

MANAGEMENT CHALLENGES AND OPPORTUNITIES IN ALBANIA'S LOCAL PRIMARY HEALTH CARE NETWORK

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Abstract. Aiming to strengthen the management of Primary Healthcare services at the local level in Albania, this study examines and analyzes the main challenges and opportunities affecting the PHC network's performance. The purpose of this paper is to conduct a literature review focusing on governance and decentralization, human resources management, service coordination, and resource allocation in the context of digital transformation. The findings of this paper showed persistent challenges. To achieve its aim, the current paper adopts a narrative review methodology, which is also combined with thematic analysis. This methodological approach allowed the comparative examination of information from international healthcare systems and, at the same time, the identification of conceptual patterns relevant to the Albanian PHC context. At this point, it is noted that the persistent challenges examined include limited managerial capacity and workforce shortages. They also include weak coordination mechanisms and infrastructural constraints. At the same time, some opportunities were also presented. Indicative opportunities include digital health technologies and integrated care models, which can enhance efficiency and the quality of care. In addition, the current literature review highlighted that the effectiveness of PHC management is closely aligned with and associated with an organization's leadership capacity and with other equally important factors, such as interdisciplinary collaboration and the ability of local healthcare systems to adapt to demographic and epidemiological changes. Even more, the existing literature emphasized the importance of sustainable workforce policies and the necessity of integrated care pathways and patient-centered approaches. All of these actions strengthen the continuity and accessibility of healthcare services at the community level. Overall, the current paper offered a conceptual basis for future research and policy actions to further improve the effectiveness and equity of Albania's local PHC system.

Keywords: primary healthcare, network management, governance, decentralization, digital health

Introduction

At first, it is mentioned that Primary healthcare (PHC) is the modern health system's cornerstone. Besides, it delivers essential, community-based services that emphasize prevention and early diagnosis, within the context of the continuity of care. At this point, it is necessary to mention that the Alma-Ata Declaration, PHC, has been internationally recognized as a mechanism for achieving universal health coverage (UHC). Therefore, strong PHC systems are associated with greater health equity and improved trust between healthcare providers and communities (WHO, 2020).

Over the past few decades, the focus of health policy has shifted from hospital-centered models to community-oriented systems. In this transition, emphasis has been placed on the strengthening of local PHC networks. These networks are expected, on the one hand, to ensure accessibility and responsiveness, and, on the other hand, to manage resources effectively to adapt to existing population health needs. As a result, management practices in local PHC systems have become critical, as they shape system performance and patient outcomes, too.

In transitional and middle-income countries, such as Albania, the PHC's role is more pronounced. Albania has undergone significant health system reforms over the past decades (Ismaili et al., 2024; Mone et al., 2023; Muja et al., 2024). It has moved from a historically centralized model to a more decentralized structure. These reforms have aimed to improve efficiency and to enhance service quality. They were also helpful in promoting equitable access across the different regions (Kellici et al., 2015; Saric et al., 2021; Knoblauch et al., 2025).

However, despite these reform efforts, the management of local PHC networks in Albania continues to face structural and operational challenges (Mechili et al., 2022; Qirjako et al., 2024). These are persistent rural-urban disparities and limitations in human resources, as well as fragmented coordination mechanisms (WHO, 2018).

In addition, governance and managerial capacity at the local level play an important role in determining the effectiveness of PHC networks. On the one hand, decentralization offers opportunities for increased responsiveness, but on the other hand, it creates challenges about coordination and accountability (Douthit et al., 2015). Especially in the context of Albania and comparable health systems, the success of decentralized

PHC models highly depends on institutional capacity and leadership (Saltman et al., 2007; Gabrani et al., 2020; Rustami et al., 2023).

Against this background, understanding the interplay between management challenges and emerging opportunities is essential, as it might help enhance the performance of Albania's local PHC system. Therefore, the aim of the current study is to conduct a narrative literature review that analyses the management challenges and opportunities in Albania's local primary healthcare network. By doing so, this paper might contribute to the broader discussion on how local PHC networks can be strengthened to deliver high-quality, sustainable healthcare services.

In order to achieve this aim, the current study pursues the following objectives:

- The examination of the role of governance, decentralization, and leadership in the management of local PHC networks.
- The identification of the main human resource management challenges that affect workforce capacity and service delivery.
- An analysis of the importance of care coordination, service integration, and quality improvement mechanisms in the PHC systems' context.
- The analysis of the impact of resource allocation, infrastructure, and digital transformation on PHC performance.
- The identification of management opportunities and policy directions that could strengthen Albania's local primary healthcare network.

Methodology

The methodology adopted in the current study is based on a narrative literature review. It is then followed by a thematic analysis of the selected sources. This narrative approach allows for a more flexible, interpretive exploration of complex phenomena, especially when multifaceted issues are examined, as in the current one, which concerns management practices, governance structures, and organizational performance in the PHC systems.

Furthermore, the narrative design of this paper facilitates conceptual interpretation and comparative analysis across different healthcare contexts. This is important in the case of Albania, where ongoing reforms and decentralization processes might be better understood when examined alongside international experiences in the context of the PHC network management.

The current review used peer-reviewed scientific publications as its primary evidence, while reports from the World Health Organization and other international organizations were used as supplementary policy and contextual sources. These sources had been identified through academic databases and targeted searches. The main keywords used included "primary healthcare management", "PHC network governance", "health system decentralization", and "local healthcare leadership". Additional search terms included "resource allocation", "care coordination", "health system performance", "digital health in primary care", and "healthcare management challenges".

Finally, this narrative literature review is structured around thematic domains that reflect the PHC systems' managerial dimension. These thematic areas provide an analytical framework for examining and understanding the challenges and opportunities characterizing the management of Albania's local primary healthcare network.

Literature Review

Governance, Decentralization, and Leadership in PHC Networks

Governance is a fundamental pillar in the effective organization and performance of PHC systems. Besides, it determines how responsibilities are distributed and how decisions are made across the different levels of care. In PHC's context, governance structures shape the interactions among central authorities, regional actors, and local service providers. Therefore, it influences the outcomes of the services' delivery and the overall population's health (Espinosa-González et al., 2019).

More specifically, governance in PHC is linked with the degree of decentralization. This refers to the transfer of authority and responsibilities from central to local levels. Decentralization has been promoted as a strategy to increase responsiveness and equity in the delivery of healthcare services. Through granting decision-making autonomy to local units, PHC systems are expected to adapt more effectively to the specific needs of communities. They are also expected to improve the population's access to services (Oliveira et al., 2024).

In particular, decentralization may improve system responsiveness and local accountability. It might do so when it is accompanied by sufficient institutional capacity and clear role delineation. Conversely, weak governance arrangements, which come from limited managerial capacity at the local level, lead to fragmentation and inequalities in service provision. Therefore, a dual nature of decentralization is observed. This suggests the high importance of governance design for PHC performance levels (Espinosa-González et al., 2019).

In countries undergoing health system transformation, including Albania, governance challenges are often intensified by historical legacies of centralized control. In more analysis, the transition toward decentralized PHC networks requires structural changes and the development of managerial competencies and coordination mechanisms across the system's different levels. Karakolias and Polyzos (2025) presented evidence from similar settings and found that decentralization reforms face barriers stemming from limited administrative capacity and insufficient local funding.

At the same time, effective leadership at the regional and local levels also contributes to improved coordination and strategic decision-making. It also facilitates alignment between organizational goals and community needs by supporting the implementation of quality improvement initiatives. Yaro et al. (2025) found that strong leadership is essential for translating decentralization policies into practical improvements in service delivery.

Human Resources Management and Workforce Capacity

One of the main challenges in PHC systems is the uneven distribution of healthcare professionals. This inequality is even more intense between urban and rural areas. It is no coincidence that WHO (2022) noted that rural and underserved regions often experience shortages of nurses and allied health professionals. Unavoidably, this leads to reduced access to care. It also increases the workload for existing staff.

In addition to workforce shortages, skill mix, and existing competency gaps, these represent significant barriers to effective PHC delivery. As Kluge et al. (2018) noted, the population's needs require healthcare professionals equipped with interdisciplinary skills and able to offer patient-centered care. This is why continuous professional development and the expansion of family medicine training programs are necessary.

Moreover, task-shifting and task-sharing involve redistributing tasks among healthcare professionals. They allow non-physician staff, such as nurses and community health workers, to take on expanded roles in the delivery of healthcare services. These strategies might improve service coverage and efficiency, especially in resource-limited settings (WHO, 2018).

Staff motivation and retention are also worth noting. In that context, working conditions, workload, career development opportunities, and financial incentives significantly influence job satisfaction and performance. As Dieleman et al. (2019) noted, inadequate working environments and limited professional recognition contribute to burnout and high turnover among PHC professionals. These results undermine system stability and continuity of care (Dieleman et al., 2019).

Coordination, Integration, and Quality of Care

At first, it should be clarified that care coordination refers to the organization of patient care activities across multiple providers and settings. It ensures that services are delivered in a coherent and timely manner. In the PHC networks, care coordination includes information exchange and collaboration among the healthcare professionals. If coordination mechanisms are weak, they are associated with fragmented care and increased healthcare costs. Especially in decentralized systems, as in the Albanian context, coordination challenges may arise due to unclear responsibilities and limited communication between providers (Valentijn et al., 2013).

On the other hand, the integrated care emphasizes the alignment of services across organizational and professional boundaries. This helps provide patient-centered, continuous care. According to Borgermans et al. (2017), integrated PHC systems are more effective in managing chronic conditions. This includes reducing hospital admissions and improving patient satisfaction. These systems rely on multidisciplinary teamwork and shared care plans, alongside strong communication channels among healthcare professionals. These conditions improve both clinical and organizational performance.

The quality of care within PHC networks encompasses both clinical and non-clinical dimensions. The clinical one relates to the effectiveness and appropriateness of medical interventions. The non-clinical quality includes accessibility, waiting times, communication, and patient experience. In that context, the study by Kringos et al. (2017) found that both dimensions are necessary for trust to be built in the PHC systems. Both dimensions also encourage long-term engagement with the services that are provided.

Reed et al. (2019) emphasized the role of digital health technologies. They mentioned that electronic health records (EHRs), telemedicine platforms, and health information systems are useful for sharing patient data, supporting decision-making, and improving communication among professionals. They improve care coordination and continuity, which is especially important in geographically dispersed or resource-limited contexts.

Resource Management, Infrastructure, and Digital Transformation

In local PHC systems, effective resource management is related to the availability of infrastructure and diagnostic capacity. It is also associated with organizational support mechanisms. When these resources are unevenly distributed or poorly coordinated, service accessibility is reduced, and care delivery becomes inefficient. Therefore, the territorial inequalities are widened. As Kuupiel et al. (2019) noted, infrastructure gaps and weak operational support systems continue to limit PHC effectiveness in settings with constrained local capacity and in which the service coverage is uneven. One of these contexts is the Albanian.

In this situation, the digital transformation of primary care can improve efficiency and patient safety while enhancing the quality of care and the responsiveness of the overall system. Therefore, digital transformation should not be viewed simply as technological modernization. It should be considered an organizational and managerial reform process that requires planning and governance capacity (Neves, Burgers, 2022).

In particular, telehealth has become even more relevant as a management tool for PHC reach extension in the underserved areas. At this point, Beheshti et al. (2022) indicated that telehealth can support consultation, follow-up, prevention, chronic disease management, and communication between professionals and patients.

However, Willis et al. (2022) mentioned some important risks. These risks include, for instance, digital exclusion and implementation gaps. Willis et al. (2022) also noted the overreliance on fragmented technologies that are not fully integrated into routine PHC workflows as a challenge that needs to be taken into account.

Table 1. Summary of Key Literature Reviewed

Author(s)	Year	Country / Context	Focus Area	Key Findings	Source
Karakolias, Polyzos	2025	Greece	Decentralization & Inequalities	Decentralized systems increase inequalities in the contexts where resource allocation and funding mechanisms are weak.	Frontiers in Health Services
Yaro et al.	2025	Ghana	Leadership & Governance	Strong leadership improves integration and coordination, and this leads to further effectiveness of PHC services.	PLOS Global Public Health
Oliveira et al.	2024	Global	Decentralization	Decentralization's results vary and depend on institutional capacity, funding, and governance quality.	Sustainability
Beheshti et al.	2022	Global	Telehealth & PHC Management	Telehealth enhances access, continuity, and chronic disease management in PHC, especially in underserved areas.	Perspectives in Health Information Management
Neves, Burgers	2022	Europe	Digital Health	Digital transformation improves efficiency and coordination. On the contrary, it also needs governance, training, and infrastructure.	European Journal of General Practice
Willis et al.	2022	Global	Digital Health & Prevention	Digital tools improve prevention and access. At the same time, they may create inequalities, especially due to digital exclusion.	JMIR Medical Informatics
World Health Organization	2022	Global	Workforce Strategy	Strengthening nursing and human resources capacity is essential in order for sustainable PHC systems to be created.	WHO Report
Dieleman et al.	2019	LMICs	Human Resources Management	HRM interventions, such as training, supervision, and incentives, improve workforce performance and service delivery.	Health Research Policy and Systems
Espinosa-González et al.	2019	Europe	Governance	Governance structures significantly influence PHC performance, coordination, and system effectiveness.	Health Research Policy and Systems
Kuupiel et al.	2019	LMICs	Resource Management	Weak supply chains and infrastructure are factors that limit	BMC Health Services

Author(s)	Year	Country / Context	Focus Area	Key Findings	Source
				access to essential PHC diagnostic services.	Research
Reed et al.	2019	USA	Telemedicine	Telemedicine improves access and patient engagement. This happens mainly in the context of convenience-driven care.	JAMA Network Open
Kluge et al.	2018	Global	PHC Investment & Policy	Strengthening PHC needs sustained investment and human resources development in order to be able to support universal health coverage.	The Lancet
Borgermans et al.	2017	Europe	Integrated Care	Integrated care improves chronic disease outcomes. It also reduces hospitalizations and improves patient satisfaction.	International Journal of Integrated Care
Kringos et al.	2017	Europe	Quality of Care	Strong PHC systems improve quality, accessibility, and patient trust across the healthcare systems.	European Observatory on Health Systems and Policies
Valentijn et al.	2013	Europe	Integrated Care Framework	Integrated PHC needs coordination across professional, organizational, and system levels.	International Journal of Integrated Care
World Health Organization	2007	Global	Workforce Management	Task-shifting improves service efficiency and coverage. It does so if it is supported by training and regulation.	WHO Report

The evidence, summarized in Table 1, shows several recurring patterns across different healthcare systems and contexts. At first, governance and decentralization are presented as PHC effectiveness's critical determinants. Studies conducted in Greece, Europe, and global settings, like for instance those of Karakolias and Polyzos (2025), Oliveira et al. (2024), and Espinosa-González et al. (2019), consistently mention that decentralization might improve responsiveness and local adaptation, only if it is supported by adequate managerial capacity and sustainable funding mechanisms, as well.

Then, workforce-related challenges appear among the most frequently reported barriers affecting PHC performance. For instance, the reviewed studies of Dieleman et al. (2019) and Kluge et al. (2018), alongside the report of WHO (2022), emphasize that circumstances, such as for example the healthcare professionals' shortages, the inadequate training opportunities, and the weak retention mechanisms, tend to negatively affect service continuity and its quality.

The literature also shows a strong relationship between integrated care models and improved patient outcomes. For example, Borgermans et al. (2017) and Valentijn et al. (2013) proposed that effective coordination among the healthcare providers contributes to higher patient satisfaction. It also leads to improved chronic disease management and reduced hospital admissions.

Finally, digital transformation represents one of the most promising opportunities to strengthen the PHC systems. However, successful implementation needs adequate infrastructure. Workforce training and governance frameworks are also needed to prevent digital exclusion and fragmentation (Neves, Burgers, 2022; Willis et al., 2022).

Therefore, the reviewed studies propose that management effectiveness in PHC depends on the interaction of governance quality, workforce capacity, service integration, and technological readiness. These findings are relevant to Albania's case, where ongoing reforms seek to strengthen local PHC networks while addressing persistent organizational obstacles and structural constraints.

Conclusions and Recommendations

This paper's findings showed that the management of local PHC networks is shaped by complex interactions between different factors. These factors include governance structures, workforce capacity, service coordination, and resource allocation. Especially in Albania, these dimensions are further influenced by ongoing decentralization reforms, institutional constraints, and evolving population health needs.

At first, governance and decentralization are critical determinants of PHC performance. Decentralization offers opportunities for improved responsiveness and local adaptability. On the other hand, its effectiveness depends on clear role distribution and strong accountability mechanisms. It also depends on sufficient managerial capacity. Therefore, it is a fact that in the absence of these conditions, fragmentation and regional inequalities might persist.

Then, human resources are still a serious challenge. This challenge includes workforce shortages and uneven distribution of professionals. It is also about the existing skill gaps among healthcare professionals. All of these factors limit PHC systems' capacity to deliver continuous care. At the same time, the insufficient attention to staff motivation and retention is an obstacle to long-term system sustainability.

Even more, the coordination and integration of services are essential because they ensure continuity of care and improve patient outcomes. Weak referral systems, limited communication between providers, and fragmented service delivery reduce the system's efficiency. This often leads to the underutilization of the PHC services.

Finally, when resource management and infrastructure are combined with digital transformation, they represent both a challenge and a significant opportunity. At a time when infrastructure constraints still constrain service delivery, digital health solutions offer promising opportunities to improve access and efficiency while enhancing coordination among healthcare professionals.

Based on the above-mentioned findings, a multi-level strategic approach is recommended. In that context, strengthening local governance capacity and leadership should be prioritized. Even more, targeted investments in human resources, including training, retention incentives, and task-shifting strategies, might also be prioritized. Furthermore, enhancing care coordination mechanisms and integrating digital technologies into routine PHC practice are important and necessary steps that may improve system performance.

Concludingly, the effective management of Albania's local PHC network needs a holistic approach. It needs an approach that addresses structural, organizational, and technological dimensions, whose main aim is to ensure equitable healthcare delivery, which is mainly patient-centered.

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VADOVAVIMO IŠŠŪKIAI IR GALIMYBĖS ALBANIJOS VIETINIAME PIRMINĖS SVEIKATOS PRIEŽIŪROS TINKLE

Santrauka

Siekiant stiprinti pirminės sveikatos priežiūros (PSP) paslaugų valdymą vietos lygmeniu Albanijoje, šiame tyrime nagrinėjami ir analizuojami pagrindiniai iššūkiai bei galimybės, darantys įtaką PSP tinklo veiklai. Šio straipsnio tikslas – atlikti literatūros apžvalgą, orientuotą į valdymą ir decentralizaciją, žmoniškųjų išteklių valdymą, paslaugų koordinavimą, išteklių paskirstymą bei skaitmeninę transformaciją.

Siekiant įgyvendinti šį tikslą, straipsnyje taikoma naratyvinės literatūros apžvalgos metodologija, derinama su temine analize. Šis metodologinis požiūris leido atlikti lyginamąją informacijos analizę, grindžiamą tarptautinių sveikatos priežiūros sistemų patirtimi, kartu identifikuojant conceptualius modelius, susijusius su Albanijos PSP kontekstu.

Tyrimo rezultatai atskleidė keletą nuolatinių iššūkių, įskaitant ribotus vadybinius gebėjimus, darbuotojų trūkumą, silpnus koordinavimo mechanizmus ir infrastruktūrinius apribojimus. Tuo pačiu metu buvo nustatytos ir svarios galimybės. Tarp jų – skaitmeninės sveikatos technologijos ir integruotos priežiūros modeliai, galintys pagerinti paslaugų efektyvumą ir priežiūros kokybę.

Be to, literatūros apžvalga pabrėžė, kad PSP valdymo efektyvumas yra glaudžiai susijęs su organizacijos vadovavimo gebėjimais, tarpdisciplininio bendradarbiavimo ir vietos sveikatos priežiūros sistemų gebėjimu prisitaikyti prie demografinių bei epidemiologinių pokyčių. Esama literatūra taip pat akcentuoja tvarios darbo jėgos politikos, integruotų priežiūros kelių ir į pacientą orientuotų metodų svarbą stiprinant sveikatos priežiūros paslaugų tęstinumą ir prieinamumą bendruomenės lygmeniu.

Apskritai, šis straipsnis suteikia conceptualų pagrindą būsimiems tyrimams ir politiniams sprendimams, skirtiems toliau gerinti Albanijos vietinės PSP sistemos efektyvumą ir lygybę.

Reikšminiai žodžiai: pirminė sveikatos priežiūra, tinklo valdymas, valdysena, decentralizacija, skaitmeninė sveikata

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