Providing Health Care in Albania
Does Health belong to the Public or Private Sector?

Albana A. Fico, MD
Pulmonologist & Internal Medicine Specialist
Marketing and Patient Care Director
DC IKEDA-Euromedica
Tirana, Albania
TABLE OF CONTENT

# Instead of a Foreword
# Health definitions, factors that affect health, indicators and recent statistics for Albania
# What do International partners require from Albanian Government (EU, WHO, USAID, MCC)
# Health Care system, organization, specific problems
  Primary care and public health care
  Inpatient health care
  Pharmaceutical system and dental care
  Privatization
  Area coverage (rural and urban)
  Medical Personnel (MDs and nurses)
  CME (population and Medical community)
  Medical equipments in the framework of attempts made to modernize medicine
  Financing
  Health info systems and e-services

# Conclusions
# References
Instead of a foreword

In the attempt made to better understand the reality of the health care situation in Albania today I came across of two pictures instead of one. The first is the portrait one will find exploring the official government sites and the second the everyday reality that unfortunately Albanians have to face if in contact with the health care system either primary or secondary.

In my humble opinion, I strongly believe that a single expert, no matter what his or her understanding of the phenomenon is, would not be capable of including everything in the following pages, thus reporting precisely all dimensions of this grave situation that leave Albanians unprotected in the face of the health risks. But with the same token, this provides the opportunity for a healthy, competent and scientific debate that will lead to the compilation of sound strategies with realistic, achievable goals in order to find the right paths for their implementation. The following findings are only a “Snap-shot” of the actual situation in Albania.

There are things that can’t be changed overnight, but there is no justification to be a bystander! I strongly believe that private health care system should lead the way in the right direction for a qualitative physical and mental health care, characteristic of the new Millennium!
We can do it! The time is today, the moment is now! Everything begins with us!!!
“Health is the condition of complete physical, mental and social wellbeing and not only lack of illness or disability.”

WHO 1947

Health is a:

- Multidimensional concept:
  - Expresses the individual’s attributes
  - Expresses the society’s attributes
- Social concept
- Historic and relative concept
- Multi factorial concept
“...Health is a basic human right and the responsibility of the governments...”

Alma-Ata Declaration 1979

Preconditions for Good Health:
“...Life in peace, a secure shelter, good education, good nutrition, enough income, a steady echo system, social justice and equality...”

Ottawa Charter 1986
Factors that Influence Health:

- Social and economic (poverty and inequality, unemployment, risk factors especially those related to life style like alcohol consumption, smoking, stress etc.)
- Government policies (% in ratio to GDP)
- Health infrastructure
Health Indicators:

The parameters that represent the level of health condition of a population and they are classified as follows:

- Demographic data ( % of population over 65y/old)
- Mortality
- Morbidity, disability, hospital discharge
- Environment
- Sources of Health Care
- Utilization of Health Care and expenditures
- Health of mother and child
New statistics (Albania):

- Population: 3,172,000
- National income per capita ($): 5,840
- Lifespan at birth m/f (years): 69/73
- Lifespan of a healthy life at birth m/f (years, 2003): 59/63
- Probability of death under 5 years old (per 1,000 live births): 17
- Probability of death 15-60 years range m/f (per 1,000 people): 170/103
- $$ spent for Health per capita ($, 2005): 353
- Total amount of money spent for health as a % of GDP (2005): 6.5

World Health Statistics 2008
What do International partners require from Albanian Government?
The Stabilization & Association Pact
Resolute 2200 A (XXI), 16 December 1966 in:

- **Article 12**
Amongst other requires:
The obligation of the signing states to ensure the right to each individual for a better health.

- **Article 15 (sections 1,3 and 4,b,c)**
Amongst other requires:
Signatory states of this agreement acknowledge the right:
- To benefit from the scientific progress and its applications
- Parties should respect the necessary freedoms for the conduction of the scientific research
WHO (Strategic Agenda):

- Building of health systems
- Monitoring and controlling the infectious diseases
- Preparation and readiness to face the catastrophes as well as the effective response
- Health Care reform with the scope of improving mental health
- Monitoring of the non infectious diseases
- Improvement of the mother – child health
- Promotion of a healthy lifestyle and a better and safer environment
USAID:

- Qualitative improvement of the primary health care
- Improvement of the financial management of the health sector
- Promotion of the modern contraceptives for the prevention of unplanned pregnancies thus decreasing the number of abortions
- To increase the capacity of the Albanian Government in order to address the risks deriving from the spread of Avian Flu, especially within the agriculture population
MCC
Threshold program (Project)

- Building E-government Capacity / E-health related services for the citizens
**Health Care System, organization, specific problems**

**THE HEALTH OF THE ALBANIAN POPULATION**

Changes after 1990 have been reflected in the Health Care system and subsequently in the health of the population in Albania. Because of these changes Albania ranks below the average compared to other countries of the region in reference to Health indicators.
Extract from the database of “Health for All” (AFA): Albania

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Year</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age</td>
<td>2005</td>
<td>31300000</td>
</tr>
<tr>
<td>% of population 0-14 years/old</td>
<td>2004</td>
<td>26.90</td>
</tr>
<tr>
<td>% of population over 65 years/old</td>
<td>2004</td>
<td>8.21</td>
</tr>
<tr>
<td>Live births/1000 habitants</td>
<td>2004</td>
<td>13.76</td>
</tr>
<tr>
<td>Mortality per 1000 habitants</td>
<td>2004</td>
<td>5.68</td>
</tr>
<tr>
<td>Life expectancy from birth, in years</td>
<td>2004</td>
<td>76.24</td>
</tr>
<tr>
<td>Life expectancy from birth, in years, male</td>
<td>2004</td>
<td>73.72</td>
</tr>
<tr>
<td>Life expectancy from birth, in years, females</td>
<td>2004</td>
<td>78.93</td>
</tr>
<tr>
<td>Estimation of life expectancy, (World Health Report)</td>
<td>2003</td>
<td>72</td>
</tr>
<tr>
<td>Est. of infant mort. per 1000 live births(WHO Report)</td>
<td>2000</td>
<td>23</td>
</tr>
<tr>
<td>Children deaths, first year per 1000 live births</td>
<td>2004</td>
<td>7.79</td>
</tr>
<tr>
<td>Indicator</td>
<td>Year</td>
<td>Value</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>Cardiovascular dis., all ages per 100000</td>
<td>2004</td>
<td>419.35</td>
</tr>
<tr>
<td>Malignancy, for all ages per 100000</td>
<td>2004</td>
<td>114.88</td>
</tr>
<tr>
<td>Damages from outside factors and poisoning, all ages per 100000</td>
<td>2004</td>
<td>41.89</td>
</tr>
<tr>
<td>All cases, all ages, per 100000</td>
<td>2004</td>
<td>810.24</td>
</tr>
<tr>
<td>TB incidence, per 100000</td>
<td>2004</td>
<td>17.49</td>
</tr>
<tr>
<td>Number of hospital beds per 100000</td>
<td>2005</td>
<td>296.61</td>
</tr>
<tr>
<td>Mjeké per 100000</td>
<td>2004</td>
<td>118.28</td>
</tr>
<tr>
<td>Hospital admissions per 100</td>
<td>2005</td>
<td>8.70</td>
</tr>
<tr>
<td>Total of health expenditures a % of GDP, WHO estimates</td>
<td>2004</td>
<td>6.60</td>
</tr>
</tbody>
</table>
Albanians hold a very low ranking in some of the health indicators linked directly to the level of health services.

Population migration from rural to urban areas has not been followed by the re-distribution of the medical personnel, something that has led to an “anxiety” situation amongst the relocated.

Changes in the lifestyle and lack of protection from health hazards have led to the increase of the number of people affected by car accidents, HIV/AIDS and Hepatitis C exposure, increased number of smokers, increased number of STDs etc.
Overall decrease in Fertility

Fertility rate, for the first time in the past three years, registered a decline, 2.1 (two children per couple). However there is an increase of the life expectancy of people over 65 years/old with a rate of 3% or 9000 people per year. This group encompasses 10% of the population in Albania today.
Lifespan in Albania is the lowest in Balkans, three years under that of Balkans and eight years under that of the EU countries, the lowest in all the region of the Southeastern Europe considering the healthy lifespan.

Based on the Institute of the Public Health 40% of newborns die within the first month and one fourth of it, the first week, suggesting the priority that should be given to pre and post natal care.
There is an **improvement in the maternal mortality** (16.7/100 000 Live Births, 2006), but still high compare to Balkan region and EU countries overall.

It has been noticed a change in the causes of deaths from the infectious diseases to the predominance of CVS illness, pulmonary, malignancy, etc., which have moved up the ladder, **becoming the leading causes.**
Car accidents are responsible for 43 deaths per 100,000 people/year, a number higher than that of the EU (EU15: 39, EU10: 13). Infested water and food sources are the main cause of the diarrheic contagious diseases. Smoking makes for 22% and alcohol consumption 6% of morbidity causes. Even that two laws have been passed within the recent year on smoking in the public areas and the consumption of the alcohol from underage people, the enforcement from the government and public health authorities is poor and with failing results.
Even that the shots are being supplied and implementation based on a scheduled time table is the only good indicator of a better health, still the introduction of new vaccines like those for the pneumococcal infections; hepatitis A protection and HPV are still to be introduced successfully.
ORGANIZATION

HEALTH POLICIES

ADMINISTRATION

SYSTEM OF MANAGEMENT
Organization of Health System in Albania

Parliament

Government

IHI

MoH

Min. of Finances

IPH

Nat. inst.

UHC

Loc. govern.

Districts

Prim. Care

Pub. Health Services

Health centers

Hospitals

Policlinics
Albania still doesn’t have a law on the health care that is conform new dynamics; a draft law was just passed by the Health Care Parliamentary Commission, which will guide all the responsible parties towards a specific strategy and implementation of the goals set forth by the Internationals and the Government itself.
NOTHING IS BEING DONE TO PUT TOGETHER A PACKAGE OF LAWS THAT WILL SUPPORT THE HEALTH CARE REFORM!

The amendments of the old laws are like “old patches” that have caused more chaos in a rapidly changing sector.
95% of the medical centers are not able to perform their main duties and they lack the medicaments as well as the infrastructure. There is no readiness to face emergencies, let alone facing disasters! Unfortunately, Gerdeci tragedy proved it!
Lack of reimbursement for a lot of necessary medicaments, shortening of the reimbursement drug list in the first place, unavailability of the generics and high prices, make for a disaster in the **Pharmaceutical** field. It is need a monitoring entity to also make sure that the quality of the meds distributed is where it should.
Dentistry is not regulated and not professionally monitored even that the number of the private dentist offices has increased. Dental service once provided free of charge for school age children, now doesn’t exist, even though dental health is one of the indicators of good health in children 12 years/old and under.
The authonomy for hospitals doesn’t exist and the University Hospital Center “Mother Theresa”, in Tirana, is neither equipped nor organized to support regional hospitals. There are still MDs, not trained in the HCManagement running the hospitals.
Public Health Care Service

The system of public health care is not ready to face both changes and new challenges of the Millienium.

Promotion of a better health, has made only baby steps forward, lifestyle health related risks are still to be addressed.

Emphasis on the prevention rather than treatment is not on the focus of the current health agencies that run this sector.
In order to achieve these goals the following are required:

1. Cooperation between local government and communities
2. Providing guidelines for community services
3. Strengthening the system of surveillance and information exchange
4. An efficient organization
## HEALTH CARE PERSONNEL

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Numbers (year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Density of dental personnel (per 10 000 habit.)</td>
<td>3.00 (2006)</td>
</tr>
<tr>
<td>No. Dental personnel</td>
<td>1,035 (2006)</td>
</tr>
<tr>
<td>No. Of midwives and nurses</td>
<td>14,637 (2006)</td>
</tr>
<tr>
<td>No. Of pharmacists</td>
<td>1,173 (2006)</td>
</tr>
<tr>
<td>No. Of MDs</td>
<td>3,626 (2006)</td>
</tr>
<tr>
<td>Density of midwives and nurses (per 10 000 hab.)</td>
<td>47.00 (2006)</td>
</tr>
<tr>
<td>Density of pharmacists (per 10 000 habitants.)</td>
<td>4.00 (2006)</td>
</tr>
<tr>
<td>Density of MDs(per 10 000 hab.)</td>
<td>12.00 (2006)</td>
</tr>
</tbody>
</table>
The number, skills, compensation supporting systems for health care workers and professionals have a direct impact on the performance of the health system and the results related to it.

Accreditation system is only now that it is brought up in a small and closed circle of the medical community as the way to a modern standard for the health care. The largest medical center has yet to reach the standards of a minimum threshold, especially when it comes to the CME, training of health personnel etc
Even though a lot of money has been awarded from International organizations, private donors little has been done to make use of them for the purchase new equipments for the hospitals. There is new technology introduced, but in very few clinics and not readily or easily accessed by the general patient population. Only in the private clinics one can find a faster, better and more qualified help when it comes to the use of the new technology. But it is COSTLY!
FINANCING OF THE HEALTH CARE remains a costly and difficult task. There are attempts made especially through the decentralization of the primary health care services on one hand that is a kind of self administration and the reimbursement for services rendered by the HII (Health Insurance Institute) on the other.
Low income group is at a greater risk for bankruptcy because of the high margin of out of the pocket expenses. Even that is projected that Health care expenditure will make for 6% of the GDP, health contributions are low compare to the cost of services. It has been estimated that only 40% of the population is covered.
Informatization of the health care is a necessity for the implementation of the modern medicine: There are two important components:

1. Building of Health Systems (Databases which would allow for the understanding of health issues and better allocation of the money) and the e-health related services
2. Building of an IT network with the up to date standards that can sustain these services

Up until now the best example to follow would be the attempts made by private diagnostic clinics while the public system is lagging far behind.
Conclusions:

Situation of the Health Care System in Albania is tragic!

Lack of a clear vision from the Government Agencies has delivered a health strategy that has produced a major failure with regard to health care and health situation of the population.

Deficient financing and lack of informatisation are clearly recognized in every sector of Health Care.
Non functional organization and, overlapping of the competences, unequal coverage of the entire territory of the country with medical personnel leads to an anxiety especially in the case of emergency and disasters.

Lack of strategic planning in generating qualitative Health Care workers and professionals, lack of CME, indifference of the MDs in the scientific research has led to practicing medicine at the lowest level, more like “a jerah” than a professional!
Handicap Decentralization of the primary health care has led to an overwhelming flux of pts at the doors of the hospital, thus increasing the burden on them. Consecutively, lowering the quality of services provided to patients and increasing the costs of the out of the pockets expenses.

Even that we are well in to the new Millennium, unfortunately the public health care system in Albania is not governed yet by the goal:” Prevention rather than treatment!”

International Partners are very clear in what they are requesting from the Albanian Government in order to support the Health Reform in Albania, but the situation in Albania with regard to the latest is still chaotic. Health Care Reform is a NECESSITY because
“...Health is a basic human right and the responsibility of the governments...”

But still in my humble opinion,

**BELONGS TO THE PRIVATE SECTOR!**
Reference:

- www.who.int/countries/alb/en/
- www.moh.gov.al
- www.state.gov/p/eur
- www.instat.gov.al
- Akin J., 1987: “Financing health services in Developing Countries”, An Agenda for Reform, WDC, WB
- Bino S., MD: Enciklika per shendetsine, Tirane, 2008
- Fico A., MD: Shenime personale, Tirane, 2008
- Konferenca Kombetare KSHP, Tirane, 2004, Materiale
- Macroeconomics and health 2001
- Stability pact for SEE; “Public health & Peace“ 2001 (Skopje)