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STRENGTHENING GOVERNANCE TO IMPROVE ACCESS TO QUALITY HEALTH CARE

Effective health sector governance is essential to sustainable, equitable access to quality care. The USAID-funded Enabling Equitable Health Reform in Albania (EEHR) project has worked closely with health institutions and civil society at the national, regional, and facility levels to strengthen governance, thereby supporting reform implementation and oversight with the ultimate goal of increasing access to quality health care

CHALLENGES & OPPORTUNITIES

The poor of Albania face obstacles in health care including high out of pocket expenditures, including potentially catastrophic expenses for secondary care, inadequate medical supplies and poor quality of services. The Government of Albania has made significant strides in enacting laws and

reforming health care policies to reflect its priorities of improving access to quality care for the population, and increasing the effectiveness of health care delivery. Turning ambitious policy into action is a challenge for any government. The laws recognize the MOH as responsible for policy, oversight and coordination of the sector among a number of auxiliary health institutions, but at the outset of EEHR, the formal institutional relationships and managerial systems that would allow the MOH to fulfill its role were lacking.¹ At the sub-national levels, roles of public health and Health Insurance Institute (HII) offices were somewhat unclear, and there was little coordination or information sharing. Policies indicated secondary care facilities would soon be more autonomous and paid on performance. Operational and management changes were needed to prepare for these imminent realities. A compounding challenge is that with each change in government, leadership changed – even at the hospital level- causing disruption, delays and sometimes changes in direction. The Monitoring and Evaluation (M&E) function of the health sector had a strong foundation with the major health institutions working together to report against mutually-agreed annual targets.

THE APPROACH: ESTABLISHING GOVERNANCE MECHANISMS & EVIDENCE-BASED DECISION MAKING

EEHR worked collaboratively with national and regional government institutional bodies, civil society representatives, and three pilot hospitals – Lezhe and Korce Regional Hospitals and Queen Geraldine Maternity Hospital - to institutionalize the engagement of stakeholders at all levels to increase transparency, accountability and responsiveness. To this end, the role of civil society, including patients groups, provider groups, academic and research organizations, and the media, was strengthened with inclusion in each mechanism at every level. In addition, the project developed the capacity of regional and national groups to collect and analyze data policy groups to consider when making decisions.



Photo: Health Reform Implementation Support Group meeting February 2013. Photo credit EEHR/USAID

¹ Chee, Grace and Joanne Jeffers, July 15, 2011. *The Albania Health Sector Governance Study, Technical Report*. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates, Inc.

HEALTH REFORM IMPLEMENTATION SUPPORT GROUP

At the national level, a permanent, mandated, sector-wide committee was established with membership comprised of all key health institutions and civil society representation. The Health Reform Implementation Support Group (HRISG) was established by Ministerial Order in October 2011. Since then, the group has established a number of sub-working groups, including the Hospital Reform Working Group. HRISG has reviewed and approved Annual Performance Reports of the health sector, as measured against annual Milestone Reports with indicator targets for the health sector. Data for these reports is provided by an inter-institutional technical M&E group, which has benefited from EEHR training. The HRISG has reviewed tools and mechanisms successfully piloted at pilot hospitals and proposed to MOH for consideration to roll-out nation-wide, including Visitor Control policies, New Employee Orientations Guidelines, Hospital Board By-laws, human resources policies and standards, and the establishment of Hospital Environmental Standards. The HRISG serves to strengthen the oversight role of the MOH while providing a forum for health sector institutions to clarify roles and responsibilities, review strategies, coordinate activities and hold one another accountable for fulfilling responsibilities.

ROLES AND RESPONSIBILITIES ESTABLISHED AT THE REGIONAL LEVEL

EEHR supported the establishment of a multi-institutional regional M&E group in the two pilot regions where it had activities – Lezhe and Korce. Data is collected in a streamlined manner, and compiled and shared by members, including technical experts from the regional HII office, public health office and hospital. Regional health targets are set annually – data is then collected and analyzed by the M&E groups and provided to the newly-established Regional Health Policy Groups. These policy groups are comprised of representatives of civil society, the regional hospital director, the regional HII office, municipalities, the regional education department, and the regional public health office. A coordinated response to priority health issues is facilitated by having all key stakeholders at the table, and accountability is reinforced for action to address priorities.

HOSPITAL LEVEL RESPONSIVENESS AND ACCOUNTABILITY

At a national meeting in 2013, the MOH voiced support for establishing mechanisms for communities to provide feedback and input into hospital-based health care delivery. EEHR supported this idea by consulting with hospital administration and civil society groups in Lezhe Region, to establish a community advisory council (CAC). The CAC was established with hospital representatives as well as local NGOs, civil society organizations, and community group member. The CAC meets quarterly as a forum for communication among the hospital and community. It encourages civil society's feedback on hospital performance, and provides a channel for suggestions from the public directly to the hospital leadership. Community groups have expressed that this mechanism allows them to better fulfill their roles by expressing preferences and providing oversight on behalf of their groups. The committee chairmanship rotates annually. CAC has provided a platform for raising and discussing issues such as increased access for people with disabilities, and the institution of new visitor control policies (such as visiting hours.)

CONCLUSION

Implementing health reform is a challenge that requires efforts at the national, sub-national, facilities and community levels. Health sector governance and responsiveness is essential for successful implementation. Health governance can be improved through a combination of evidence-based decision making, with a functional M&E process and capacities and institutionalized mechanisms for engaging key health institutions and stakeholders at the facility, regional and national level. These functions can support reform implementation by galvanizing essential broad-based support from institutions and the population and feeding lessons learned to policy makers empowered to respond to needs and to roll out successful initiatives.

About the Enabling Equitable Health Reforms Project (EEHR) in Albania (2010-2014)

EEHR is a USAID-funded project that seeks to advance the implementation of health sector reforms and strengthen health sector governance, thereby improving access to essential health services by the poor in Albania.

The EEHR project works collaboratively with Albanian health organizations and hospital facilities and is implemented by Abt Associates, Inc