POLICY BRIEF 4

KOSOVO ROMA, ASHKALI AND EGYPTIAN ACCESS TO AND USE OF HEALTH CARE SERVICES

Kosana

INTRODUCTION

Kosovo's Roma, Ashkali and Egyptian communities suffer from a high prevalence of under-nutrition and malnutrition, contributing to poor health and reduced life expectancy.

The main aim of the KOSANA Project is improvement of the health and social security of the population of Kosovo through support of active participation by civil society in the development and implementation of a health insurance system in the country.

The KOSANA Project empowers the CSO-s representing citizens and patients to create advocacy positions based on facts, information, and the needs of the people. This process requires a long-term effort and commitment by organizations that represent citizens' interests.

With limited access and use of both preventative and curative healthcare services, these Kosovo minority communities continue to suffer from poor health.

In order to assess the actual health situation of the Roma, Ashkali and Egyptian communities, Solidar Suisse, together with the partner organization Balkan Sunflowers Kosova, conducted a health survey in the three communities in 2014. The full research findings and methodology will be available in separate publication[1].

This policy brief concerns access to and use of health care services.

1 New National Health Insurance Will Save Lives: Life Expectancy and Health in Kosovo's Roma, Ashkali and Egyptian Communities

ACCESS TO HEALTH CARE SERVICES

A literature review suggested that there are multiple obstacles in the access to and use of health care services by the Roma, Ashkali and Egyptian communities. Field research was designed to evaluate these common reasons for issues in access:

i. Low health awareness and inability to identify disease symptoms;

ii. Poverty and inability to pay for treatment, medication, transport, or informal payments to health practitioners;

iii. Absence of identity documents and consequent ineligibility to use public health care service providers;

iv. Distance to the health care facilities;

v. Discrimination on ethnic grounds;

vi. Lack of trust in doctors and other medical personnel.

Questions were framed in terms of frequency of visits, time between symptoms and seeking care, use of services, and common reasons for not seeking care.

FINDINGS

1. Visits to doctor, days spent in in-patient treatment, and health understanding

Of 1592 total respondents over age 12, 492 (31%) visited a doctor at least once during the previous 12 months. The frequency of doctor visits range from 1 time (15 cases) to 20 times (3 cases), with an average of 4.9 times. 151 (9.5%) respondents were hospitalized for at least one day. 42 (2.6%) spent one month or more in in-patient treatment.

Use of preventive health services is very low. Only 4% of respondents have had one or more of the following screenings: mammography, diabetes testing, screening for cervical cancer, prostate cancer, or for sexually transmitted diseases. The most commonly used preventive health care procedure among respondents over 30 is mammography at 4% (28 individuals).

Over 95% of those who have visited a doctor during the past 12 months have been diagnosed with an acute or chronic disease during the same period. This finding gives strong evidence that people from the Roma, Ashkali and Egyptian communities are visiting a doctor for curative rather than preventive purposes, that is, only when they are symptomatic.

The qualitative interviews with the health care professionals provided valuable complementary information about the low use of preventive health care services. For example, Slaviša Radosavljević, a Plemetina, Obiliq/Obilić otolaryngologist, indicated that a large number of his patients do not understand the importance of looking after one's health even when not feeling sick. Most do not recognize the importance of regular health checks, even in the absence of symptoms – or cannot afford that luxury.

Some informants expressed concern regarding the improper use of medication or therapy. For example, according to Doctor Zylfije Bajrami of Gaqke, Ferizaj, many clients will stop taking the prescribed medication as soon as the symptoms begin to disappear[2]. In such situations, the condition will often reappear with more severe and longer-lasting symptoms.

2. Waiting time before seeking treatment

Respondents who had been diagnosed with a disease during the past 12 months were asked after how long time they first sought medical care for their problem.

Table 1: Waiting time before seeking treatment after the appearance of first symptoms

	Frequency	Proportion %
1 day	177	39.1
2-7 days	128	28.3
1 week to 1 month	92	20.3
1 month to 3 months	29	6.4
3 months to 1 year	16	3.5
1 year or more	11	2.4
Total	453	100.0

2 Interview, December 2014

Individuals' perception of the Onset-to-medical encounter lag time differed from that of the professionals. Several health care profession respondents said that commonly patients from these communities are seeking medical care at the more developed stages of their diseases. As a result, not only is the treatment of the disease more difficult but also more expensive both for the individual and for society.

3. Utilization of and satisfaction with different types of health care services

The health care services available in Kosovo can be divided into the following four groups:

i.   Kosovo public health services
ii. Serbian public health services (operating under Serbian parallel institutions)
iii. Alternative (including complementary, alternative and religious healing)
iv. Private health services

Table 2 presents the usage rates for these four types of service providers.

Table 2: Usage rates for various health services

Thematic area	Numbers of households	Percentage
Kosovo Public	269	68%
Serbian Public	53	13%
Alternative	54	14%
Private	220	56%

The satisfaction rates of users of different types of health care services are presented in Table 3.

Table 3: Satisfaction with the different health service providers operating in Kosovo.

	% Satisfied with the services	% Satisfied with communication	% Not ethencially discriminated	% Satisfied with the price / Did not pay bribe
Kosovo public	80.1	84.6	72.6	61.1
Serbian public	77.2	86.0	86.0	87.9
Alternative	81.7	85.0	88.3	58.3
Private	91.9	93.6	91.6	39.9

While over 80% of the households using Kosovo public health services are satisfied with the services and communication there appears to be the a somewhat higher perception of discrimination and incidence of informal payments.

4. Physical access to the health service facilities

The distances to the most used family medicine center, hospital and pharmacy range from mere 20 meters at some urban localities to 30 kilometers at some remote, rural localities. Distance and travel cost are seen as a significant obstacle to access, as noted in the next section.

4. Obstacles to using health care services

The household survey suggests that the three most common reasons for avoiding the use of health care services are: 1) financial, 2) long distance to the health care facilities, and 3) long waiting times.

Financial reasons. As many as 79.5% of respondents say they have not visited a doctor more often due to inability to pay for medication or treatment. Even where visits to family medicine centers are supposed to be free of cost, patients are requested to bring medicines and other supplies. These costs often constitute a barrier for using medical services.

Long distance and cost of transport. 48.8% of the households report having not visited a doctor more often because of "long distance", and 54.5% because of "lack of transportation".

Long waiting time. 49.6% of the respondents agree that members of their households have avoided using health services due to long waiting times. This includes both the waiting time at the doctor's office and the waiting time for specialist treatment.

DISCUSSION AND RECOMMENDATIONS

Based on these findings, the following arguments can be made:

1. The Roma, Ashkali and Egyptian communities are using health care services almost exclusively for curative purposes. A significant concern in the utilization of health services is the disproportionately low use of preventive health care services such as screening for diabetes and the most common cancers, etc. Accordingly, health care reform should make preventive health care services more accessible for the Roma, Ashkali and Egyptian communities along with other communities in low socio-economic situations. Public information activities should explain the importance of regular health checks even in situations when one does not feel sick.

2. The Roma, Ashkali and Egyptian communities have challenges in accessing and administering medication and treatment for their health conditions. First, nearly 80% of the respondents see the prices of medicines and other medical supplies as an obstacle to visiting a doctor more often. Second, having visited a doctor, actual treatment may be delayed for economic reasons. Third, as the qualitative interviews reveal, there is a tendency in the Roma, Ashkali and Egyptian communities to finish administration of the medication or treatment as soon as the symptoms begin to disappear.

STAKEHOLDER RECOMMENDATIONS

The **Government of Kosovo** should:

- Include in national health insurance budget and program for a minimal level of age-appropriate screenings for diabetes, and various cancers;
- Pilot screening programs to optimize health /cost benefits;
- Allocate health insurance funds for community health education programs.

Local governments should:

- Monitor and evaluate access to health care services of marginalized populations;
- Periodically advertise and provide subsidized health screenings to at risk populations (by age, socio-economic condition, etc.).

International organizations should:

- Support local and central institutions to develop preventative practices in Kosovo.

Civil society organizations should:

- Monitor and report on access to health care services;

- Research and develop an approach to meeting transportation costs specifically to medical care for populations that are most affected by this obstacle;
- Educate the public on the benefits of prevention and early warnings to sustainable health.

Community actors should:

- Consult with their communities about needs and expectations regarding preventive health and early warning systems;
- Encourage and support local health houses to periodically screen for the most common illnesses where treatment can be of benefit.

Photos by Vedat Xhymshiti for Solidar Suisse Kosova 2014

Balkan Sunflowers
Volunteers for Social Reconstruction

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