

New era for health promotion and citizen empowerment

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Most of the countries in the world have developed effective health services based on universal health coverage. Albania, a transitional country in the Western Balkans, should also embark in this difficult journey towards universal health coverage. While there is no doubt for the need of such integrated attempts, there is a significant amount of ill-health which can be prevented effectively by investing in health promotion and disease prevention. At the time when countries still have to tackle the aftermath of the economic crisis, the available resources have become even scarcer (1). Consequently, this puts more pressure not only on health services, but also on the whole societies at large. Hence, the spending on preventive care, such as collective services, has also been squeezed (2). Certainly, the importance of fiscal actions to revive European economic competence is well-acknowledged, but instead of cutting health services and budgets, we should take stronger actions to prevent further negative consequences on health and wellbeing. To achieve this, early detection of diseases and health promotion initiatives play a significant role. Moreover, by involving a variety of stakeholders, effective and comprehensive health strategies can be better ensured.

When looking at different countries, the reasons for

limited resources and narrower health promotion initiatives are not only related to the economic crisis, but also to a country's level of development – as observed in transitional countries including Albania. Based on my personal experiences in Albania, thinking in terms of public health and health promotion, these are not used in their full potential in this rapidly evolving post-communist society. However, some positive developments can be observed: during the past years, Albania has increased research on population health and, in fact, a scientific report on population's health status has been published recently (3). This can be considered as an initial attempt to establish evidence-based health programs and policies. In order to avoid unfavourable health outcomes, actions at many levels are required. As widely agreed, health is influenced by a large array of factors and, therefore, several policy fields should be engaged with the consequences on health and welfare.

In fact, more attention on the health and wellbeing of families should be devoted. This could be an important channel to target a large population group and invest in the future. Depending on how a family unit is defined, it may cover several

generations. The definition can also be related to a certain culture: for example, within the European context, Northern European countries have a narrower perception of a family compared to Southern European countries. In any case, the definition of a family is changing in societies; increasingly, family is not only perceived to consist of "a mother, a father and two children". The scope of family types is becoming wider. However, arguments about family health concern also the impacts of the relationships between family members, no matter what kind of family is at stake. When looking at how the health of the parents is related to their children, a correlation between these two has been convincingly reported: poor wellbeing of parents reflects poorer health status of their children (4). In fact, this is not surprising: as a large majority of parents give the primary support to their children, it is very likely that children are highly influenced by their parents. If parents experience ill-health, this may impact the health of the entire family. Hence, actions to invest in the welfare of the entire family should take place.

Furthermore, being employed creates a better financial situation and may make people more confident about their future. In turn, this has an impact on the wellbeing of the entire family. Currently, Europe faces a high unemployment rate; in the 28 European Union countries, it has increased from 7.2% in 2007 to 10.2% in 2014 (5). Overall, there were nine million more people looking for a job compared to the situation in 2008 (5). This means that more people bear the risk of facing a poorer financial situation and, hence, also experiencing more discomfort and ill-health. Furthermore, the low-income groups were hit the most by the economic crisis. When the situation is combined with the fact that people with a low socio-economic status are less likely to seek care and achieve it (6), there is obviously an increasing number of issues to worry about. If no actions are taken to support the health of the vulnerable groups, it is very likely that the gap between the rich and

the poor will continue to increase. In order to prevent this increasing gap, comprehensive actions to support children and families should take place. Nevertheless, while it is important to stress the potential of health promotion and primary prevention, one should consider that it is not omnipotent. Therefore, we also need effective secondary and tertiary care for people in need. The structure and provision of these services differ considerably between European countries. Yet, in many countries, affordability and access seem to be the most common factors not to seek care (7) and, therefore, improvements in these areas should take place.

When I worked at the National Institute for Health and Welfare in Finland, I was introduced with Family Centre practices. The reason why these services seemed so attractive to me was the way services are provided. At these centres, families get a variety of preventive services in one facility. The structure requires cooperation between a range of stakeholders, e.g. day care, maternal care, voluntary organisations and the like. This reduces the need to seek help from a variety of institutions and facilities. By providing services in this way, it can be better ensured that also disadvantaged families, who may have multiple problems, will receive proper care and services. As a result, the health care needs can be better met. Arguably, these low-threshold services have a great potential to prevent more severe outcomes, such as morbidity.

To my understanding, little by little, especially the Scandinavian countries have adopted the methods of empowering local citizens in decision-making and planning phases of the services. In fact, this is a very positive development: as important as it is to empower health care professionals, it is also important to involve the target population in the process of emerging the services. By doing this, more client-oriented services can be developed. The services will also target better the needs of the population. After all, by empowering citizens and

providing low-threshold services, the implementation of interventions which result in more efficient outcomes can be better accomplished.

Conflicts of interest: None declared.

I hope this method of service planning will become more common in Albania, as well as in other European countries.

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