CARE SYSTEM: AWARENESS AND COMPLIANCE

THE REFERRAL SYSTEM

The majority of focus group participants do seem to have proper information in regards to the functioning of the public healthcare system. Asked whether they know where to go and who to contact when in need of health care, the great majority of participants, independent of gender and urbanity, describe the procedure accurately, indicating that the first contact with the healthcare system should be the primary healthcare centers (PHCs). Thus, it can be concluded that there is sufficient awareness in regards to the steps and procedures to follow in order to get access to the healthcare system.

> *"The first step is to have your [health] booklet with you. Then the family doctor examines you and refers you to a specialist [physician] if it is needed. So you first go to the family doctor and he gives you a referral and only afterwards you need to go to a specialist. You can't go to a specialist without getting a referral first."* (Rural Female, 18-39, Korça)

> *"At first, you need to go to the family doctor. Then he gives you instructions on what to do next. If you have a cold for example he can prescribe you medicaments for fever. If it is necessary, he can also refer you to the hospital."* (Urban Male, 18-39, Tirana)

> *"People that have health booklets, they first go to the family doctor to take a referral. The family doctor writes a referral, so you can have a checkup by a specialist of the area of the illness or problem you are facing. This is like a rule, but it doesn't always work like this."* (Rural Female, 18-39, Lezha)

Despite the existence of general knowledge on the procedures and steps to follow to access public health care, participants admitted that family doctors, who represent the first step of the system, are often bypassed and, when in need of specialized health care, citizens self-refer to more specialized doctors.

- ***The "Children-Elderly doctor" -*** Despite the more positive attitude towards the communication with family doctors (as opposed to specialists), many participants seem to believe that the role of the family doctor is superfluous. ***There is a general feeling among focus group participants that family doctors have a limited level of skills, qualifications and experience and, as such, can only assess less serious health issues such as children's cold conditions or measuring the elderly's blood pressure. Also, in participants' opinions, PHC facilities lack necessary equipment and supplies and offer only a very limited range of services.*** In case of more serious conditions requiring specialized care, the family doctor is perceived as bureaucratic, unnecessary step of the procedure.

> *"…at our polyclinics there is a general doctor both for children and adults. But we can't examine a child at a general doctor, we need a pediatrician."* (Urban Female, 18-39, Tirana)

> *"We go more often at Kamëz Hospital if we have any necessity because we don't think the family doctor has enough experience. It seems safer to us."* (Urban Male, 18-39, Lezha)

"Most of the family doctors have just graduated and they haven't had the time to use the knowledge they have gained." (Urban Male, 18-39, Korça)

"…he is not equipped and capable of handling real emergencies, so it is better to go to the emergency room directly." (Urban Male, 40-60, Lezha)

"The visit at the family doctor is performed just as a formality…like the retirees for example that go and measure their blood pressure there." (Urban Female, 18-39, Korça)

"There are a lot of other services that cannot be done in the ambulance [ambulatory care center], for example getting an IV." (Rural Female, 18-39, Lezha)

"We go to the family doctor for small things, like flu-s or [for measuring] blood pressure." (Urban Male 18-39, Korça)

"They [family doctors] are not reliable. They are missing proper equipment and medications. But at least we get the recommendations there." (Rural Female 18-39, Lezha)

"The family doctors do not have anything at their disposal. They do not have appropriate equipment to conduct a proper check-up, nor can they take blood samples or conduct tests. They can only conduct simple check-ups and recommend a course of action based on limited information." (Rural Male 18-39, Lezha)

- ***The doctor of the poor –*** Based on focus group discussions, there is a general feeling that only [insured] citizens with limited financial means respect this step of the system and approach the system through the family doctor. Considering the widespread belief that family doctors have limited skills and qualifications, this seems to cause frustration and distress for the less wealthy, leaving them with the impression that they are being guaranteed access only to low-quality health care.

"Since we don't have any money, we are obliged to go and get the referral from the family doctor." (Rural Female, 18-39, Tirana)

"The family doctor is usually good for completing paper work and for people who are not very well financially. Whoever has the economic opportunity to go somewhere else, does not go to the family doctor." (Urban Male, 40-60, Lezha)

A recommendation-providing entity – Instead of healthcare providing centers, PHCs are sometimes perceived as offices that provide signatures for referrals and fill in necessary paperwork. As explained on a few occasions during group discussions, in practice it may even happen that family doctors are only contacted after the visit at the specialist doctor, just to fill in referral forms and avoid thus the payment of the formal fee. On other occasions, participants explained that sometimes it is not necessary for patients to show up at the family doctor – instead of the patient him/herself, the referral can even be obtained by one of their family members.

"This is what happens usually. When people feel bad they go to the hospital and only afterwards to the family doctor. They should go first to the family doctor and after that to the hospital, but apparently they feel safer if they go straight to the hospital." (Urban Male, 18-39, Korça)

"I go to the family doctor for paperwork." (Urban Male 18-39, Lezha)

" Once I needed a referral from my family doctor … […]…He gave the referral hand-in-hand to different people…It took it one week to arrive at my house." (Urban Female, 18-39, Lezha)

"You are actually required to see your family doctor first. I go to see him myself every time and he gives me the referrals for my sick husband." (Rural Female, 18-39, Tirana)

"You might go to the specialist doctor first, but still you have to come back to the family doctor in order to have the prescription on your health booklet." (Rural Female, 40-60, Korça)

The official system in general is perceived to be bureaucratic and time-consuming. Participants complain that complying with the system and respecting all procedures is quite costly in terms of time and efforts. There is a general agreement that the long and complicated procedures are creating incentives for informal payments. On the other hand, to avoid dealing with a bureaucratic system, patients often take the shortcut and consult pharmacists instead.

"You need the referral from the family doctor to go to the specialist but I can't wait two weeks for that. So I just…pay for that." (Urban Female, 18-39, Lezha)

"The procedures are very long… you can't get through immediately… bureaucracy." (Urban Female, 40-60, Tirana)

"If my son is sick and I am told I have to go take him to a hospital in Tirana, I will not think twice…I will find a car and take him to Tirana. It may happen that he [the doctor in Tirana] asks me for the Lezha doctor's recommendation to examine my son….[…]….If you get back to take the recommendation you may or may not find the doctor in Lezha. By then, you would have wasted a lot of time….This is a problem…and this is why people sometimes choose not to tell doctors about their insurance" (Rural Male 18-39, Lezha)

"It takes a long time and a lot of procedures to see a doctor. One has to wait in long queues and fill in all sorts of forms. Instead of spending hours waiting for a doctor I just go and consult the pharmacist instead" (Urban Female, 40-60, Lezha)

THE HEALTH INSURANCE SYSTEM

According to participants, the primary benefit of the healthcare insurance is related to the ability to access free-of-charge healthcare. The primary benefit of "being able to show the health booklet", according to participants include free-of-charge checkups at both the family and specialist doctors and free-of-charge medical tests. Other mentioned benefits include access to partial or full medicine reimbursements and access to maternity and other medical leaves.

"…you need the booklet mostly for the sick leave they will give…they paid me; even when I went on pregnancy leave." (Urban Female, 18-39, Korça)

"…Because until the child turns 1 year, you get paid." (Rural Female, 18-39, Lezha)

"Without having your booklet you can't go to the doctor and ask him to visit you" (Urban Female, 40-60, Tirana)

"If I want to visit my oldest son for example who doesn't have any booklet I must pay money." (Urban Female, 40-60, Tirana)

"When I was pregnant, I went to the Maternity Hospital for a checkup and it cost me 2000 ALL. Other insured women I saw there did not have to pay for this service. But I was not insured, so I had to pay…" (Rural Female, 18-39, Lezha)

Public healthcare costs seem to be quite prohibitive for citizens lacking health insurance. Participants mention costs as high as 1000 ALL for a simple check up at the family doctor and as high as 2000-3000 ALL for a check-up at the specialist doctors, which is described as a considerable amount given that the average gross income per capita in Albania is only ALL 34,767[7] and, as will be explained in the following paragraphs, the great majority of uninsured citizens are unemployed. **Quite a few participants admitted that they refrain from contacting public healthcare facilities altogether because of the high (formal and informal) costs. Others explained that they can only access the system through emergency services. Yet others asserted that they are obliged to substitute medical checkups with pharmacists' advice just because they cannot afford to pay for public healthcare.**

"I have contacted the family doctor too many times. But now, since I don't pay social insurance, I cannot contact him anymore." (Urban Female, 40-60, Tirana)

"I have knee issues, and I have to go and see a doctor often. I don't have a health booklet because they do not pay for my social security where I work…[…]…It's been 2 years since I have not been to the doctor because I can't afford it… I have to pay." (Rural Female, 18-39, Tirana)

"I don't work…Often I am very sick and I wait till the night comes to go to emergency. The family doctor is too far away and it costs me a lot." (Urban Female, 40-60, Lezha)

"If you have money, you go to the physician. If you don't have money, you just go to the pharmacists and buy the medicaments you need." (Urban Female, 18-39, Korça)

Focus group participants perceive health insurance to be primarily linked to formal employment. In the great majority of cases only formally employed participants declared to have health insurance. Very few of the unemployed participants had paid for health insurance on a voluntary basis. The inability to afford voluntary insurance fees seems to be the main reason for lack of insurance coverage. Others also mentioned that the amount needed to be paid for insurance is too high to justify the benefits arising as a result the insurance coverage. Yet others admitted to lack practical information on the voluntary social insurance scheme; they do not know which office to approach, which documentation they need to provide and how much money one needs to pay for voluntary health insurance.

"I used to pay contributions, but in the last few years I've had economic problems, I can't afford it." (Rural Female, 40-60, Korça)

"In order to get the health booklet one needs to be insured. I am not insured. I cannot afford to pay 14,000 ALL per year…this is the fee you have to pay [for social insurance] for rural people." (Rural Female, 18-39, Korça)

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[7] Albanian Institute of Statistics. (2010). *Statistics on Average Salaries and Income*. Tirana, Albania. Retrieved from: http://www.instat.gov.al/al/themes/pagat-dhe-t%C3%AB-ardhurat.aspx?tab=tabs-5

> *"Whoever has the money, pays for it [for the voluntary insurance]. I do not have any money to pay…I will pay for it when I have the money."* (Urban Female, 18-39, Korça)

> *"I have heard about it [the voluntary social insurance scheme] in general terms, but I would like to know more on how it works. I don't know if you can give us that kind of information. But I have thought about it and I want to know more."* (Urban Male, 40-60, Lezha)

It is important to note that, unemployed participants seem to have very limited information regarding their rights to be provided with health booklets through the registration at the employment offices. Only a few of the participants were aware of the fact that a job-seeking unemployed status, proved through a certification by the Regional Employment Office would guarantee them health insurance. The rest simply stated that they are unemployed and hence they do not possess health booklets**.**

Rather than an investment that would enable access to public healthcare services, the mandatory health insurance fee is frequently viewed as "just an additional tax one has to pay to the government." This widespread belief seems to originate in the in the perceived limited benefits of the health insurance scheme. In fact, according to participants, informal payments are a must to ensure access to public health care whether or not one is insured.

> *"The health insurance that we pay for does not cover our personal expenses; it covers the government's expenses for the maintenance of the hospital facilities, the doctors' salaries and things like that. You have to pay for your procedures."* (Urban Male, 40-60, Lezha)

> *"They keep 2,000 ALL from our salary for contributions. We pay too many taxes…"* (Urban Female, 40-60, Lezha)

> *"We better give to the doctor, what we were going to give to the state."* (Urban Female, 18-39, Korça)

> *"There is no advantage because if I have any problem and I visit the doctor I am going to pay anyway for the visit despite of the insurance."* (Urban Male, 18-39, Tirana)

> *"…really it is not clear. If you go to a public hospital you will have to pay for everything anyways, even if you have insurance. You will have to pay for the doctor and so forth."* (Rural Male, 18-39, Lezha)

> *"I had a surgery on my hand. I had the health booklet but they told me that I had to pay this much money to the doctor, this much money to the other one and so ne. I ended up paying 40,000 ALL. They had it all figured out."* (Rural Female, 40-60, Korça)

> *"…the booklet is not worth at all. It's just to say I have a booklet…"* (Rural Female 18-39, Tirana)

For some of the insured citizens participating in group discussions having health insurance and being able to show it to health providers represents a double-edge sword. They noted that patients who show health booklets are often subjected to unequal treatment. They often have to wait in line hours and have to settle for a lower quality service

compared to non-insured patients. According to participants this happens because health providers equate booklets with "no informal payments" and, as a consequence, patients with health booklets are experience delays, negligence and a lower quality service.

> *"When I was pregnant I went with a health booklet [to the hospital] and everyone turned their backs on me. They told me to come back on another day as they could not help me that day. I went the other day without any documents as I knew I would give something under the counter and everyone was eager to help me."* (Urban Female, 18-39, Korça)

> *"…as for the booklet, when you go at the hospital and show it to the doctors, they start looking at you in a kind of way that makes you ask yourself : What's wrong with me now? …Why is he looking at me like that…They [doctors] are worried whether you will put the 500 ALL in their pockets or not."* (Urban Female, 18-39, Tirana)

> *"If you do have the booklet with you no one helps you."* (Urban Female, 18-39, Korça)

> *"If you do not have the booklet, you pay the doctor and he takes you more seriously…"* (Rural Female, 18-39, Korça)

While reimbursed medicines are recognized as a benefit of the health insurance scheme, there is a general perception that the reimbursement lists include only the cheapest, lowest quality medicines. In addition, focus group participants complain that full or partial reimbursement is available only for a very limited list of medicines.

> *"Even the elderly have difficulties in benefiting from medicaments' reimbursement. There are only few medicaments available on the list and they are usually of low quality."* (Rural Male, 18-39, Lezha)

> *"It also happens that they reimburse the cheap medicaments, but if something costs for example 1000 ALL they don't reimburse it."* (Urban Male, 18-39, Korça)

> *"The reimbursed medicines don't have the quality as the medicines that you can go and purchase yourself. I can feel the difference…"* (Urban Female, 40-60, Lezha)

There seems to be very little knowledge and information in regards to the sum paid for health insurance. Almost no one among the formally employed focus group discussants was able to explain the insurance scheme or knew exactly what part of his/her salary is paid for health contributions or the distribution of contribution costs between employers or employees. Also, there seems to be widespread misunderstanding as to the difference between health insurance and social insurance.

> *"I don't know exactly the fee value, but I know they keep 8,000 ALL from my salary."* (Urban Female, 40-60, Tirana)

> *"I've heard it's about 18%, I don't know how true it may be."* (Urban Female, 40-60, Tirana)

> *"I know that my wage is 15,600 ALL and part of it is for health insurance and the other for social insurance, what percentage I am not sure, it is something [like] 11%."* (Urban Female, 18-39, Lezha)

> *"We don't know the percentage that goes exclusively for the health insurance"* (Rural Female, 18-39, Korça)

"So from 100% of the salary, 27.9% goes for the insurance. This includes both health insurance and social insurance…I don't know what part of it goes to health insurance." (Urban Male, 18-39, Korça)

Private health insurance schemes seem to be very little known among FGD participants. The only information the majority of participants have on them comes from TV spots and is often limited or not correct. Nevertheless, it is important to note that almost no one from focus group participants declared to be likely to pay for private insurance due to the limited financial means.

"We are a bit late on this stuff (private health insurance), and we are poorly informed about them." (Rural Male, 40-60, Tirana)

"No…I have no idea…" (Rural Female, 18-39, Korça)

"I know what I have seen on television only…" (Rural Male, 18-39, Lezha)

3.3 INFORMAL PAYMENTS

In general **the healthcare system is not considered free-of-charge**. Participants acknowledge the existence of price lists displaying formal costs for different services at PHC facilities as well as public hospitals. However, for a majority of participants this information is less important, considering that, as acknowledged, formal costs constitute only a part of the total costs for health services. According to participants, "everyone pays out-of- pocket money" in public healthcare facilities independent of patient's health insurance status.

GENERAL ACCEPTANCE AND RESIGNATION TO CORRUPTION

Informal payments represent the most frequently cited, biggest problem of the healthcare system in Albania, based on FGD discussions. There seems to be a general feeling of resignation in regards to them. For many participants, informal payments represent the only way to solve a problem not only within the healthcare system but also beyond it. Informal payments are considered to be an integral part of the system and one cannot do much but comply with "the way things work".

> *"You are obliged to pay money because you have no other choice…"* (Urban Female, 40-60, Tirana)

> *"Today you solve your problems only by paying; you should always have money in your pocket if you want to get the solution for the problem."* (Urban Female, 40-60, Tirana)

> *"We are used to corruption…. as we mentioned before we voluntary give money to doctors… […]…. This is an absurdity because they already have a salary but this is how things work…"* (Rural Female, 18-39, Korça)

> *"…you have to pay bribes in order to get things done."* (Rural Male, 40-60, Korça)

According to a majority of participants, informal payments represent a widespread phenomenon within public healthcare facilities. **In participants' views, almost all public healthcare employees including security staff, hygiene and cleaning staff, nurses, physicians etc. need to be paid informally in order to provide services.**

> *"…you must give a large amount to the doctor, the anesthetist, the nurses…up to the policeman at the door."* (Urban Female, 18-39, Korça)

> *"As soon as you cross the hospitals entrance you come across this phenomenon. First thing you have to do is deal with the guard at the entrance of the hospital."* (Rural Female, 18-39, Tirana)

> *"The cleaning lady does not come in your room unless you give her some money."* (Urban Female, 40-60, Tirana)

> *"As soon as you cross the hospital's entrance you come across this phenomenon: First thing you have to do is deal with the guard."* (Rural Female, 18-39, Tirana)

> *"My mother had a surgery and the nurses would not even show up…none would come even o change the sheets…It was only after my brother paid [out-of-the-pocket] that they started showing up every minute.* (Urban Female, 40-60, Lezha)

“Out-of-pocket payments” or in kinds seems to have originated in the cultural belief that the value of good health is inestimable, justifying thus “A TIP” as a sign of appreciation for the restoration of good health. However, from a traditional way of showing one’s gratitude, it seems that now the phenomenon has been transformed into a purely corruptive practice. Participants also explained that public health facilities’ employees are by now used to this practice. It has become “a habit” as they expect to be paid by patients in exchange for the service.

> *“We have made it part of our culture to give doctors money. When we go to the doctor we are very vulnerable, and at that point we are ready to [do] anything to get the best treatment possible, even sell our souls.”* (Urban Male, 40-60, Lezha)

> *“We should mention that when a member of our family is sick, we worry too much about them. All we want to do is to rescue him…. so we don’t hesitate to give money.”* (Urban Male, 18-39, Tirana)

Being aware of the origins of the phenomenon, many participants blame themselves for instigating into healthcare providers the habit of “expecting out-of-pocket” payments from patients. Quite a lot of participants admitted that they pay bribes since it has become a common usage, since “everyone pays”. “Not paying” when everyone else does is associated with a feeling of “embarrassment” and “discomfort” with respect to the quality of care one expects to receive from health providers.

> *“We are the ones to blame. They are used to taking money because of us.”* (Rural Female, 18-39, Korça)

> *“It is our fault… Doctors are used to that [bribes] now.”* (Urban Female, 40-60, Lezha)

> *“…and the fault is ours as well because we always give them money and now they are used to it. The deed is done now ….it’s hard to go back.”* (Urban Male, 18-39, Korça)

> *“I see others giving money to the doctors but I don’t have any. It happened to me once that the lady standing before me in line handed 500 ALL at the doctor after the visit. I only had 200 ALL in my wallet...I was obliged to give them to him because I felt embarrassed. We are the one to blame for this situation because we give them money.”* (Urban Female, 40-60, Tirana)

> *“I put the money into his pocket because everyone was doing the same thing.”* (Urban Female, 18-39, Tirana)

> *“I have had no desire to give money to the doctor but I have seen the others giving money so I have been obliged to give money too. We can’t afford giving money considering our low salaries.”* (Urban Female, 40-60, Tirana)

Some participants acknowledge that there is a significant psychological dimension to the act of “providing a bribe.” **A strong feeling of powerlessness towards health providers as well as the existence of asymmetric information in the relationship patient - health provider seem to be leading to a situation where patients provide bribes just to feel “less scared” or “more confident” in the quality of service and accuracy of the diagnosis.**

"I think it [paying bribes] has become some sort of a psychological phenomenon as well. We believe that if we do not give them any money, they won't provide the proper service and an accurate diagnosis." (Rural Female, 18-39, Tirana)

"Maybe we are wrong in doing this [paying bribes]…but we feel that if we do they [health providers] will be more attentive to your case. Maybe they will do the same job even if we did not pay…but we do not know…we are used to paying now…" (Rural Female, 40-60, Korça)

"…we are now used to giving money to the doctors. I feel more confident when I give money." (Urban Male, 18-39, Tirana)

"It's like when you give something to the nurse assisting your wife during birth because you are scared that if you don't something might happen to your child…" (Urban Male, 18-39, Korça)

"...because we are afraid. We put something in their pockets so that they give us what we need. That's it." (Urban Female, 18-39, Korça)

"We pay them because we are scared. Because we think that if we don't they won't provide the service to us." (Rural Male, 40-60, Tirana)

REASONS THAT LEAD TO INFORMAL PAYMENTS

- **TO GAIN ACCESS TO HEALTH SERVICES**

According to some of the participants, access to health care is contingent upon one's ability to provide "bribes". Even though such perception seems to be primarily based on "what they have heard" rather than their own experience, it is very important to be noted as it might be one of the primary causes for the lack of access to healthcare services for the poor and most vulnerable. It appears that the poor and most vulnerable refrain from showing up at healthcare facilities altogether "just because they don't have money to pay the doctors."

"…they almost let you die if you don't pay. You have to buy everything." (Urban Female, 40-60, Lezha)

"If you don't pay you don't get the service… Those who don't have money are obliged to die" (Rural Female, 18-39, Korça)

"I have heard stories from people …they did not pay and the doctor refused to touch the patient" (Urban Female, 40-60, Lezha)

"I have heard a lot of people say that they did not receive help from doctors because they did not pay…." (Urban Female, 40-60, Lezha)

- **BETTER QUALITY CARE**

There is a general perception that the quality of healthcare provided depends on informal payments. Many respondents asserted that health providers "do a better job" if they are properly recompensed for their services. **On the other hand, according to participants "refraining from providing bribes" implies limited attention and care towards the patient, delays in service delivery, lower quality care.**

"It seems like if we pay the doctor will do his job better." (Rural Female, 40-60, Korça)

"…if you don't have money… doctors will neglect you, they will not attend you as they should" (Rural Female, 18-39, Korça)

"If you want them to treat you kindly…or in order to get a good service one should pay …otherwise they neglect you…" (Urban Male, 18-39, Tirana)

"….We gives them [health providers] money to get a better service." (Urban Female, 18-39, Tirana)

A few participants also mentioned that "refraining from providing bribes" can be accompanied by quite serious consequences such as inaccurate cure, diagnosis or test results. This perception seems to be very closely connected with the psychological feeling that refraining from providing bribes is "dangerous" and seems to directly stem from the feeling of powerlessness and the asymmetric information in the health provider-patient relationship.

"…the first prescription wasn't the right cure. After giving him money, the doctor changed it." (Urban Male, 18-39, Tirana)

"If I go to the hospital to do medical tests and I do not pay some extra money the results will not be correct… They will not pay proper attention to them and you will be sure that this is the real situation." (Urban Female, 18-39, Lezha)

"When I don't give money to them I feel like they are hiding things from me …they are not telling the truth about my diagnosis." (Urban Male, 18-39, Tirana)

*"If you do not pay money you will never be sure of the quality of the check-up you will receive. The check-up procedure will finish very quickly. You will have no idea of the medicaments the doctor will be prescribing…" (*Rural Female, 18-39, Lezha)

- **TO BE PROVIDED WITH SUFFICIENT INFORMATION**

According to some of the participants, the information obtained from health providers regarding one's condition is also contingent upon one's ability to pay out-of- pocket. The general perception, in this case is that health providers' answers to one's questions should be purchased and the quality and amount of information depends on the amount of money one is willing to pay.

"If you don't pay the doctors they do not even explain the diagnosis to you…" (Rural Female, 18-39, Korça)

"It's like you have to pay for each one of your questions." (Urban Female, 18-39, Lezha)

"Doctors give the information based on how much money you give them [under the counter]." (Rural Female, 18-39, Lezha)

- **“SHORT-CUTTING” THE BUREAUCRATIC SYSTEM**

Based on focus group discussions, it seems that informal payments are often used as a means to avoid long and complicated procedures. As explained by participants, health providers commonly agree to provide services to patients who have not complied with the official procedures in exchange for informal payments. In addition, it was also mentioned by one participant that uninsured patients are encouraged to pay a smaller amount of money compared to the legal price for a service directly to the doctor in order to be attended.

> *“The specialist doctor will not attend you if you don’t have the referral, unless you pay.”* (Urban Female, 40-60, Tirana)
>
> *“…the doctor told me: ‘Why you pay to the state? Give me half of the amount and we are fine.”* (Urban Male, 40-60, Lezha)
>
> *“…Even though I had the health booklet with me, while I was waiting in queue the doctor made me a sign meaning: give me money and I will let you enter immediately.”* (Urban Female, 18-39, Tirana)

TIP VS. BRIBE

Based on focus group discussions, differences between the concepts of “giving a tip” vs. “providing a bribe” are clear to focus group participants. The main differences between the two concepts are summarized in Table 2.

TABLE 2: DIFFERENCES BETWEEN A TIP AND A BRIBE ACCORDING TO PARTICIPANTS

Tip	Bribe
A sign of appreciation of one’s gratitude	Mandatory to access or receive good quality service
Patient’s decision	Health provider’s decision
Cash or in kinds (gifts, food etc.)	Cash only
Amount always decided by the patient	“Price” for different services either “known by everyone” or directly specified by nurses etc.

As noted above, informal payments started as a traditional way of demonstrating one’s gratitude for the restoration of good health. Traditionally, the act of “thanking the doctor” for the “help” through the act of giving “money” or in kinds is referred to as “bakshish” or “a tip”. Based on focus groups discussions, a tip is about “wanting and giving”.

> *“…the doctor stayed near me and tried to bring me all necessary medicaments. I wanted to give him something…a gift… and I gave him 1000 ALL with all my heart. He gave it back to me and said “absolutely not”.”* (Urban Female, 18-39, Tirana)
>
> *“A tip is something else…it is giving money if you want to thank someone for the service he provided you with.”* (Urban Female, 40-60, Tirana)

But the actual general perception is that this phenomenon shifted from "a gift" expressing one's happiness, to "a mandatory tool to access and receive good quality service". Interestingly, when speaking about bribes, participants almost always refer to the phenomenon as "corruption"**.**

> *"Bribe means to refuse doing your job because you want money. Some people keep cashboxes on the table where patients can put money. To me this is very embarrassing."* (Urban Female, 40-60, Tirana)

> *Otherwise they delay all the processes to let you know that the money is required to make things moving. This is bribery. I can give a tip if I feel it or I can buy a gift to let him/her know that I am thankful."* (Urban Female, 40-60, Lezha)

> *"Some people keep cashboxes on the table where patients can put money. To me this is very embarrassing."* (Urban Female, 40-60, Tirana)

When asked how "the amount of bribe" is determined, the majority of participants claim that such information is often "common knowledge" and can be acquired by family, friends or acquaintances who have had to undergo similar medical procedures. **Alongside with the formal lists of prices, there seems to be a standard "informal list of prices' which specifies the "informal price" for each specific procedure.** On other occasions, participants asserted the amount of the bribe is directly specified by health care providers.

> *"…usually the "rules of game" are determined. Prices for surgeries are known…"* (Urban Female, 40-60, Lezha)

> *"The doctor does not have to ask himself. It is common knowledge, you learn these things the second you enter the hospital. The guard will tell you that…The people who work at the coffee shop will tell you that… It is known."* (Urban Male, 40-60, Lezha)

> *"The nurses make the deal; they tell you how much you should give to this or that doctor…"* (Urban Female, 18-39, Korça)

SIGNALS INDICATING THE NEED FOR A BRIBE

- **According to participants, the need for a bribe is often conveyed through making the patients feel uncomfortable. According to participants this feeling arises as a consequence of how "the physician/nurse stares at you or at your hands".** It is important to note that, based on participants' assertions, it appears that feeling uncomfortable in such situations might also be related to "the patients' psychological state" rather than be a consequence of a direct action by health providers.

> *"You realize that he wants money from the way he looks at you."* (Urban Female, 40-60, Tirana)

> *"When you go to see a doctor, instead of asking about your problem, he stares at your hands"* (Urban Female, 18-39, Tirana)

> *"…he looks at you, and you know you should give him money."* (Urban Female, 18-39, Lezha)

> *"The nurse keeps staring at you to see if you will give her money…"* (Urban Female, 18-39, Korça)

- **Sometimes, it was reported, that, rather than convey the need for a bribe implicitly, health providers directly ask for it.**

  "Some of them do ask explicitly. Once I gave a nurse 200 ALL, and he told me that he was not the guard at door, meaning I had to give him more." (Rural Female, 18-39, Tirana)

  "The doctor said…without my 'coffee' I won't perform the procedure on your daughter. If you don't agree you can go outside, to a private clinic or wherever..." (Urban Female, 18-39, Tirana)

  "I had to ask how much I have to pay, like every citizen does, just for courtesy… and he said as much as you want." (Urban Female, 18-39, Tirana)

- **Arrogance and/or indifference towards patients are also considered as signs indicating the need for a bribe.**

  "…instead the last time when I didn't pay her, she was very arrogant." (Urban Female, 18-39, Lezha)

  *"Well they [doctors] just hang around coffee shops until they get the money." (*Urban Male, 18-39, Korça)

- **In some cases, it was noted that instead of doctors, other members of the medical staff such as nurses indicate the need to pay a bribe.**

  "Sometimes the nurses give the signal. They suggest giving some money to the doctor." (Urban Male, 18-39, Korça)

  "The nurse kept telling me that I had to pay in order to skip the queue…." (Rural Female, 18-39, Tirana)

- **In some occasions, even a health provider's politeness and caring attitude is interpreted as sign one needs to pay. According to these participants, being kind on such occasion is only due to one's interest in receiving a bribe.**

  "Even if they are very nice and kind, they will find a way to make it look as if they have done a favor to you so you feel obliged to give them money." (Rural Female, 18-39, Tirana)

3.4 HEALTH SYSTEM ACCESS: PERCEPTIONS AND EXPERIENCES

PHYSICAL ACCESS

Based on group discussions, access to healthcare centers remains a major problem of the Albanian health care system. This is especially relevant for ***remote rural areas*** where PHCs are usually located in the center of communes and patients have to travel a long way, deal with the poor road infrastructure and incur considerable transportation costs. The long distance to the PHCs emerged as a problem especially among rural participants of Korça due to the mountainous terrain characterizing the area.

> *"In Voskopojë, which is far from Korça, there is a nurse, so in case of need we call her. We use our cars to get to Korça in case of emergencies…"* (Rural Female, 40-60, Korça)

> *"Yes there is a nurse at my village. But the nearest doctor is in Voskopojë and our village is an hour away from Voskopojë."* (Rural Female, 40-60, Korça)

> *"You need a car to get to the hospital. The ones who do have a car can easily go to the hospital whereas the others are obliged to wait longer and take a taxi. If you do not have money for a taxi you have to borrow it."* (Rural Female, 18-39, Korça)

> *"Going to the family doctor is a little difficult considering the infrastructure conditions. It takes half an hour to descend from the village where I live."* (Rural Female, 18-39, Korça)

> *"[When we have an emergency in the winter] we have to walk until we arrive to Voskopojë. From there we have to take a cab to arrive at the hospital in Korça."* (Rural Female, 18-39, Korça)

However, some of the rural participants in Korça noted some recent improvements in rural road infrastructure facilitating their access to public health care.

> *"It is good that now we have roads and vehicles that enable patients' transportation in case of need. Years ago this was not possible…it was not possible to bring the patient from the village to the hospital."* (Rural Female, 18-39, Korça)

Distance aside, rural participants also pointed to the lack of physicians in their PHC facilities. According to them, physicians are usually from the city. They usually work with reduced schedules (till 1:00 PM or 3:00 PM in the afternoon) obliging patients to travel to the city in cases of emergencies.

> *"A lot of people migrated from our village; we are only a few now. So the doctor lives in Korça. She comes at our clinic only some hours a day."* (Rural Female, 40-60, Korça)

> *"Our doctor is from Korça. She gets there [at the village] at 8:30 – 9:00 in the morning and she has to leave at 2:00 PM"* (Rural Male, 40-60, Korça)

> *"They leave early most of the time actually."* (Rural Female, 18-39, Lezha)

"[The doctor is available] …until 1 o'clock. The pharmacy is opened until 2:30 PM" (Rural Female, 18-39, Lezha)

PHCs in remote villages, on the other hand seem be staffed only with nurses obliging inhabitants of these villages to go to the city for healthcare services. As a result, it seems that the contact with healthcare services is reduced only to emergency cases when seeing a doctor is absolutely necessary.

"In case of emergency we come to Korça. There is no doctor in our village and we can't call anyone." (Rural Female, 40-60, Korça)

"Well if there is an emergency and you go to the nurse in the village she can't do that much….She will probably give you a pain killer and that's it. In these cases you find a car and you go to Korça." (Rural Female, 40-60, Korça)

The limited number of specialized doctors is also mentioned as a problem in Korça and in Lezha. According to participants, the "brain drain" of qualified health professionals is to be blamed for this situation.

"The system needs more doctors that may alternate. There must be several doctors that operate in the same field. For example, in Lezha there is only one doctor that specializes in orthopedics … […]…but there is no one else. This is a problem." (Rural Male 18-39, Lezha)

Rural participants in Korça also emphasized the limited access to ambulance services as a major problem faced by rural residents. Ineffective ambulance services were also brought up by urban residents of Korça who pointed out that ambulances are either unavailable or very late when they are needed.

"I have noticed that whenever someone gets sick and needs an ambulance in the city, the ambulance will show up. Whereas in the villages, ambulances don't show up at all…" (Rural Male, 40-60, Korça)

"If you have a health problem and you call the ambulance it will arrive in 1 or 2 hours. We are not in Tirana here where you can say that ambulances can get stuck in the traffic. There are only 2 main streets in Korça…" (Urban Male, 18-39, Korça)

"I have personally paid a driver to take my mother to the hospital several times…I have paid up to 3000 ALL. You should not bother calling the ambulance if you live far away… it will not arrive" (Rural Male 40-60, Korça)

"We have called the ambulance and it didn't show up. When we went to the hospital and asked them why they didn't show up, they said that they were thinking it was a joke." (Urban Male, 18-39, Korça)

"If you have an emergency you need the ambulance … […]…Most of the population of my village is poor, they don't have cars." (Rural Female, 40-60, Korça)

FINANCIAL BARRIERS

Based on group discussions, financial barriers to accessing the public healthcare system seem to be considerable for average-income citizens and quite high for the poorest and most vulnerable. As previously mentioned, access to public health care is contingent upon health insurance or the availability of private, out-of-pocket payments, both features the poorest and most vulnerable are unlikely to possess. According to participants, in some cases they had to make use of traditionally close family ties or resort to borrowing in order to cope with the high costs of healthcare.

> *"I have had to borrow money when my children were sick and I had to take them to the hospital. "* (Rural Female, 18-39, Korça)
>
> *"My brother's wife does not have health insurance. If she goes to the ambulance she has to pay a fee. If she goes to the family doctor she is supposed to pay 10,000 ALL, if she sees a specialist she is supposed to pay 15,000 ALL. If she needs s simple test she is supposed to pay 5,000 ALL. But if a person is unemployed, how can he pay these fees?"* (Urban Female, 40-60, Tirana)
>
> *"My child had to undergo surgery to remove his appendix. We went to the hospital and one of the nurses talked to my wife. We had no insurance or anything. She told her that the doctor wanted 20,000 ALL. More specifically, the doctor wanted 14,000 ALL, and each of the nurses that would assist him wanted about 1,000 ALL."* (Rural Male, 40-60, Korça)
>
> *"If you don't have the [health] booklet you have to pay for everything, even for the entrance to hospital which is 1,000 ALL… "* (Urban Female, 40-60, Lezha)

Based on focus group discussions, it appears that the perception that one has to pay money *to gain access to health care* is so widespread and enrooted in citizens' mindset that it is creating perceptional barriers. In other words, it appears that the poorest and most vulnerable refrain from approaching the public healthcare system altogether just because they ***have heard*** that one needs to pay out-of-the-pocket money to get any kind of service in public healthcare facilities.

> *"For instance, I need medical care currently…but I do not bother going anywhere…I don't have the money and I know that no one is going to help me,"* (Urban Male, 40-60, Tirana)
>
> *"That's what I have heard… it's not that I speak based on my own experience. Those who don't have money [for health care] are obliged to die…"* (Rural Female, 18-39, Korça)
>
> *"Talking about my neighbor…she knows she might have health issues…but she doesn't go to the hospital for an examination because she knows it might cost too much."* (Rural Female, 40-60, Korça)
>
> *"I have heard people that say that the doctor would not examine them because they did not pay him…"* (Urban Female, 40-60, Lezha)

Participants reach consensus in claiming that the magnitude of private, out-of-pocket payments and consequently financial barriers to accessing health care are higher in hospitals as compared to PHCs. By the same token, according to participants more complex medical procedures (i.e. surgeries, obstetrics procedures, complex medical tests) command higher out-of-- pocket payments.

"If one experiences a natural birth, one has to give a small quote. If one needs a surgery to give birth, one has to pay a big amount of money because the physicians are involved in a more complex procedure in this case. Then you need to pay the anesthetists and the nurses…" (Urban Female, 18-39, Korça)

"There might be cases, when there is no need to give money, like in the ambulances [PHC-s… for some small things…like for example flu." (Rural Female, 18-39, Lezha)

"In the maternity hospital only the nurse wants 15 000 ALL to take care of women while they give birth." (Urban Male, 18-39, Korça)

"When I was pregnant I had some problems and doctor told me that I needed a surgery to give birth to my child. I had to pay 15, 000 ALL to the surgeon… […]…He asked for the money." (Rural Female, 40- 60, Korça)

Another element causing significant frustration and distress among participants is the lack of medicaments in public hospitals. When asked about the major problems of the public health care in the country, the lack of medicaments was mentioned across all 15 FGDs conducted. Participants overwhelmingly claimed that, when hospitalized they had to purchase almost all medical tools and medicaments themselves, bearing the costs of health care almost exclusively themselves.

"My neighbor's kid was sick. He took him to the children's hospital. The doctor told him to go outside and buy the medicaments. He had to buy 2,500 ALL worth of medicaments." (Rural Male, 40-60, Tirana)

"The hospital did not have medicaments. We had to buy ourselves everything we needed…even the syringes…" (Urban Female, 18-39, Lezha)

"You have to purchase yourself even fever medicaments in public hospitals." (Urban Male, 18-39, Tirana)

"They don't have even intravenous fluids in the hospital... we are obliged to buy them ourselves." (Rural Female, 18-39, Korça)

"You go to the maternity hospital and you have to purchase yourself the intravenous fluids and everything." (Urban Female, 18-39, Korça)

According to many participants, the lack of medicaments in public hospitals is perceived to be closely related to the "unlawful deals" between physicians and pharmacists. Many participants are convinced that physicians derive income from sending patients to the pharmacies they are connected to. A few participants also noted that, in some cases, health providers abuse their authority by "selling hospital medicines" to pharmacies or directly to patients. Others claim that, on certain occasions, health providers convince patients to purchase medicaments in certain pharmacies "pretending" that hospital medicines do meet quality standards.

"Doctors force you to purchase medicaments where they say…they [doctors and pharmacist] collaborate with each other." (Urban Female, 40-60, Tirana)

"When it comes purchasing medicaments, you have to go to a specific pharmacy to which they address you at the hospital… […]…Probably they [doctors and pharmacists] cooperate on the basis of some percentage deal…" (Rural Female, 18-39, Tirana)

"Doctors and the pharmacists collaborate with each other. It's not that hospitals do not have medicaments, they [doctors] just want you to purchase them…" (Rural Female, 18-39, Korça)

"In most of the cases they send you to a specific pharmacist for the medicaments. They get a percentage from the pharmacists… (Urban Male, 18-39, Korça)

"The nurse will tell you that she has got a certain medicament at the hospital… [She will tell you] that you can purchase them half price if you want." (Rural Female, 18-39, Tirana)

"…they [doctors] sell them [medicaments] so you must go to buy them at the private pharmacies…" (Rural Female, 40-60, Korça)

"Doctors even tell you: This is what we have, but we don't trust this medicament too much… it is better if you go and buy it at this or that pharmacy." (Rural Female, 18-39, Tirana)

In addition to medicine costs and formal/informal payments, participants claim that they have to incur considerable costs when performing medical tests as they are often compelled to take these tests in private clinics. The reason provided by healthcare providers in such cases is either that public facilities lack the equipment, or that the equipment is old and of a poor quality. According to participants, doctors' links to private healthcare clinics are to be blamed for this situation**.**

"If the doctor works also in the private sector he will ask you to go get medication at his clinic or conducts routine tests at the clinic because they are better than in the public sector, which is not necessarily true." (Urban Male, 40-60, Lezha)

"You have to go to private hospitals [for a CT scanner] ….. if you go to the public hospital they tell you it does not work." (Urban Female, 18-39, Korça)

"Lately I had a very bad experience. I took my mother to the emergency … […]… Even though they have a scanner at the [public] hospital they advised me to take my mother somewhere else. I know the scanner of the hospital is in very good conditions." (Urban Female, 18-39, Lezha)

"If they need these [medical] devices, why don't they buy them but send us to private clinics? Why should I go there and spend large amounts of money when I can perfectly manage this situation in public hospitals? This not fair because if I got health insurance, the state should take care of me and all these procedures should be for free." (Urban Female, 40-60, Tirana)

3.5 HEALTH SYSTEM QUALITY: PERCEPTIONS AND EXPERIENCES

PHYSICAL INFRASTRUCTURE

According to participants, poor physical infrastructure remains a major problem of public health service in the country. Problematic aspects of the physical infrastructure, based on the discussions, include the physical conditions of the health buildings (painted walls, etc.), environment-related characteristics (ineffective heating systems, etc.) as well as lack of basic furniture (beds, bed linen, chairs, etc.). However, it is important to note that perceptions about the poor physical infrastructure seem to be significantly affected by the overall poor level of satisfaction with the service in general. Participants seem to be dissatisfied with the quality of service in general rather than with infrastructure in particular. In fact, as it will be noted in the following paragraphs, significant improvements in infrastructure are emphasized as one of the major improvements of the healthcare system. **Infrastructural problems are mentioned in all the three cities selected for this study.**

> *"If you go to Hospital N#2, it is terrible. Terrible windows, terrible floors, at least the sheets are better."* (Rural Female, 18-39, Tirana)

> *"I think the infrastructure is in bad conditions, you risk getting an infection there."* (Urban Male, 18-39, Tirana)

> *"I took my father to have surgery, and I was able to take a glance at the surgery room… and it was horrible."* (Urban Male, 18-39, Tirana)

> *"If you go to the bathroom to urinate [at the maternity hospital] there is water dripping from the ceiling. The conditions are horrible."* (Urban Female, 18-39, Korça)

Hospitals' inefficient management and administration systems are also frequently brought up as a major issue of the public healthcare system. The most concerning issues include:

- ***Poor hygiene conditions –*** Participants emphasized the poor hygiene conditions and inadequate infection control mechanisms as a major concern of public hospitals.

> *"It is not clean [inside hospitals]. Hygiene conditions are not good."* (Urban Male, 18-39, Tirana)

> *"The most dangerous places are the operations' rooms ….that's the place where you get infections."* (Rural Female, 18-39, Tirana)

> *"You can get infections from the environment. I have had surgery twice. I had no problems with the first one, but with the second one I had my wound infected for 40 days."* (Urban Female, 18-39, Korça)

> *"The level of hygiene is minimal…for example when one has to take intravenous liquids doctors don't even wear gloves."* (Rural Female, 18-39, Lezha)

- ***Poor quality of food and laundry services***

  "The hospital has a laundry and it is working. But the sheets do not seem so clean…In private hospitals sheets are changed three times a day." (Urban Female, 18-39, Korça)

  "When my son was hospitalized, he tried the soup and it was horrible. I had to throw it away." (Urban Female, 40-60, Lezha)

  "Conditions in laundry are terrible so I take sheets and blankets from home." (Urban Female, 40-60, Lezha)

- ***Ineffective implementation of basic rules and policies mostly related hospital visiting policies, smoking policies, etc.***

  "Everyone can enter the hospital, people smoke and do whatever they want inside them…" (Urban Male, 18-39, Tirana)

  "I was at the hospital some days ago to visit someone. There were no files aside beds, no guard…it was not a problem to enter or leave whenever you wanted." (Urban Female, 18-39, Lezha)

IMPROVED INFRASTRUCTURE AND ENVIRONMENTAL HYGIENE

Despite the general pessimistic outlook about the situation of the public healthcare system in the country, some participants acknowledge the efforts made to improve the infrastructure in public hospitals, even though they believe that the situation is still far from optimal. When asked about positive development in the public healthcare system, the improvements in existing infrastructure and environmental hygiene were brought up in 12 out of the total of 15 groups conducted. Interestingly, non-Tirana residents are more eager to talk about improvements in infrastructure compared to Tirana residents.

> *"We can see that hospitals are in better conditions nowadays, in villages as well as within cities. The infrastructure is in very good conditions."* (Rural Female, 18-39, Korça)
>
> *"The conditions compared to previous years have improved, plus there have been some investments."* (Urban Female, 18-39, Korça)
>
> *"In Lezha improvements in hospital infrastructure are noticeable….this has increased patients' level of trust."* (Urban Male, 40-60, Lezha)
>
> *"They have rebuilt emergency rooms…they used to be in horrible conditions*." (Rural Male, 40-60, Tirana)

Another frequently mentioned development is the improvement in environmental hygiene inside public health care facilities.

> *"Hygiene conditions are better in hospitals now. They were not so clean before."* (Rural Male, 40-60, Lezha)
>
> *"I had to recover a relative of mine a while ago, and it was really good. It was clean and everything was in order"* (Rural Male, 40-60, Korça)

IMPROVED EQUIPMENT AND MEDICAL TECHNIQUES

Other positive developments brought up during discussions include the introduction of more sophisticated medical techniques and procedures as well as the increased availability of modern medical equipment.

> *"On the other side, there are modern techniques for the diagnosis which were not available before"* (Rural Female, 18-39, Korça)

> *"There have been investments in new medical equipment and tools."* (Rural Male, 40-60, Tirana)

HEALTH CARE PROVIDERS' ATTITUDE

Focus group participants, in general are more positive towards the relationship with their family physicians compared to more specialized physicians. According to them, family doctors are more communicative, polite, kind and willing to help as opposed to "hospital physicians". The more positive attitudes towards family doctors seem to originate in their closer ties with their communities and the more personal relationships they have managed to build with their patients.

> *"I am in contact with my family doctor…They are usually more concerned about patients. It's easier to talk to them, maybe because we feel closer to them. I know my family doctor personally, so it is easier to have to deal with her than go to the hospital…"* (Urban Female, 18-39, Lezha)

> *"We do have a family doctor in our village…They are always ready to help in case of need…"* (Rural Female, 18-39, Korça)

> *"In Gocaj we have a doctor who is generally nice and polite."* (Rural Male, 18-39, Lezha)

> *"They are more communicative…It is sometimes easier to go and talk to them than to go to the hospital…If you go to the hospital, even if you bribe them they are still more conceited."* (Urban Female, 18-39, Lezha)

> *"We have a good family doctor in our area, and he is very nice to us".* (Rural Female, 18-39, Tirana)

Relationships with more specialized healthcare providers (described usually as hospitals' providers), on the other hand, are described as distant and unsatisfactory. In general, participants complain that healthcare providers are negligent, lack professionalism, display poor communication ethics and sometimes lack proper qualifications:

- **LACK OF PROFESSIONALISM**

Many respondents complain about health providers' lack of work ethics in hospitals. They identify the lack of respect for working hours, procrastination while at work and disrespect for basic rules as some of the most concerning issues. Lezha residents, in particular expressed concerns about physicians' alcohol consumption habits while at work.

"When it comes to appointments for checkups they are not on time." (Rural Female, 18-39, Tirana)

"Doctors are drunk… they all drink during office hours." (Rural Male, 18-39, Lezha)

"I do not know if it is allowed, but there are two bars that serve alcohol within the territory of the hospital." (Rural Male, 18-39, Lezha)

"There was this couple of old people. The woman suffered from the heart. She had some problems and had to go to the hospital. When she went to the emergency room, they told her that the doctor was watching the match." (Urban Female, 18-39, Korça)

"One of the problems is that you have to wait for the doctor to finish his coffee, because they are rarely there during their office hours." (Rural Male, 18-39, Lezha)

"Also when doctors are doing check-ups, they must not smoke, but they do. Another thing is that you have to wait for the doctor so he can finish his coffee, even though it is not break time…or doctors are drunk while working…" (Rural Female, 18-39, Lezha)

- **POOR COMMUNICATION ETHICS**

According to participants, often health providers do not exemplify the ideals of their profession. While patients and their relatives expect the doctors to show concern and humanism towards patients, participants complain that doctors often lack compassion as well as basic communication standards. Given the high level of distrust resulting from the widespread occurrence of informal payments, some respondents view the cases of good communication with doctors as an attempt of the latter to earn a 'tip' for the service**.**

"The doctor first of all should be human. Their profession requires them to be human. Maybe it is our fault because we are the ones that made them get used with money." (Urban Male, 18-39, Korça)

"Communication ethics between the doctors and the patients is terrible." (Rural Male, 40-60, Tirana)

"It is very rude….There are two options. It's either going to be a very nice and kind doctor who will do his best so he can get money out of you… Or it will be a very rude doctor who wants you to be scared of him, so you still have to pay him." (Rural Male, 40-60, Tirana)

"Last time I asked one of the doctors a question, he was very rude. I asked him if I could travel to Peshkopia, despite the fact that that I had a problem with my stomach and he said that I should ask that question to my family doctor and not to him. He said he was not there to worry about people's problems. He was a good doctor, but the way he reacted to my question made me feel very uncomfortable." (Rural Female, 18-39, Tirana)

"I don't understand how doctors and nurses can be so inconsiderate towards a person who is ill." (Urban Male, 40-60, Lezha)

- **NEGLIGENCE AND LIMITED RESPONSIBILITY**

The majority of focus group participants holds largely negative opinions about the level of devotion and care healthcare providers show towards patients. There is widespread perception that doctors are not motivated to provide good service. According to participants, sensibility and care towards patients' needs is largely contingent upon one's ability to pay out-of- pocket.

> *"They don't really care. They tell you that they will come to see the patient a bit later…and you have to go and give them some money so that they come."* (Urban Male, 18-39, Korça)
>
> *"Citizens feel as if they are second hand in public hospitals."* (Urban Male, 18-39, Tirana)
>
> *"Doctors are indifferent to your problems…"* (Urban Male, 18-39, Tirana)
>
> *"They do not care about their patients. My friend's father was diagnosed with a very dangerous illness only after three visits after he was told by a doctor he was fine, he obviously wasn't."* (Rural Male, 18-39, Lezha)

- **POOR QUALIFICATIONS**

While a significant number of participants expressed satisfaction with the level of skills and qualifications of healthcare providers (though even the reputation of such physicians seems to be tarnished by the occurrence of informal payments), others (especially among Korça residents) identify incompetency as another major issue of the public healthcare system. They claim that doctors do not keep up with studies in their fields of expertise and they are not up-to-date with the most recent developments in medicine and technology.

> *"I think doctors are very capable, but you always have to pay. If you do not pay them, you will not get treated."* (Urban Male, 40-60, Lezha)
>
> *"It is not that the doctors do not have the right knowledge…it is just that they are corrupted…"* (Urban Female, 18-39, Tirana)
>
> *"A doctor should be more up-to-date with technology and latest developments. Not like it is now! They have finished their studies way back and they still use the same medicaments as 20-30 years ago. Things have gone forward…. they have evolved….Korça's physicians should feel bad about themselves."* (Urban Female, 18-39, Korça)
>
> *"Doctors should be trained continuously, they should take tests…Currently they finish school, then they practice for one or two years, maybe finish a specialization school and that is it! Medicine is always evolving… so not only the young doctors but also those who have been working for many years should always read and keep up-to-date with the progress."* (Rural Female, 18-39, Lezha)

While some respondents justify doctors' lack of motivation to keep the pace of new knowledge with their low salaries, they complain that doctors' limited level of skills can result in loss of human lives since not everyone can afford to go abroad or pay for private hospitals.

> *"The wage can be a reason as well…if the doctor gets 50,000 ALL a month, this is not sufficient for them to engage in further studies."* (Urban Male. 18-39, Korça)

> *"Incompetence is one of the biggest problems I think. I you have some serious health issues, the doctors either send you in some private clinic or they send you abroad and for a surgery …and you end up paying 20 or 30 thousand Euros."* (Urban Male, 18-39, Korça)

> *"My mother has always suffered from high blood pressure and was being cured here by 2 or 3 doctors. She went to Greece and the Greek doctor told her to change her medicaments since it was about 20 years that they did not use those medicaments anymore."* (Urban Female, 18-39, Korça)

Respondents also perceive health care providers' poor performance to be the result of a situation where job positions in public health care are given to people with the right "political affiliation" and connections, rather than to those who have appropriate skills or education. Yet others blame the poor qualifications and skills of healthcare providers on the poor quality of the education system in general and, more specifically, on the proliferation of private universities are perceived to provide diplomas of a dubious quality.

> *"Politics influences with the work of doctors…"* (Urban Male, 40-60, Lezha)

> *"I would change the fact that hospital chiefs are appointed politically."* (Urban Male, 40-60 Lezha)

> *"Really doubt the quality of private schools. All the students of those schools graduate and then, thanks also to political support, they manage to get jobs [in hospitals]. I think this is the main reason why doctors are so incapable."* (Urban Female, 18-39, Korça)

> *"Now there are a lot of doctors and nurses that have graduated from university but they don't even know who to write…"* (Urban Female, 40-60, Tirana)

3.6 INFORMATION ON HEALTH AND HEALTH CARE

The majority of participants affirmed that people in their communities are not sufficiently informed about health, preventive health care, health insurance schemes, etc. It seems that people are not interested in gathering information until they feel they have a serious problem they can't ignore. A few also mentioned poverty as a factor that strongly impacts on quantity and quality of health information.

> *"It's only when we get sick that we try to know more about health."* (Urban Female, 18-39, Lezha)

> *"We never go to the hospital unless we are really sick… We do not have sufficient information."* (Rural Male, 40-60, Tirana)

> *"There are people in my village who barely manage to eat. How can they have the culture of doing regular check-ups?"* (Rural Female, 40-60, Korça)

On the other side, **it is commonly believed that health information should be more accessible. This seems to apply mostly to the information provided by healthcare providers, which is generally deemed to be insufficient.** This gap in information seems to be filled-in by local pharmacists.

> *"…I asked him [the doctor] to tell me everything on my problem because I had a lack of information. He said that I was going to get better and he patted my back…"* (Urban Female, 18-39, Tirana)

> *"I get information from every kind of source except from doctors because they don't have time to clarify my doubts."* (Urban Female, 18-39, Tirana)

> *"Maybe the doctor is just lazy to explain things; the pharmacist will have to explain them to you."* (Urban Male, 18-39, Korça)

> *"Specialists [doctors] have failed to explain to me how to take a certain pill but the pharmacist did,"* (Urban Male, 40-60, Lezha)

> *"Pharmacists usually provide you with a lot of information... the more you ask them the more they tell you…"* (Rural Female, 40-60, Korça)

In addition, participants seem to have very limited information about physician qualifications. In the majority of cases, doctors' qualifications are usually assessed through "what they have heard from family, friends and community". A few participants also mentioned family physicians as a source of information in regards to specialist physicians. There seem to be no official sources of information on physician qualifications.

> *"...Based on other people that might have had the same problem…we may have heard the name of a doctor, things like that…"* (Urban Male, 18-39, Tirana)

> *"People, friends recommend good doctors to us…in small towns good doctors who have experience are usually well-known and people recommend them…"* (Urban Female, 18-39, Korça)

> *"We ask our relatives about which doctors we should contact…"* (Urban Male, 18-39, Tirana)

"…from our family doctor, sometimes they recommend us the doctors…Sometimes we ask people we know about the best doctors….We take into consideration the general opinion because there is no other way. (Urban Female, 18-39, Tirana)

PATIENTS' RIGHTS

Participants seem to have very limited information on the existence of **Patient's Rights Card**. Very few participants admitted to have ever seen this document. Others appeared to be surprised that such a document even existed.

"I don't know if patients should have any right…" (Urban Female, 40-60, Tirana)

"…haven't noticed anything about these rights you are talking about." (Rural Male, 40-60, Korça)

"You can forget about that [Patient's Rights]! What do you mean exactly? Patients also have rights? No, I think you are possibly wrong." (Rural Female, 18-39, Korça)

When asked about the rights a patient should have, participants noted the following:

- **Free Healthcare Service;**

"…everyone should have access to the health system." (Rural Male, 18-39, Lezha)

- **Being treated fairly and with dignity**

"We must be treated fairly and get the services they need and deserve." (Urban Male, 40-60, Lezha)

- **Access to equal service:**

"The patients are all equal. They have to be treated equally during the time that they need help." (Urban Female, 18-39, Tirana)

- **Health care should be considerate to patients' needs**

"They should be more careful in how they communicate with you…" (Rural Female, 18-39, Korça)

- **Access to adequate health infrastructure**

"The inside and outside of health facilities should be clean." (Urban Male, 18-39, Tirana)

EDUCATION ON HEALTH

When asked whether they think that children get sufficient information about health issues, preventive care, patients' rights, system functioning, etc. at school, the majority of participants reach consensus claiming that they don't. While they acknowledge the existence of a few subjects teaching pupils about the human body and some health conditions, they claim that insufficient focus is given to health care and prevention. The presence of a doctor, a dentist, a nurse, a psychologist is obligatory in each

school but it seems that these professionals are sometimes missing or their presence and role at school is only formal.

> *"In the place where I live teachers are very irresponsible, their mind is to finish work as soon as possible. My children do not have any information related to health, they have never told me anything similar."* (Rural Female, 18-39, Korça)

> *"Children get information only about biology and the human body, nothing else."* (Urban Male, 40-60, Lezha)

> *"Schools should have a doctor, a dentist, a nurse and a psychologist. But still no healthcare hours are organized."* (Urban Female, 40-60, Tirana)

SOCIAL-CULTURAL BELIEFS ON HEALTH AND HEALTH CARE

While a poor health condition is perceived as a cause of great concern for the patient and for his/her entire family, priorities seem to be focus on treatment rather than preventive care. Seeing physicians for routine check-ups does not seem to be a common occurrence among focus group participants. Seeing a doctor and searching information on health seems to be limited to cases when "there is no other choice" or "nothing left to do". **Aside from cultural factors, the costs of health care are also to be blamed for the limited attention on preventive care.**

> *"If we have a [health] problem we usually don't do anything. Only if [the problem] is really bad…* (Rural Female, 18-39, Lezha)

> *"Nobody goes for [routine] check-ups. Albanians neglect health care and prevention practices."* (Urban Male, 18-39, Korça)

> *"We search for information only when we feel really sick."* (Urban Female, 40-60, Tirana)

> *"It is a matter of culture as well. We are 8 people here, but I doubt that any of us has ever been to the hospital just for a checkup…without getting sick first…as usually people do in the world."* (Urban Male, 18-39, Korça)

> *"We are rather negligent on getting information on health issues to be honest."* (Rural Male, 40-60, Tirana)

> *"I go to hospital only if I feel really bad. If the service would be for free I would go more often*." (Urban Female, 40-60, Lezha)

> *"When I had health insurance in Greece I would have to do check-ups at the doctor every 4 -5 months. You didn't have to pay for anything there because costs were covered by the insurance!"* (Rural Male, 40-60, Korça)

In some participants' views the limited focus on preventive case is also a matter of the limited educational level. The culture of prevention and health care does not seem to be adequately promoted and citizens in general lack awareness on the importance of preventive care.

> *"…it is not in our education to take care of our health. Abroad people do check-ups once a year. We, on the other hand, if we are a bit sick we forget that the disease*

may advance with the passing of time. Just as a tooth…if you ignore the problem for a long time then you are obliged to pull it out." (Urban Female, 18-39, Tirana)

"…getting examined depends on the education of each one… […]…. Some go to the doctor only if they are sick." (Rural Female, 40-60, Korça)

"I think it's a problem of education….. We should be more responsible [towards our health]." (Rural Female, 40-60, Korça)

On a few occasions, it was also noted that providers in general are not sufficiently engaged in promoting a culture of preventive care.

"We are not used to see a doctor regularly for check-ups…but neither do doctors advise us to do so…. When I had arrhythmia for the first time I wanted to do a heart check-up so my husband and I went to the doctor…. But the doctor said not to worry, as it was just a case. Maybe if he had paid more attention to my husband's results he might still be alive today. Doctors should advise patients to examine regularly!" (Rural Female, 40-60, Korça)

"Mild health conditions" (defined to be the flu, "tummy ache" but also fever) are usually treated **at home with the advice of "mothers or grandmothers" who usually prescribe natural remedies. Traditionally, advices from "the elderly" seem to be relevant and more often than not, especially in rural areas, are taken into consideration.** The use of natural remedies seems to be quite common and they usually constitute the "first aid" or the initial response to a health issue.

"Generally we seek advice from older persons of the family when we or our children have a health issue." (Urban Female, 18-39, Lezha)

"I am using popular medicaments for my kidney…brandy, olive oil and honey…An old woman told me to do this. " (Rural Female, 18-39, Lezha)

"I ask my grandmother or my mother when I have foot ache for example…there is this cure with olive oil and leeks…." (Urban Female, 18-39, Korça)

"…we ask older people, grandmother… they usually say to give the sick person an aspirin with hot water…or rakia[8]…" (Urban Female, 40-60, Lezha)

"Today my youngest son had tummy ache and I didn't go to the doctor. I prepared him some tea, boiled him an egg, and that's all… I preferred to take care of him myself because the situation wasn't so serious. If it would have been something serious I would have taken in consideration to go to the hospital." (Rural Female, 18-39, Korça)

"…when the body temperature is higher than 38 degrees, we usually massage the sick person with vinegar… If this doesn't help, we go to hospital. But usually they are effective…." (Urban Female, 40-60, Lezha)

[8] Rakia is an Albanian traditional alcoholic beverage, usually brewed from rich-in-sugar fruit such as grapes or plums. The drink is commonly perceived to be an efficient cure for sore throats, infections but also more serious health conditions such as heart "pains".

Also, approaching a pharmacist rather than the doctor when in need of health care seems to be a very common occurrence. Pharmacists seem to represent a very trusted and influential source of information.

> *"I usually go the pharmacist….describe the symptoms to her and then she gives me the drugs I need"* (Urban Female, 18-39, Tirana)

> *"When I can't go to a doctor I take advice from a trustworthy pharmacist"* (Rural Female, 40-60, Korça)

> *"I usually consult a pharmacist who is better than a doctor. I describe to her my problem and she gives me solution."* (Rural Male, 40-60, Tirana)

> *"If we have a mild condition we usually consult a pharmacist rather than the doctor…"* (Urban Female, 40-60, Lezha)

> *"Pharmacists have more knowledge on medicaments than doctors"* (Urban Female, 18-39, Korça)

Taking drugs without asking a doctor, and sometimes, without even asking a pharmacist seems to be a common phenomenon. The ease with which one can purchase any kind of drug over-the-counter in Albania seems to be the main culprit for this situation.

> *"…I have noticed that in most cases people get all types of pills without even going to the doctor first."* (Rural Male, 18-39, Lezha)

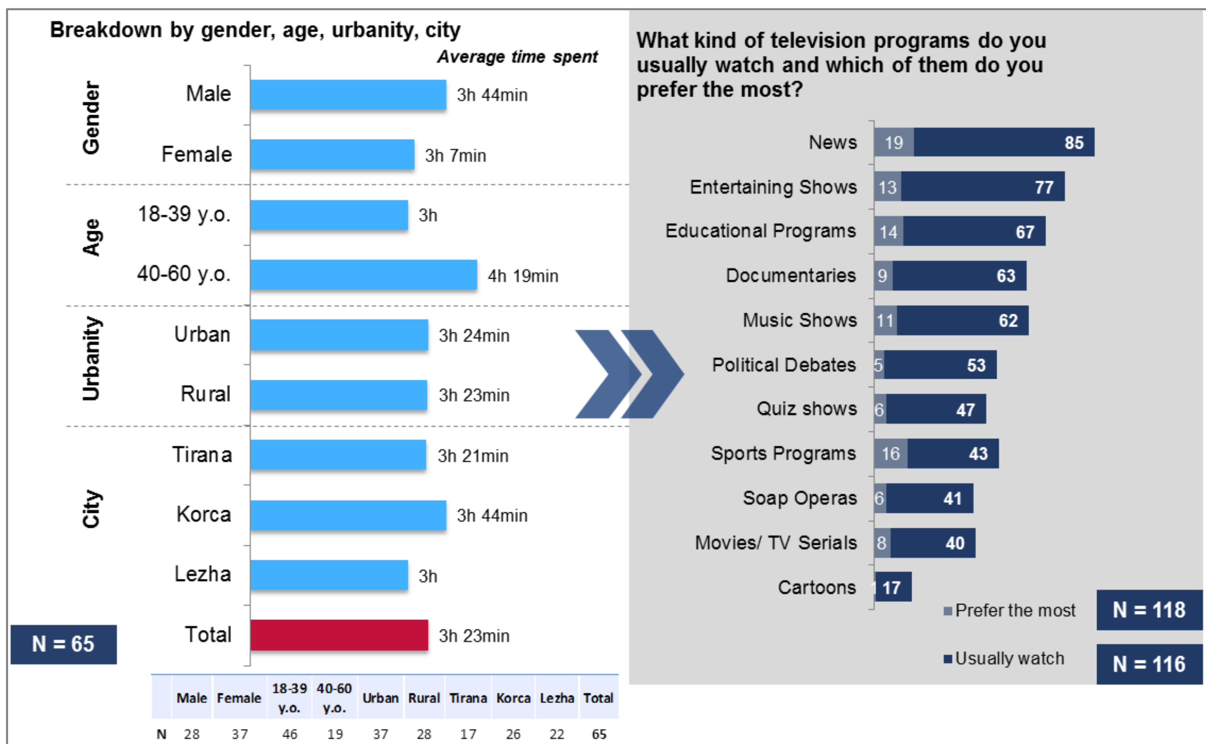
MEDIA CONSUMPTION

Focus group participants were asked to complete an individual exercise with the aim of gathering some insights on their media consumption patterns. While it is important to note that the results of these exercises are not statistically significant due to the small sample size[9], they still provide some indications with respect to the most "consumed" media.

As seen in Figure 3, focus group participants seem to be "heavy consumers" of TV programs - on average they spend approximately 3 hours and 20 minutes watching TV every day indicating that TV remains a very important means of information. News, entertaining shows, educational programs, documentaries and music shows represent the most commonly watched types of TV programs. During group discussions, soap operas emerged as a commonly watched type of TV program especially by rural women.

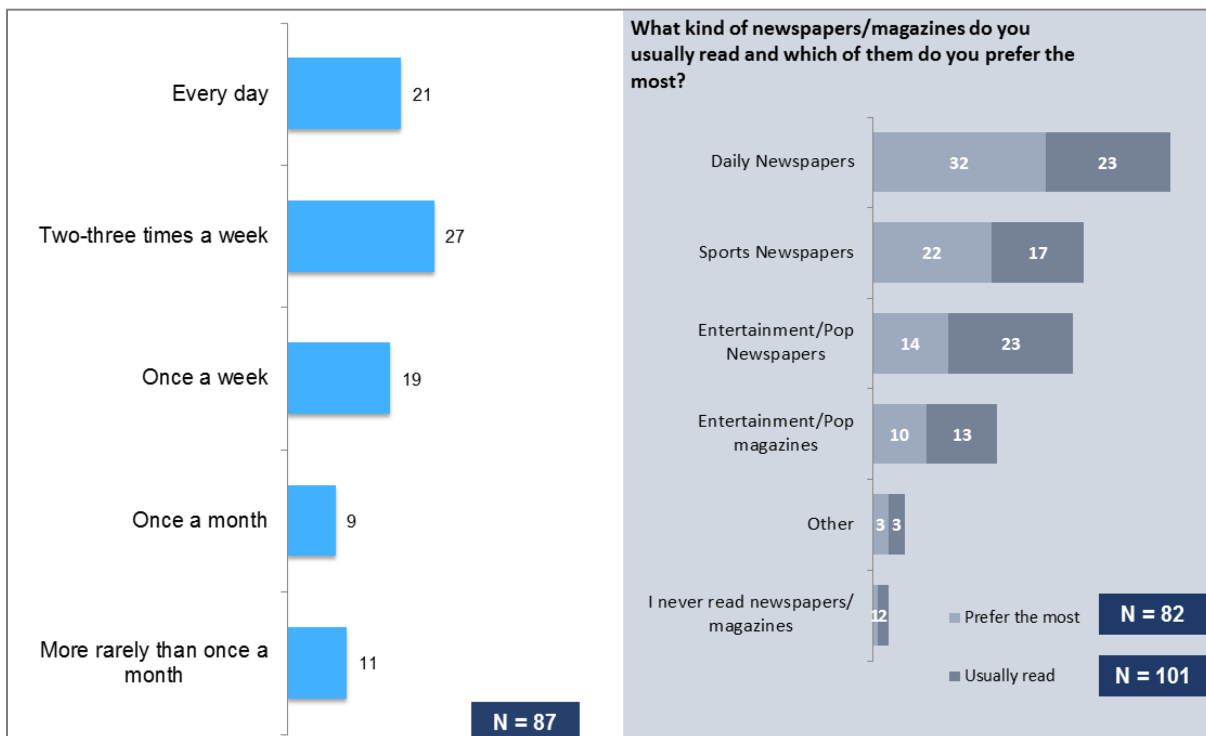
[9] Due to the small sample size, numbers rather than percentages have been used in the graphs to follow to indicate the number of participants in each category. Percentages have been avoided because results are indicative only and should not be considered as statistically reliable figures.

FIGURE 3: TV CONSUMPTION PATTERNS



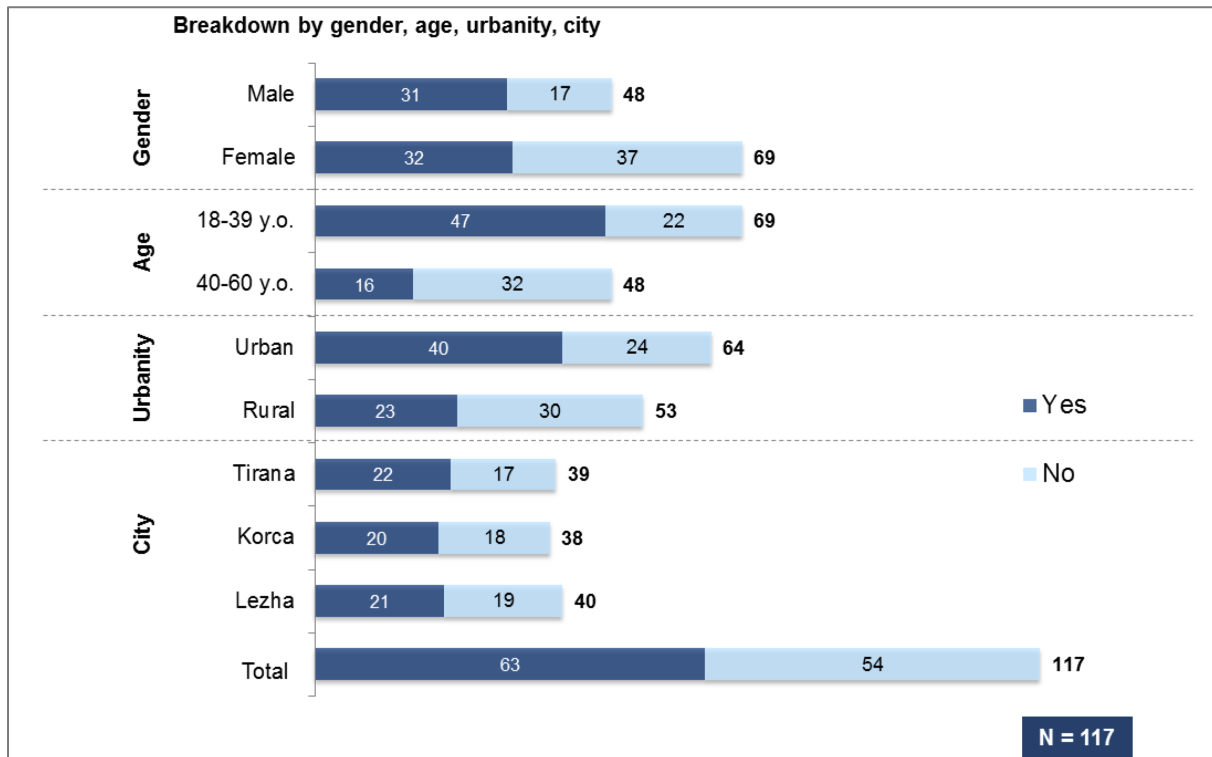
Based on the results presented in Figure 4, 67 out of a total of 87 participants answering the question, read newspapers or magazines at least once a week. Male respondents seem to be heavier readers of the printed media compared to female respondents. Daily Newspapers and Sports newspapers represent the type of printed media participants usually read.

FIGURE 4: PRINTED MMEDIA CONSUMPTION PATTERNS



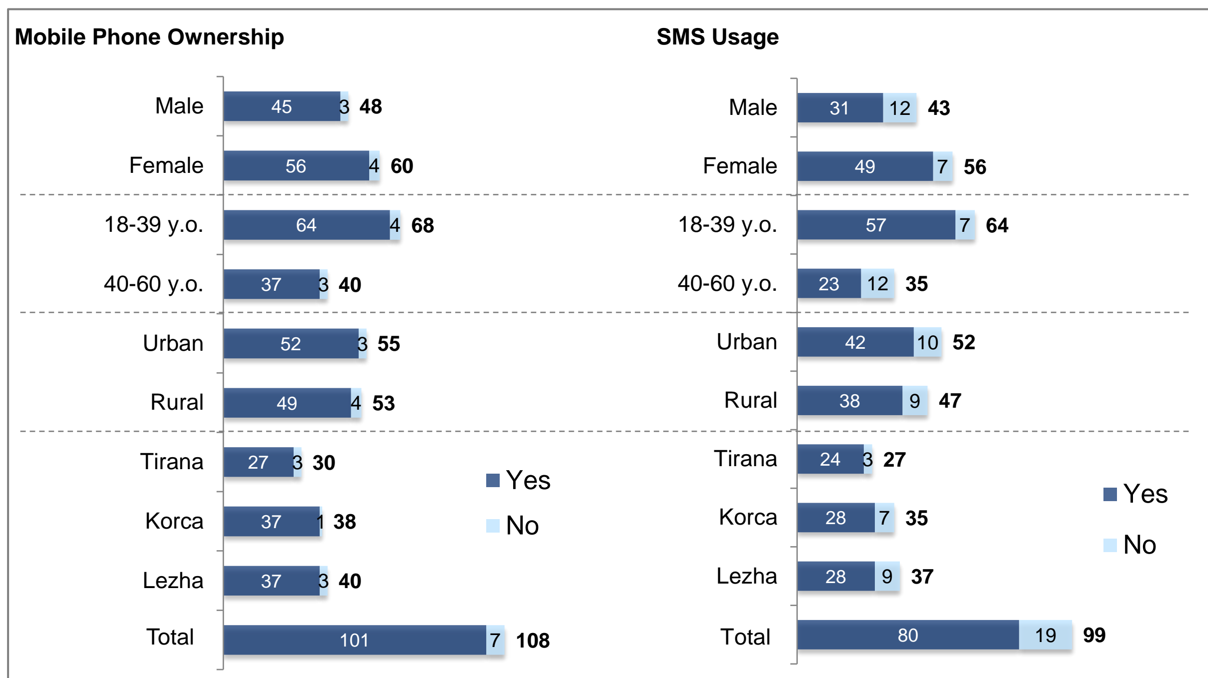
When asked whether they personally have access to internet, 63 out of a total of 117 respondents asserted that they did. While there are no significant differences in internet access rates between the two genders or among residents of the three selected areas, access to internet seems to be considerably higher among younger participants and urban residents (Figure 5). Internet is most commonly used “to chat with friends/relatives” often through social media (48 out of 62 participants who have access to internet) and “to search for different kinds of information (32 participants). Twenty six (26) out of the total of 62 participants accessing internet asserted to be using it to seek information on health.

FIGURE 5: ACCESS TO INTERNET



Mobile phone ownership and text message usage seems to be quite common among focus group participants. One hundred and one (101) out of a total of 108 participants declared to personally own a mobile phone, while 80 out of 90 participants asserted to be using it to send and receive text messages (Figure 6).

FIGURE 6: MOBILE PHONE OWNERSHIP AND SMS USAGE



3.7 HEALTH SYSTEM ACCOUNTABILITY

HEALTH SYSTEM ENGAGEMENT

The Albanian Healthcare System – from the PHCs and up the hierarchical ladder to the MoH, is viewed with skepticism and it is not perceived to be sufficiently transparent. The lack of trust and the high levels of corruption perceived are featured heavily in the participants' negative perceptions toward Healthcare System in general.

Consequently, participants display low levels of awareness and interest about issues pertaining to health budget related policies. It appears that all citizens in general have adopted a passive behavior in terms of seeking for budget related information. They expect to be informed instead of engaging proactively in the process.

> *"We are not interested in the numbers. We are interested in knowing what they really accomplish on the ground."* (Rural Female, 18-39, Tirana)
>
> *"I am not interested in the percentage [of the government budget] that is going to health….what I am interested in is that when I go there nothing will be missing.*" (Urban Male, 18-39, Korça)
>
> *"Yes I have heard it on the media that there is a [health] budget, but maybe I haven't paid too much attention."* (Urban Female, 40-60, Tirana)
>
> *"They should declare the budget for the health system and how they will administer this money in order to make it clear for the audience. They speak about considerable expenses [for health care] but where does all this money go?"* (Urban Female, 40-60, Tirana)

Due to a prevailing lack of trust towards public institutions in general, information on the health budget and health policies is often viewed with considerable doses of skepticism. Public information on healthcare policies and the healthcare budget is often dismissed as "irrelevant" or "part of the political propaganda" **due to the widespread belief that the embezzlement of public funds is a common occurrence and public resources are often misused.**

> *"They are always talking about the health budget… the education budget but part of the budget gets lost on the way so…"* (Rural Female, 40-60, Korça)
>
> *"I have heard budget information on the news, but I am not interested in it because doctors and the entire staff of hospitals will keep being corrupted. They will continue to take our money so why would I be interested?"* (Urban Female 18-39, Tirana)
>
> *"What would we do with that kind of information…it is better not to know how much money they [government officials] will make… [Alluding to the embezzlement of public funds]"* (Urban Male, 18-39, Korça)
>
> *"I'm not even interested in that [budget related information]…I'm interested only on the services they provide to me."* (Urban Female, 18-39, Lezha)

It is interesting to note that **only one among all focus groups participants had been looking for health budget information on the internet recently for academic research reasons.**

"I just know that the budget the last year was 12,000,000,000 ALL…I checked the state's budget on the internet…but there is no detailed information on the website." (Urban Male, 18-39, Tirana)

While male respondents seem to be more interested than female respondents on the public discourse on health policies, the depth of information they have on such policies seems to be very limited. The existing interest on health policies seems to be primarily related to a general interest on the political debate rather than a specific, "civic" interest on healthcare policies.

"We hear this kind of stuff from the political debates in TV. Those in power say there is not much they can do with such a small budget, while the opposition says that they will fix everything soon…" (Rural Male, 40-60, Korça)

"We have heard that one party claims that they will offer free-of-charge healthcare services, while the other party will implement a discount of 50% [on health services]." (Urban Male, 18-39, Tirana)

HEALTH SYSTEM ACCOUNTABILITY

- **COMPLAINT MECHANISMS**

There is a widespread feeling of submission to poor healthcare services among focus groups' participants. They do not react when not satisfied with health services due to a feeling of powerlessness and the widespread belief that "no one will pay attention" to one's complains.

"No one complains because no one will take it into account." (Urban Female, 40-60, Lezha)

"I think our complaints are not the solution of this case, no one hears us." (Urban Male, 18-39, Tirana)

"You don't complain because you will get no answer at the end." (Urban Male, 18-39, Tirana)

"I would complain but I'm not sure if they would consider it because they aren't serious, they don't take things seriously." (Urban Male, 18-39, Tirana)

"…it is not worth complaining to anyone. Whatever you do you will not find a solution." (Rural Male, 40-60, Tirana)

"Considering that no one ever gets an answer back, there is no point in making a complaint." (Rural Male, 40-60, Tirana)

"I don't trust the system…you may raise a concern, but the question is who will ever pay attention to you? I do not think anything works." (Rural Male, 18-39, Lezha)

Feeling powerless and fearing "providers' revenge" the next time they need them seems to be a major reason why patients refrain from complaining.

> *"If you go to the central polyclinics in order to complain about specialist, the director refuses to attend you."* (Urban Female, 40-60, Tirana)
>
> *"If you complain next time you show up they [health providers] won't take care of you, they won't visit you…"* (Urban Female, 40-60, Lezha)
>
> *"We are not able to give solutions to our problems. We are obliged to stay silent because we may need the doctor again."* (Rural Female, 18-39, Korça)
>
> *" [We don't complain to the director] because of the fear that he will talk to the specific doctor and he will not take care of you next time you show up"* (Urban Female, 40-60, Lezha)
>
> *"You might also try to complain….but the doctor and the nurses will start to dislike you and not help you afterwards."* (Urban Male, 40-60, Lezha)
>
> *"….complain so that you die afterwards..."* (Urban Male, 18-39, Korça)
>
> *"…if you complain about doctors, the next time you are sick they are just going to leave you there …they will not help you."* (Rural Female, 18-39, Tirana)

The great majority of participants seem to be convinced that, no matter what, no significant measures will be taken against health providers who infringe the law or provide a poor quality service.

> *"If we complain maybe they will transfer the doctor form Korça to Elbasan and that's it…They are not even punishing criminals….you really think that they will punish the doctors?"* (Urban Male, 18-39, Korça)
>
> *"Two years ago a child died after snake bite. He died because the nurses didn't give him the right medicaments. They were arrested but the doctors protested against it and they were finally released. Nothing happened to them…"* (Rural Female, 18-39, Korça)
>
> *"… [Complaining] will only lead to these people being transferred to a different job location for a few months and they would be back at their positions after a while. That is all."* (Rural Male, 18-39, Lezha)
>
> *"I have heard in the media that a doctor was suspended because his wife, who was a pharmacists and him would steal medicaments from the hospital and sell them at the pharmacy…I was very interested to know what would happen to him. Guess what? He was just suspended for about two months and now he is the chief of the department."* (Urban Female, 18-39, Tirana)

When asked whether they were aware of the existence of any complaint mechanisms where they could report all issues related to the Healthcare System, the prevailing answer among discussants was a simple "No". **The majority of participants were not aware of the presence of such mechanisms in public health facilities.**

> *"I have tried to complain but it was almost impossible for me to find where to. At the end the one who got disappointed was me."* (Urban Male, 18-39, Tirana)

"There is no complaint mechanism…I don't know… I have no information about it…We haven't heard about it..." (Rural Female, 18-39, Korça)

"No…such mechanism does not exist." (Urban Female, 40-60, Tirana)

"There is no place you can go and complain." (Rural Male, 40-60, Korça)

"I'm not aware of any…maybe you just complain to the superior instances, maybe to the director of the hospital. I don't know any specific structure inside the hospital where people may complain." (Urban Male, 18-39, Tirana)

"There is no place you can go complain. No one knows where to complain." (Rural Male, 18-39, Lezha)

"Maybe there are [complaint] offices but I have never heard about or seen one." (Rural Male, 40-60, Korça)

A few participants noted to have noticed the existence of **'feedback boxes'** within healthcare facilities. However none of them reporting ever making use of such a mechanism in order to complain or provide feedback. **Doubts about the efficiency of "feedback boxes" seem to be primarily related to the lack of information on procedures accompanying "the reading of the complaints"; participants do not know whether and how they are consulted and how managers follow-up on them.**

"Actually, there is a complaint box at the maternity hospital close to the train station …But again, even if you write something [and put it in the box], how much of it will be put in practice?" (Rural Female, 18-39, Tirana)

"If I go and complain about something I expect to get an answer back…. Whereas when it comes to these boxes, I really don't know what happens to the complaints we put in there." (Urban Female, 40 -60, Tirana)

"There is a box close to the hospital's gate ...[….]… the forms people put inside the box are supposed to be read by the manager …[…]…But nobody uses it. " (Urban Female, 18-39, Tirana)

"There is a box where you can post complain letters. I think I saw it at the hospital." (Rural Female, 40-60, Korça)

"…there is a form that you can fill in. For example, if I want to complain about the family doctor, I fill the form and send it to the head of primary service." (Urban Female, 40-60, Lezha)

One of Korça participants mentioned the existence of a phone number listed on MoH website while the other participants had not heard of such a mechanism. In the Lezha region, it was reported also that that are some forms that should be sent directly to the general manager of the Regional Hospital. In addition, a participant from Tirana noted the availability of the general manager's phone number as an effective feedback mechanism in the "Queen Geraldine Maternity Hospital".

"…in the MOH website it is written "For any complaint call…" and there's a phone number…I tried to call the ministry complaints number but i have never been able to connect with them. It's either busy or they leave you waiting in line until you finish all the credit left on your phone" (Urban Female, 18-39, Korça)

> *"It is good when the directors of the hospitals make their own phone numbers available to the public through the media, so we can call them when we want to complain about something. I know someone who called Dr. Halim, at the maternity hospital near the train station. There was a woman, who was in very much pain, and she didn't have anyone who could take care of her and she didn't have any money either. Dr. Halimi took great care of them after her daughter called him on his phone.* (Rural Female, 18-39, Tirana)

Only three focus group discussants were aware of the existence and functioning of the Albanian Order of Physicians. Quite a lot of participants were not aware of its existence. Much less they were informed about its functions. When probed on the efficiency of a similar "complain mechanism", participants expressed overwhelming feelings of skepticism towards it. In general, participants seem to doubt the impartiality of the judgment of this institutions since, as explained by them, the Order of Physicians would be "on the side of the physicians rather than on the side of patients."

> *"They [the Order of Physicians] will not do anything about them [complaints]...They know very well all the doctors…they would never harm each other."* (Urban Female, 18-39, Tirana)

> *"We can't complain to the doctors because they are colleagues they can't punish each other."* (Urban Male, 18-39, Tirana)

> *"…If doctors are members of such a commission, it will never function properly…* (Urban Female, 40-60, Lezha)

- **NOTES ON POSSIBLE FEEDBACK MECHANISM**

Focus group participants were probed about the effectiveness of several possible "complaint mechanisms" including the general manager of a healthcare facility, "complaint office" within healthcare facilities, a toll-free number at the MoH and a toll-free number to a local health-related NGO and direct contact with hospitals' General Managers.

While it appears that the most relevant characteristics of an effective complaint mechanism are professionalism, impartiality and powerfulness, based on focus group discussions, none of the mentioned instruments was perceived to meet all three attributes.

The head of the hospital is perceived to be **a professional figure that is certainly involved in all health related issues and may correctly address patients' problems. However, general managers are considered to be "part of an already broken system", and as such incapable of impartiality in provider-patient conflicts.** Participants doubt general manager's determination in taking measures against providers that would violate regulations.

> *"You may go to the director but he would not solve the problem. He may be friends with the doctor, so he would believe the doctor rather than me…"* (Rural Male, 18-39, Lezha)

> *"I think this [the complaint] institution should not have any kind of connection with the system because only in this case the judgment will be fair. If he is an insider, such as the case of the GM he will have personal relationships with the doctors."* (Rural Female, 18-39, Korça)

The main concern with a potential hospital's complaint office is again linked to the impartiality of its decisions. While it is seen as mechanism that can raise the level of the

perceived responsibility among health providers, participants express skepticism with respect to the ability of such mechanism to stand on the side of the patients rather than health providers. Being managed by an authority outside the hospital and not in direct contact with the hospitals' providers is seen as essential to the functioning of this mechanism. The direct supervision is this office from the Ministry of Health is sometimes suggested as a possible solution to the "impartiality problem".

> *"…it wouldn't work out because there is no justice here. I would not trust the person who would have been in charge of the Complaints' Office. There are a series of anomalies which lead us to this [feeling of] skepticism."* (Rural Female, 18-39, Korça)

> *"We should consider both positive as well as negative attributes of this mechanism. The positive thing is that we have the possibility to complain whereas the negative aspect is related to how much attention they will pay to us."* (Urban Female, 40-60, Tirana)

> *"…the office will function only if the persons [working in this office] would not be doctors." (*Urban Female, 18-39, Tirana)

> *"I think whoever does [runs the complaint office], should only be responsible for this office and not have any secondary functions within the hospital".* (Rural Male, 40-60, Tirana)

The Ministry of Health is in general viewed as a sufficiently "powerful", competent and knowledgeable mechanism to provide efficacious solutions to patients' complaints. Considering the latter, quite a few participants are positive towards the implementation of a feedback mechanism that would be directly supervised by MoH, such as a toll-free number at the MoH**. On the other hand, many participants express concern over the willingness of such institution to "act upon their complaints" and the impartiality of its decision-making.**

> *"[The MoH] is the most competent and also responsible for these issues. I do not think that any other institution related to health can handle such situations [complaints] better…"* (Urban Male, 18-39, Tirana)

> *"It should be someone that knows about health… [….] the Ministry of Health."* (Urban Female, 18-39, Tirana)

> *"We believe that the health ministry is the most powerful institution to complain about this".* (Urban Male, 18-30, Lezha)

> *"Supervising the regional hospitals, there must be an independent institution from the Ministry of Health… and institution that is capable to monitor and supervise hospitals."* (Urban Male, 40-60, Lezha)

> *"…it would not be good [for such a mechanism] to depend on MoH. …sometimes even MoH seeks its own interests."* (Urban Male, 18-39, Tirana)

> *"Of course they [MoH] will be nice to you over the phone call, but they will nothing after you hang up."* (Rural Female, 18-39, Tirana)

Possible feedback mechanisms (local complaint office/ toll free numbers) are generally viewed positively mostly because of their impartial status. Being perceived as "outside the healthcare system", NGOs are seen as capable to maintain a status of "neutrality" in monitoring and reporting provider-patients' relationships. **However, many**

participants expressed skepticism towards the ability of CSOs to challenge the status quo; often NGOs are not seen as powerful and/or influential mechanisms able to make a difference.

> *"…They would be neutral… that's why we think that their judgment would be fair."* (Rural Female, 18-39, Korça)

> *"Non Profit Organizations could help. They might take the complaints and act. They can go the hospitals, give questionnaires to the patients or in any other way and get the complaints."* (Rural Female, 40-60, Korça)

> *"If the organization is powerful enough…it might be effective..."* (Rural Female, 18-39, Korça)

> *"In Albania it would not work… An NGO would not have enough power to solve the problem."* (Urban Male, 18-39, Lezha)

> *"[Complaining through an NGO] is a long way to the solution…It's like if I went to someone else's house telling someone else's kids to stop being noisy. They would not listen to me because I am not their mother."* (Urban Female, 18-39, Lezha)

> *"In terms of raising issues, organizations are better. But when it comes to providing solutions it depends on how influential the organization is …"* (Rural Male, 40-60, Tirana)

> *"It depends on the organization actually…. It should have some kind of influence… It's not enough to only listen to our complaints."*(Rural Female, 18-39, Tirana)

However, as will be explained in more details in the following paragraphs, participants have very limited information on the status and functioning of CSOs. Thus, positive feelings towards them seem to derive mainly because of the lack of information rather than trust.

> *"We don't have a lot of information about them… but we think that they are independent from political parties…"* (Rural Female, 40-60, Korça)

> *"We are very disappointed from the government… We don't really know what organizations do."* (Rural Male, 40-60, Tirana)

> *"Because they are not related to the government….They might simply listen to people's complaints and be more transparent with us…"* (Rural Female, 18-39, Tirana)

> *"…they have their own interests and do not care, they do not raise their voice, and an organization must raise its voice."* (Urban Male, 18-39, Tirana)

When comparing toll-free numbers to more direct complaint mechanisms (such as complaint offices), they are generally considered as less effective in providing immediate solutions. Participants justify these views with the fact that there is a higher chance to neglect "indirect complaints" compared to "face-to-face" complaint. Complaint offices are perceived as more effective in this respect, due to the **promptness of responsiveness deriving from the face-to-face relationship they imply. Generally, urban and younger participants are more open towards direct feedback approaches compared to urban and older participants.**

"If you call to complain I think you will not solve the problem. If you show up personally, he [the official] will personally see you…you might both sign a form for example…and then consult superior instances. "(Urban Male, 18-39, Tirana)

"A complaint office within the hospital and approaching an NGO are more direct means….I think they are the best options. " (Rural Female, 18-39, Lezha)

"Because I do not think that people at the Ministry answering the phone will be willing to handle every single complaint …I think a complaint office will be a better solution." (Rural Male, 40-60, Tirana)

"…you explain better the problem face-to-face than by phone." (Urban Female, 40-60, Lezha)

Nevertheless, it is important to note that older and mostly rural participants seem to be more inclined to prefer toll-free numbers and other more anonymous complaint mechanisms to "complaint offices". They assert that they would feel more comfortable to provide feedback through these mechanisms because they would feel safer if their identity was not disclosed and they would avoid thus facing negative consequences due to their feedback.

"I would prefer the telephone number. We live in small communities, everybody knows everyone, and there would be no anonymity." (Rural Female, 40-60, Korça)

"…by telephone the identity is not disclosed, whereas if you personally show up they know who you are and the next time they will not take care of you." (Urban Female, 40-60, Lezha)

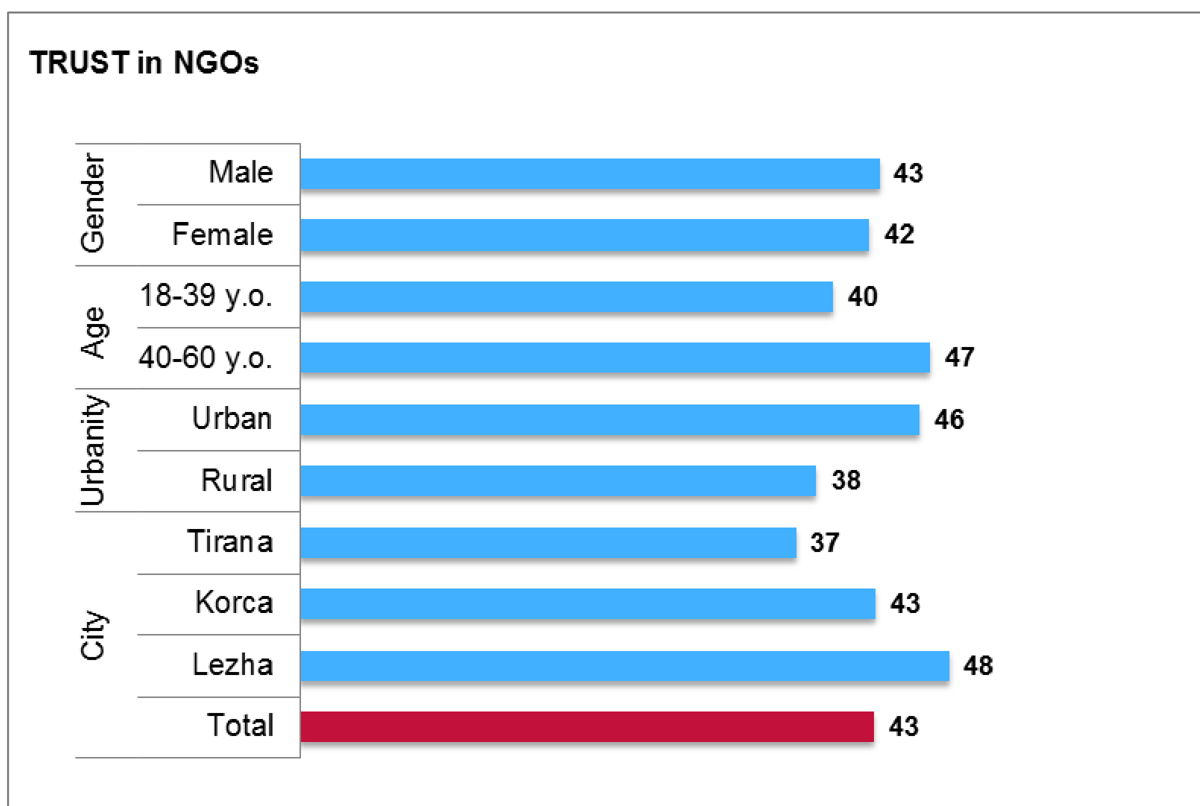
"I think it would work better if the complaints were anonymous. This would prevent the patients from having further problems." (Rural Female, 40-60, Korça)

"With a phone call you can easily say whatever you feel like saying. While if you go to meet them face to face you can't always say everything that is on your mind. (Rural Female, 18-39, Tirana)

3.8 CIVIC ENGAGEMENT

The majority of the focus group participants lacked awareness and information on the role and the presence of NGOs in Albania. Even though they could not name many NGOs that operate in the country, they are quite skeptical of their role and their impact. Many respondents doubt whether NGOs in Albania are genuinely interested in the community issues. Asked to individually evaluate "how much they trust" NGOs, participants overall show distrust more than trust towards them. As depicted in Figure 7, NGOs received a total score of 43 points out of the total of a 100 on the Trust Scale[10].

FIGURE 7: TRUST IN NGOS



The majority focus group participants appeared to have very limited information about the NGOs that operate in Albania and their civic and social role.

> *"We don't have a lot of information about them…"* (Urban Female, 18-39, Korça)
>
> *"No, I don't know any of them."* (Rural Female, 18-39, Korça)
>
> *"I don't have any information at all."* (Rural Female, 18-39, Korça)

[10] Respondents were asked to evaluate NGO-s on a trust scale from 1 to 7, where 1 means "No trust at all" while 7 means "Complete trust". For ease of presentation, evaluations were later converted to a 0-100 scale where 0 means "No trust at all" and 100 means "Complete trust". **A score of 50 points on the Trust Scale means that the institution is neither trusted, nor distrusted.**

“Maybe people don’t have enough information related to these organizations’ activities, they don’t know their programs.” (Rural Female, 18-39, Korça)

“[…] the society doesn’t have enough information on the nonprofit organizations. We don’t know what they do.” (Urban Female, 40-60, Lezha)

Despite being unable to name some of the NGOs that work in Albania, participants do not see them playing any significant role in addressing the concerns of the society. Among many reasons they point out their implication with politics and their interests driven by financial interests above the social mission.

“These NGOs are becoming worse than private universities. They are not efficient.” (Urban Male 18-39, Korça)

“According to me, they do not exist at all… There is nothing non-governmental today.” (Urban Male 18-39, Korça)

“Their voice is not heard… we don’t know who they are... They have done nothing. It seems like they just exist to get money. That’s all.” (Urban Female, 40-60, Lezha)

“NGOs do exist but we haven’t seen any benefits because of them.” (Urban Male, 18-39, Tirana)

Nevertheless, many participants claim that it is also the lack of a sense of community that explains the lack of awareness of the NGO activities in Albania and their lack of effectiveness. Respondents point out that the Albanian citizen would only get involved in issues that he/she can reap immediate benefit from in contrast to issues which do not concern them specifically. Furthermore, a few participants also express their skepticism about the effectiveness of the NGOs’ efforts.

“I know the “Ex-Prisoners Association”…. I was a member of this organization, but my participation brought no benefit at all [to me]. I’m not satisfied.” (Rural Female, 18-39, Korça)

“We are not used to fight for the rights of the whole community. We look after our personal interests, if we are ok, we don’t attempt to object.” (Urban Male, 18-39, Tirana)

“If I would have been in the same situation as them (if I would have had cancer), I would have certainly participated [in a health NGO dedicated to people affected by cancer]. On the contrary, I would have refused. If I’m not interested, why should I go there and get information about people suffering from cancer?” (Rural Female, 18-39, Korça)

“…because people are selfish. They want to get something in return.” (Rural Female, 18-39, Lezha)

There is a general agreement among the participants that the inaction of the community and the paralysis of the NGO sphere in Albania is a vicious cycle nurtured by the high level of skepticism and the malpractices of some NGOs in the country. They emphasize the high level of politicization, the lack of transparency and the dubious sources of funding as the key issues that prevent the NGOs from triggering public support and bringing any significant results to the improvement of the Albanian society.

“Non-governmental is only the name because they depend on the government.” (Urban Male, 18-39, Korça)

“They [NGOs] are paid from the political parties.” (Urban Male, 18-39, Korça)

“The thing is that they all start as social movements and then they become political parties.” (Urban Male, 18-39, Korça)

“They depend on politics. They are not independent.” (Urban Male, 18-39, Tirana)

“From what I have heard, most of these organizations serve for money laundry purposes.” (Urban Male, 18-39, Korça)

“We are not aware of their income sources.” (Rural Female, 18-39, Korça)

Some of the participants explain that this vicious cycle results in the apathy that characterizes the Albanian society. According to them, people see injustice every day but they fail to react. Their disbelief has a much more general extent and is not limited to NGOs only. Respondents also mention that they would trust foreign NGOs much more than Albanian NGOs.

“It is not a custom of our youth to take part in these organizations. They [young people] are used to doing other things. In my social circle, for example, I don’t have any person like that [engaged in CSOs]…We don’t react. Also when someone violates our rights, we stay in silence.” (Urban Male, 18-39, Tirana)

“I am currently unemployed and it doesn’t cost me anything to spend 3 or 4 hours a day in this kind of organizations…but the problem is that we have lost trust in everything.” (Urban Male, 18-39, Korça)

“These NGOs have lost their dignity… Or so we hear… They have completely lost their credibility.” (Urban Female, 18-39, Korça)

“In the conversations within our community they are widely seen with great distrust.” (Urban Female, 18-39, Korça)

“Only if they are managed and directed by foreign persons [I would trust them].” (Urban Male, 40-60, Lezha)

Despite the general negative attitude towards NGOs, some participants acknowledge the good work of some civil actors in Albania. They base their support upon the genuine mission of the NGO and the actions they have seen either in the media or from related examples of people they know.

“These organizations that deal with the problems of children and women - I have seen that they have denounced a lot of cases and proper actions have been taken to help them [women and children].” (Urban Male, 18-39, Korça)

“My sister’s husband has died and she lives with her two children. She has found support in non-governmental organizations. They provide support to the orphans. If we consider the fact that she has not found a solution by state institutions… at least these organizations have provided her with support.” (Rural Female, 18-39, Korça)

Even when some participants displayed a positive opinion about NGOs, they are passive and fail to participate. They claim that if they had the certainty that ideas

would be translated into measurable actions, they would be triggered to get involved. Also, they would only be interested to participate in NGOs that are directly dealing with issues that personally concern them.

> *"The other thing is that… just like we are giving ideas now… it is important that these ideas turn into reality. In an NGO or political party this does not happen. Everything is measured with votes."* (Urban Male, 18-39, Korça)

> *"If I would suffer from cancer I would have participated in the organization just for a better psychological feeling."* (Rural Female, 18-39, Korça)

From a district specific perspective, respondents mentioned the same NGOs in all focus groups. Red Cross, Caritas and World Vision were mentioned in almost all the discussions, even though participants did not usually relate them to health care in all the regions. The young people, especially females appeared more predisposed to have information on NGO activities and seemed more willing to participate if given the right incentives. However, on a few occasions it was mentioned that the conservative mentality, especially in remote rural areas, can serve as a barrier to their engagement.

KORÇA

In Korça, respondents identified several community health related NGOs which operate in their district, such as the Red Cross, World Vision, Dorcas International and the Kennedy Foundation.

- **Red Cross –** Mentioned by one young urban male;
- **World Vision –** Mentioned by one rural 40-60 year old female who is also a member;
- **Dorcas International Foundation –** Mentioned by three 18-39 year old urban females;
- **The Kennedy Foundation –** Mentioned by two 18-39 urban females.

Only two respondents of the focus groups in Korça had been involved in NGO activities in their districts. The rest never participated because they were expecting the NGOs to trigger their interest and approach them in the first place.

> *"Yes I registered my name because I wanted to help…I got to know about this from my daughters. (Referring to World Vision)"* (Rural Female, 40-60, Korça)

> *"[I have not been involved] because no one asked us… I didn't have the information."* (Rural Female 40-60, Korça)

LEZHA

While focus group participants in Lezha did not know any health NGOs operating in their district they mentioned several other NGOs that they know, such as Caritas, World Vision and the Red Cross.

- **Caritas –** Mentioned by one 40-60 years old urban male;

- **World Vision –** Mentioned by one 18-39 years old urban male;
- **Red Cross –** Mentioned by one 18-39 years old urban female.

Among all the respondents only one young urban female had participated in some workshops on environmental issues. Young females seemed more interested in NGO activities. They claimed that if they would have had the chance to participate they would have, but some of them also doubt that they can personally have a significant contribution to such activities also because they need to struggle with daily survival. They also mention that the local conservative mentality hinders their ability to become involved in NGO work.

> *"I don't think they need us."* (Urban Female, 18-39, Lezha)
>
> *"One can only do so much."* (Urban Male, 18-39, Lezha)
>
> *"We have not had the opportunity [to get involved]."* (Urban Male, 18-39, Lezha)
>
> *"[I did not have] information. If I had learned about this from friends, I would like to be helpful to other people."* (Urban Female, 18-39, Lezha)
>
> *"I never had the opportunity, but if I did I would have taken it."* (Urban Female, 18-39, Lezha)
>
> *"Our husbands are fanatics, they are jealous."* (Rural Female, 18-39, Lezha)
>
> *"It's also the lack of time. With the economy being bad, they have to work a lot in order to get by, so there is no time left for these things."* (Rural Female, 18-39, Lezha)

TIRANA

Focus group participants in Tirana recognize the Red Cross, Caritas and World Vision as some of the NGOs dealing with health issues in their district.

> *"The Red Cross, Caritas, but they are not doing anything major."* (Urban Male, 40-60 Tirana)
>
> *"World Vision…I even have their magazines which talk about helping children and mothers."* (Rural Female, 18-39, Tirana)

While none of the respondents in Tirana had been involved in NGO activities, they believed that participation depends on the devotion to a certain cause and also whether the NGOs provide the public with the necessary information on their mission and give them incentives to become part of their initiatives.

> *"I think only that only people who are very devoted to specific issues can be part of these activities. We don't have any information about them. If we would have had any information maybe we would have had accepted to take part in these activities."* (Urban Female, 18-19, Tirana)
>
> *"If I had known any similar organization, I would have considered being part of it only if it was serious one….Any organization should be serious! They should have specific*

purposes and goals to achieve … I would distinguish a serious organization from a less serious one from their program. I would judge based on that…also based on its activity. I mean I will consider how much it will help [the community], how many people support it… Organizations should be active and not look after their personal interests neglecting their ultimate goals." (Urban Male, 18-38, Tirana)

DISCUSSION AND RECOMMENDATIONS

If the team of authors of this report was asked to identify the most important finding of the study, we would undoubtedly point to **the current tarnished image of public hospitals, heavily featured in citizens' views as institutions plagued by pervasive corruption**. Feelings of distress and frustration over the widespread occurrence of informal payments, perceived as "the unfair price one has to pay" in exchange for good care are corroding patients' trust in health providers and negatively affecting citizens' outlook on the other aspects of the system such as the quality of health services and adequateness of health infrastructure. At the same time, access to health services is becoming particularly challenging for the poor and most vulnerable, who often lack health insurance coverage and seem to be discouraged from approaching the system altogether because of the significant formal and informal financial barriers. Citizens blame themselves for initiating and feeding an abusive and unfair system of bribes; but, at the same time, feel powerless, disorganized and lonely in their attempts to hold health providers accountable.

Findings of this study also emphasize citizens' overall limited level of information about key aspects of the system and low participation in processes that would ensure a well-functioning and accountable healthcare system. Citizens display low awareness on patients' rights and the presence of mechanisms responsible for monitoring health system compliance with patients' rights obligations. At the same time, there is a need to promote citizens' awareness and information on health insurance coverage benefits, different health insurance models, as well as preventive care.

Specific implications for strengthening citizens' capacities for participation and engagement in the health system monitoring are presented below.

- **PRIMARY HEALTH CARE SHOULD ACQUIRE AN INFORMATIVE ROLE**

Study findings indicate the need to introduce a citizens' information role in PHCs along with their other functions. Being very close to local communities and representing the first point of contact with the health system, PHCs should represent the key point to maintaining and promoting citizens' health. While there is certainly a need to enhance capacities of this step of the system to improve service quality, what seems to be missing the most is a health promotion and prevention function for the primary health care. The range of functions and services that need to be promoted through this component include preventive care, education on causes, prevention and cure of different health conditions, risks of self-medication practices, etc. PHCs might consider scheduling periodic meetings as an effective way to promote health and raise awareness on different health issues.

On the other hand, there is a need to increase and facilitate citizens' contact with primary healthcare services. This could be achieved by establishing and promoting different means of communication with PHCs such as telephone numbers and e-mail addresses.

- **PUBLIC HOSPITALS' IMAGE**

Findings of the study point to an urgent need to change the profound negative image public hospitals have in citizens' eyes today. Public hospitals need to be promoted as institutions whose primary mission is to serve patients with integrity, dedication and professionalism. The cooperation between health management authorities and civil society actors are crucial to the designing and implementation of a multi-dimensional strategy targeting simultaneously public hospitals and health consumers. Specific activities that might be considered in this respect are described in the following paragraphs.

  - **There is a need to convey to health consumers the message that entering a public hospital means entering a *"bribe-free area"!*** The message that "paying a bribe is not necessary" needs to be spread out across health facilities and be strongly and continuously promoted. Research findings indicate that messages conveyed through the "Bribe-Free Area" campaign should have a "reassuring tone" rather than a "neutral" or a "coercive" tone. In other words, rather than promoting bribes as illegal, the campaign should focus on reassuring and persuading patients that "they do not have to pay"; that good service is absolutely not contingent upon "paying a bribe," and that they will receive a good quality care even if they refrain from paying. Posters, banners and stickers conveying these messages should surround patients' inside public hospitals so that they understand that a serious and systematic campaign against informal payments has been undertaken and really start believing that they are not "endangering their health" by not paying.

  - **EEHR might consider launching a round of proposals for civil society actors soliciting strategies and ideas on how to promote public hospitals and improve their image**. CSOs involvement in the *"Bribe Free Area"* campaign is absolutely essential for these messages to reach the highest number of citizens.

  - **Regional hospitals might be assisted in establishing a permanent presence in social media** (i.e. Facebook) as a framework that would enable them to connect with health consumers, solicit customer feedback, share news and ultimately build reputation.

- **INTRODUCING THE "INTEGRITY TASK FORCE"**

Research finding indicate that citizens' look to executive and "powerful" institutions to end abusive and corruptive practices in health care facilities. **Given the context, the establishment of an "Integrity Task Force" under the direct supervision of the Ministry of Health might be effective in strengthening citizens' confidence in the general willingness to enhance system accountability and fight corruption and malpractice.** The "Integrity Task Force" should serve as citizens' first point of contact if they want to report abusive practices, corruption, medical malpractice, or other alleged injustices encountered in the system. The cooperation with the Order of Physicians, whose role and presence needs to be promoted, should be essential in drafting responses to citizens' concerns. The primary mission of the Task Force would be to reintroduce values of integrity, professionalism and trust in the health system.

The Integrity Task Force should be promoted as a newly established mechanism open to receiving citizens' concerns through several communication channels such as toll-free numbers, text messages, e-mails and also direct contact. Though the Integrity Task Force is envisioned to function as a central monitoring mechanism, direct contact with citizens at a local level is absolutely necessary to strengthen their confidence in the institution and solicit feedback from citizens who prefer to express their concerns personally and directly. The staff of the Task Force might consider scheduling direct meetings with citizens on specific days of the week. Media and civil society should be involved in promoting these meeting and encouraging citizens to participate.

- **ESTABLISHING MECHANISMS FOR ATTRACTING AND COLLECTING CONSUMERS FFEDBACK**

Research findings indicate that patients' feedback about their experiences inside health facilities currently go unreported. As a consequence, there is a gap in information in regards to their perspective on service quality. Also hospitals seem to be lacking a framework that would enable the identification of citizen's priorities with respect to areas that need improvement. **Since consumer feedback can be a major way of improving the system, public hospitals should strive to establish formal mechanism that would attract and collect consumers' experiences in a systemic and structured manner.** Specific activities that might be implemented in this respect include:

- **The establishment of formal feedback tools that would attract and collect patients experiences as they exit public hospitals. Standard evaluation forms asking patients to rate different aspects of their experiences and Books of Experiences might be employed to gather consumers' feedback.** In order to complete the feedback-loop, it is necessary to involve civil society in aggregating and analyzing data gathered from consumers through feedback tools and compile these data into official reports. CSOs might organize periodic events in order to promote these reports and present findings to health consumers and media. While more traditional media outlets such as TV channels and printed media should be employed to inform traditional segments of the population, social media can be e very cost effective way to inform the youth. Citizens participating in these events should be invited to leave their e-mail addresses so that reports are e-mailed to them.

- **Large-scale customer satisfaction surveys tracking customer feedback through time need to be conducted on a periodic basis (i.e. twice a year).** These services might be outsourced to specialized NGOs who will be responsible for administering surveys and delivering final comparative reports to health management staff.

- **INTRODUCING PATIENT INFORMATION CENTERS AND INFORMATION BOOTHS IN PUBLIC HOSPITALS**

EEHR might consider encouraging hospitals to establish Patient Information Centers inside health care facilities. Aside from the traditional role of scheduling patients' appointments and providing directions to different departments inside the hospital, information centers should also be involved in (i) explaining hospital policy to patients, (ii) ensuring patients that the hospital is a "bribe-free area", (iii) informing them about hospitals' accountability policies and mechanisms and (iv) administering hospital evaluation forms and the book of experiences.

Public Hospitals might also consider establishing "information booths" where patients can find leaflets about Patients' Rights as well as information on preventive care and accountability mechanisms. These booths might also be used by health NGOs to promote their presence and activities as well as organize discussions and meetings with patients on health issues.

- **CIVIL ACTORS' ENGAGEMENT IN INFORMATION CAMPAIGNS**

Study findings point to an pressing need to raise citizens' awareness and information levels in regards to patients' rights, benefits of health insurance coverage, health insurance models, as well as system functioning. Civil society organizations might be invited to design and implement strategies aiming to inform citizens about these key aspects of the health system.

ANNEX A: BIBLIOGRAPHY

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