



HEALTH SYSTEMS OF THE WORLD - ALBANIA PROFILING THE HEALTH CARE SYSTEM OF ALBANIA

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PROFILING A HEALTH SYSTEM in transition is a time sensitive undertaking. Studying the past may provide guidance but is not necessarily helpful in projecting the future. Examples include countries ravished by war, major environmental disasters that wipe out an existing infrastructure or a change in the political landscape that improves or reshapes, for good or bad, an existing health care system. Albania is a perfect example of the unpredictability of foreseeing the future through historical perspective. Moreover, planning in a present tense requires more contingencies than certainties. It is in this vortex of change that Albanian health officials are attempting to develop a strategic plan that will enhance and improve health care access by adopting the principles of scientific medicine and technologies and bringing modern management techniques to a newly emerging health care system.

In this article we attempt to view health care in Albania as seen through the eyes of its Minister of Health (MoH). Challenges include the tumultuous history of Albania – a country that traces its roots from the Illyrians (2d Century, AD), through several occupying armies and countries to post World War II communism and finally to today's democratic government. The economy is fragile, and while expanding, is still adjusting to decentralization of control from the state to the private sector. Many of Albania's physicians and other professionals – including managers - left the country during the Kosovo crisis in 1998-99 and are just beginning to return.

The tools the MoH must work with are important – particularly the new Constitution of The Republic of Albania. In several sections of the Constitution, health issues are addressed and this framework provides the genesis for expanding health services, improving maternal and child health and extending services to the aged and disabled. A health insurance program is included, although its implementation is dependent on financing.

The MoH has developed a strategic plan to enhance and improve health. This article reviews the plan and attempts to assess its likelihood of success. The plan, entitled *The Long-Term Strategy for the Development of the Albanian Health System* was developed

in 2004 and lays out for the next five year period strategies in the following areas:

- Stewardship – including: Accreditation, Partner Organizations, Private Sector Activity, and The Role of the Patient.
- Organization and Decentralization
- Human Resources
- Financing
- Management
- Health Services – (public health, primary healthcare, hospital health care and services, dental service and pharmaceutical service).
- The Success of Reform

What is guaranteed to the people as specified in the Constitution is developed in the list of objectives the MoH hopes to accomplish. Much will depend on two important factors. First, the economy of Albania must continue to move forward and improve, hopefully in a stable political environment. Secondly, partner organizations, including more prosperous countries and Non-Governmental Organizations (NGO's) such as the World Bank must continue to provide needed financial resources until self determination and self sufficiency coincide.

Profiling the Health Care System of Albania

At any given point in time a country's health can be measured by its socio-economic viability, the culture of its people, and the regulatory reach of its government at both the state and local levels. As a general rule, as economic prosperity increases so does health. Conversely the poorer the country the more challenges faced by its health care system. Certainly environmental factors play a role in health care. The internal and external environment shapes both health and wealth. Internally countries ravaged by war will face exceptional challenges whereas those living in peace will generally be provided with unlimited opportunities. The abundance or lack of natural resources from land or sea will play an important role in economics and commerce.

The World Health Organization (WHO) studies the demographics of health care in 173 countries in the world. In alphabetical hierarchy Albania is No. 2 and this article addresses the Albanian health care system. Using the tools of the internet we study the health system in this southeastern European country during the first decade of the 21st century. Our travels started in Afghanistan (first in the alphabetical rankings) in an article entitled: *A Healthy Future From the Ashes of Uncertainty – Analyzing the Islamic Republic of Afghanistan's Strategic Plan for Health*.



Figure 1: Source: <http://www.lonelyplanet.com/worldguide/albania/> - Retrieved April 29, 2008

Located in the south-eastern section of Europe, Albania is bordered on the west by the Adriatic and Ionian seas. Greece and Macedonia lie to the south and east respectively and Serbia (including Kosovo) share Albania's northeast border while Montenegro shares the countries northwest border. Albania covers 28,750 square kilometers or 11,100 square miles (approximately the size of the state of Hawaii) with a population of 3,600,523 in 2007.¹ What is today's Albania evolved over several centuries from ambitious seafaring expansionists to war occupying armies, countries and empires. A brief time line is reflected in the table below.

Snapshot of Albanian History

Historical Transition
Illyrians – 2 AD
Roman Empire – 395 AD
Byzantine Empire – 732 AD
Serbia - 1200
Ottoman Empire – 1479
1912 - Albanian Independence
½ of Albania (Kosovo) transferred to Serbia in 1913 peace conference
WW I – successive army occupation
1928 – Albania becomes a kingdom
WW II – occupied by Italy
1946 - 1991 – People's Republic of Albania – Communist government
1992 to present – Democratic government

Most Albanians live in rural areas (55%) although this is changing rapidly. The population is relatively young with 28% of the citizens under the age of 15 (compared to 17% of the population in the European Union). Only 8% of Albanians are age 65 or older.

Cardiovascular disease is the leading cause of death in Albania (19%) followed closely by ischemic heart disease (18%). The following table compares disease burden percentages in Albania with

15 member countries of the European Union. Striking differences are noted in higher disease burdens for unintentional injuries, total communicable diseases and total injuries (all higher) while cancer/malignant neoplasms and neuropsychiatric disorders are lower for Albanians.

Figure 2 - Disease Burden in Albania and the EU

Cause	Share of Disease Burden (%)	
	Albania	EU 15
Cardiovascular diseases	19	17
Neuropsychiatric disorders	20	27
Cancer/Malignant neoplasms	9	17
Unintentional injuries	16	6
Non-infectious respiratory diseases	2	7
Infectious and parasitic diseases	2	1
Respiratory infections	4	1
Perinatal conditions	4	1
Intentional injuries	2	2
Diabetes	1	2
Sensory organ disorders	4	5
Total communicable diseases	14	5
Total noncommunicable diseases	69	87
Total injuries	18	8

Source: WHO – Retrieved 6-16-2008 from: http://www.euro.who.int/Document/E88202_Albania.pdf

Health and the Constitution

Albania's health care system has come a long way in a relatively short period of time but much remains to be accomplished. In 1995 an American physician, Dr. Marc H. Johnston, Chief of Gastroenterology at the National Naval Medical Center in Bethesda, Maryland, visited a hospital in Albania. This is how he described his visit: *There was blood on the floor, people screaming, broken light bulbs, piles of needles thrown about, and an eight-year-old boy about to have his leg amputated after being bitten by a viper.*ⁱⁱ Fortunately much has changed since that visit thirteen years ago. The Republic of Albania's modern day constitution was approved by Parliament on October 21, 1998 and adopted by popular referendum on November 28, 1998. A parliamentary democracy was established with a constitution not unlike that of the United States. Part One sets forth Basic Principles guaranteeing the exercise of sovereignty directly to the people or through their freely elected representatives. Part Two guarantees fundamental human rights and freedoms and closely parallels the Bill of Rights established in the U.S. Constitution. Chapter Four of Part Two



of the Albanian constitution provides a series of guarantees or expectations relevant to the health of Albanian citizens. Notable provisions include:

Article 54

1. Children, the young, pregnant women and new mothers have the right to special protection by the state.ⁱⁱⁱ

Article 55

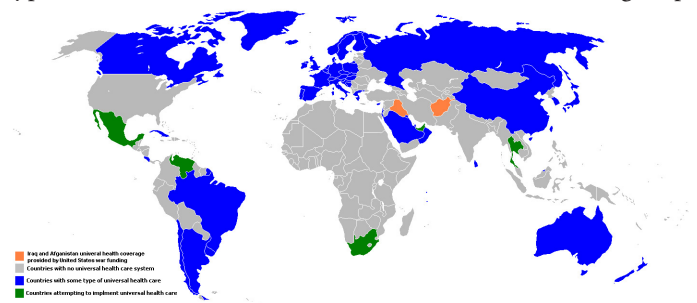
1. Citizens enjoy in an equal manner the right to health care from the state.
2. Everyone has the right to health insurance pursuant to the procedure provided by law.^{iv}

Chapter V of the constitution lists social objectives and Article 59 is noteworthy in relevant parts as follows.

Article 59

1. The state, within its constitutional powers and the means at its disposal, aims to supplement private initiative and responsibility with:
 - c. The highest possible standard of health, physical and mental;
 - e. A healthy and ecologically adequate environment for the present and future generations;
 - g. Care and help for the aged, orphans and persons with disabilities;
 - i. Health rehabilitation, specialized education and integration in society of disabled people, as well as continual improvement in their living conditions.^v

Albania's new constitution provides a template for a healthy future for its citizens, but has that future materialized? Albania does provide free health care for its citizens thus joining a growing number of countries that do so. Governments that have adopted some type of Universal health care are reflected in the following map.



Source: <http://www.gadling.com/media/2007/07/healthcareworldbig.jpg>

Interestingly Albania is not reflected on the map. Countries in blue that provide some type of universal health coverage include Afghanistan, Argentina, Austria, Australia, Belgium, Brazil, Canada, Chile, China, Cuba, Costa Rica, Cyprus, Denmark, Finland, France, Germany, Greece, Iraq, Iceland, Ireland, Israel, Japan, Luxembourg, the Netherlands, New Zealand, Oman, Portugal,

Russia, Saudi Arabia, Spain, Sweden, South Korea, Sri Lanka, Ukraine and the United Kingdom.^{vi} Care is provided in Afghanistan and Iraq by United States war funding.

Current health systems are best understood by accessing the impact of the past on current events. Albania was a communist country in the post World War II era. As such the health care system was highly centralized. New facilities were constructed but the infrastructure of existing facilities received little attention. Quality of care suffered. Equipment was old and outdated. Citizens were encouraged to study medicine and become physicians but compensation was low leading to a shortage of qualified physicians. The 1990's were beset by civil unrest the Kosovo crisis and further deterioration resulted in what already was a fragile health care system. As the 21st century dawned peaceful elections restored a democratic government and both the economy and health care started a slow but steady recovery.

Health care in Albania is a study in contrasts. The country is relatively poor when compared to its neighbors in the Balkan States. Yet children benefit from immunizations. As an example, of the countries thirty six districts, 92% had a 100% DPT3 coverage rate and the remaining 8% achieved 80-89% coverage. There were only 36 cases of measles in 2006 and 236 cases of mumps (there are approximately 925,000 children age 15 or younger in Albania). All other childhood infectious diseases were non-existent. Life expectancy is 69/73 for males and females respectively.^{vii} Smoking is a major problem for the male population. While 46.3% of men over fifteen years of age smoke, only 3% of women do so. Cancer is on the increase but there is only one cancer hospital in the country and as a result diagnosis is late or treatment delayed resulting in increased mortality.

As noted in the Table below, Albania has the lowest GDP and spends the lowest percentage of its GDP on health care, yet in crude death rate and life expectancy Albanians appear to surpass their Balkan neighbors.

Economic and Health Indicators for Five Balkan Countries

	GDP per capita US \$ 1999	Life Expectancy At birth 1999	Crude Death Rate Per 1000 population 1999	Infant Mortality Per 1000 live births	Maternal Mortality Per 1000 live births – 1995 adjusted	Total Health Expenditure % of GDP 1990 - 1998
Albania	930	72	5	24	31	4.0
Bulgaria	1410	71	14	14	23	4.7
Romania	1470	69	12	20	60	4.1
Former Yugoslav Rep. of Macedonia	1660	73	8	15	17	6.5
Turkey	2900	69	6	36	55	5.8

Source: World Bank, *World Development Indicators, 2001*^{viii}



In a Country Brief 2007^{ix} published by the World Bank and updated as of January, 2008 Albania's financial picture is improving. Gross domestic income per person reached \$2927 in 2006. The country has sustained strong economic growth with contained inflation. The economy has shifted from agriculture and industry to services and construction. Poverty has been reduced and in a four year period from 2002 to 2006, nearly 25% of the poor have been lifted out of poverty.^x

Meeting the Management Challenge

One would expect that a country's improved economic fortune would translate into a better health care system. Access and quality should be improved and indicators trailing acceptable benchmarks should start to reflect positive outcomes. Were stability a luxury of modern day Albania, all of these expectations might materialize. Unfortunately there is still a dearth of professional managers in Albania's health system. The basic principles of management including planning, organizing, directing, controlling and monitoring were for decades in the hands of a very centralized system. The Ministry of Health (MOH) regulated all health services in every district. Administrators, usually physicians, received orders from their superiors and had little discretion to make necessary changes in the field. As Nun points out in his article, *Health Care Systems in Transition*, the System had no management training, no procedural guidelines, no performance indicators or incentives, and little research and development. In the 1990's the average age of medical equipment was 25 years. Think of the medical breakthroughs in a 25 year period — in imaging (CT and MRI), in surgery (laparoscopic — minimally invasive surgery), in ophthalmology (lens implants), in orthopedic surgery (limb implants), in cardiovascular treatment (medical and surgical) in computers, laboratory instrumentation, clinical information systems, in the treatment of chronic diseases and one begins to realize the enormity of change that faced Albania in the last decade of the 20th century and the first decade of the new century.

The lack of management expertise has reached the highest level of Albania's health system. There has been significant turnover, both at the level of the MoH and in senior departments of the Ministry. Finally, however, the planning necessary to achieve health goals is being put in place, both by the MOH and outside consultants from other countries and non government organizations (NGO'S). In a planning document, *The Long-term Strategy for the Development of the Albanian Health System*, Leonard Solis, MoH of the Republic of Albania' indicated that the final objective of the Ministry was to "continually preserving and improving the health of the population" and set forth the following challenges he faced:

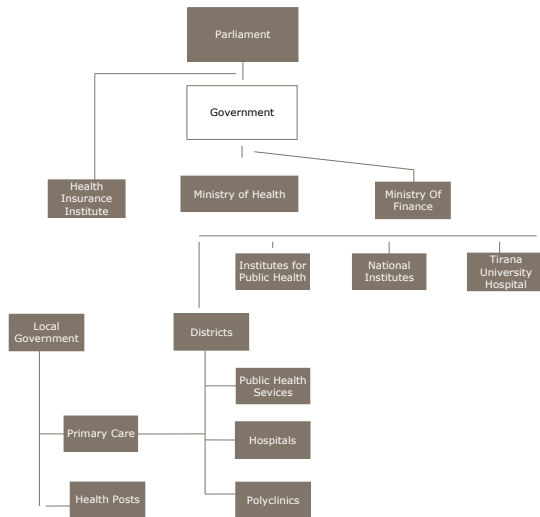
- Strengthening of technical capacity of Ministry of Health in drafting policies, strategies or national plans for health system development, gradually avoiding the traditional role of direct

management of health services.

- Improving stimulating policies for private health service, as well as strengthening of legislation, standards, supervising and monitoring structure related to it in order to protect the health of population from abuses and harmful practices.
 - Placing the patient in the centre of health system as a fundamental condition for quality service and development.
 - Decentralization of health system with the final aims its autonomy, as optimal solution for a good management and safeguarding of system integrity.
 - Establishing of a national system of human health resources, capable to achieve its mission.
- * Extension of financial basic resources, increase of financing and cost- effectiveness in their use through increasing of public funds for health, enlargement and strengthening of health insurance schemes, improving of contracting mechanisms, improvising of management etc.
- Strengthening of managerial capacity of health institutions through creation of modern models for their management. Establishing of the profession of the health managers etc.
 - Preserving and improving the public health adapting it to the economic, social and epidemiologic changes in the country.
 - Strengthening and perfection of primary health service considering it as the main pillar of health services.
 - Creating the model of autonomous hospital aiming at the improvement of management and increasing of quality of service.
 - Radical improvement of dental and pharmaceutical service with the aim to standardize and strengthen the supervising and monitoring structures.^{xi}

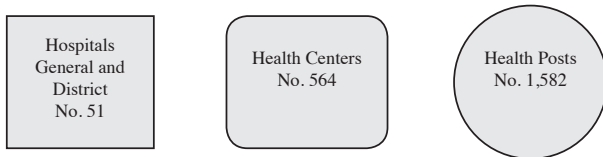
It is interesting to note that nearly one half of the challenges outlined above reflect either directly or indirectly on management concerns and potential solutions. Especially noteworthy is the establishment of a profession of health managers. But managers can only manage if given the autonomy to do so. The MoH recognizes the need to decentralize and to extract the Ministry from direct management. Moreover, autonomous hospitals with strengthened management are called for.

The organizational structure in the Albania health system is similar to many Mediterranean and near eastern countries — at least from a health system organizational standpoint. The outline, on the following page, reflects the current structure in Albania.



Source: *Health Care Systems in Transition*, pg. 17

Assuming all institutional providers in Albania were managed by at least one professional manager, there would need to be nearly 2200 managers. Their talents would be apportioned in the following institutional settings:^{xii}



One alternative would be to train a number of physicians both as care providers and as managers. The World Health Organization (WHO) estimated that Albania had 3,626 physicians in 2006.^{xiii} However, not all physicians make good managers nor do managers necessarily have to have a medical background to manage in the health care environment. Moreover, many physicians focus on narrow medical – or surgical – specialties, and usually are in short supply leaving little time for the demands of strategic management.

Stewardship

As we have noted, the matrix for change in Albania revolves around decentralization of the nation's health care system. Progress toward this end has been incremental in nature and focused on target audiences. In 2003 and 2004 policies were formulated that addressed mental health, public health and health promotion, HIV/AIDS and a master plan for the development of a university hospital. A new Directorate of Policies and Planning has been established and a monitoring system put in place. Inherent problems are focused on policy implementation and again the dearth of professional managers – and indeed sufficient staff at all levels - slows an otherwise ambitious strategy.

The essence of stewardship is planning. The MoH's strategic road map provides both guidance and opportunity. Major goals include:

- Strengthening policy development.
- Work with foreign partners to assist in monitoring and assessment.
- Guide compiling of health plans at the local and regional level.
- Develop a 3 year plan for the health sector (2005 – 2008) including the drafting of a national budget.
- Early in the process, develop a national plan for the hospital sector. Provide for the establishment of district and regional hospitals and services to be provided in these institutions according to population needs. Provide for capital investments to improve secondary services.
- Provide for a health information network at the central and local levels. This will be the facilitating system to determine fund allocation, quality attainment and coordination of the health system at all levels.

Who watches over the providers of health care? Who monitors the educational system that train health care providers? Who analyzes the quality of care? In the United States accreditation is an expectation for institutions and individual providers alike. Whether voluntary or mandatory, watch dogs can be found at the local, state and national levels. The Joint Commission accredits hospitals, nursing homes and diagnostic facilities. The federal government has a host of accrediting bodies, including nuclear medicine. Professional medical organizations accredit practitioners, training schools and residency programs. States through licensure programs accredit nursing homes. In Albania accreditation is merely in the planning stage and a key goal of the MoH is to develop an accreditation system with the help of foreign technical assistance. A primary objective is to create a national accreditation of health care services. Included in this strategy is a push to strengthen - or develop when necessary- professional organizations so that they can educate and license their members and take needed disciplinary actions when necessary for safety or violations of the law are manifest. With the private sector assuming a more important role in the delivering of health care services in Albania, the need to assure quality by appropriate monitoring and regulation becomes increasingly important. To this end, the MoH has developed a list of strategies to assist in meeting its responsibilities in this area. These include improving legislation based on EU standards, development of minimum standards in clinics, laboratories, dental clinics and hospitals and the establishment of a monitoring department.

Lastly, but most importantly, the MoH's stewardship focuses on the patient – indeed the system puts the patient at the center of



service. Often Albanian citizens go to surrounding countries for health services because of three overriding concerns:^{xiv}

- Poor quality.
- Lack of diagnostic and curative services.
- Under the table – illegal payments in diagnostic and curative services.

Strategies developed to address these problems include giving patients a greater voice in the development of the health system and encouraging patients to participate in health and hospital boards.

Just what are these “under the table” payments and what purpose do they attempt to serve? A group of researchers used interviews and focus groups (which they refer to as informants) in three districts in Albania. Their findings suggest that there is perceived low salaries paid to health providers and that giving a gift will provide better treatment and they will not be denied treatment.^{xv} Both patients and providers decry the system but it continues to flourish although at diminished levels.

The stewardship section of the MoH’s long term strategy begins to lay out the health system envisioned in the Albanian Constitution. Article 55, Section 1 provides that citizens enjoy in an equal manner the right to health care from the state. Moreover, specific health problems are being addressed – in mental health, public health and HIV/AIDS. The elements of strategic planning are in place and decentralization has begun but with a realization that quality must be monitored to assure services are delivered in an atmosphere of safety and long term hope.

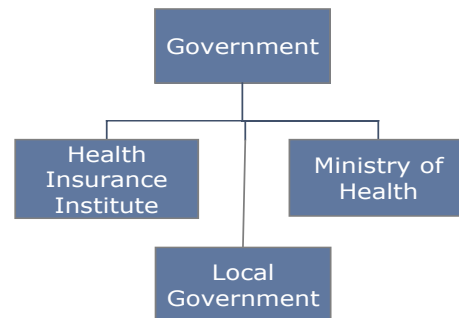
Organization and Decentralization

Change in Albania’s health care system seems to be clothed in a sheer veil of frustration. On the one hand there is a desire to decentralize control, yet the habits of decades do not disappear overnight. While the MoH seeks change, he must be mindful that funding for health care is partially controlled by the Minister of Finance (MoF) and the Health Insurance Institute (HII). At the local government level the MoF provides grants for equipping, maintaining, operating and upgrading primary health care centers and posts as well as for some staff salaries.^{xvi} The HII funds salaries for PHC doctors and essential pharmaceuticals.

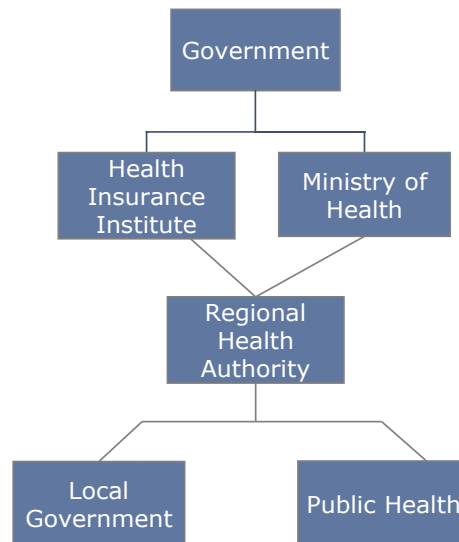
The organizational chart outlined on page 9 of this article provides an example of the difficulty the MoH faces in choosing an appropriate methodology for decentralization combined with accountability. Note that there are many instances where lines in the organizational chart are not connected. The MoH recognizes that managerial capability is a hallmark to successful delegation of authority. Presently in the health sector in Albania two models compete against one another. Devolution is favored by local

governments as authority is placed in the hands of elected local officials. In the second model, autonomy of health services, Regional Health Authorities (RHA’s) contract to deliver services in geographical areas according to the needs of the population. The RHA’s must not only compile regional health plans but also manage national programs on public health. The MoH favors the autonomous model which is contracted and HII financed. In the devolution model concern is expressed that local authorities have not been able to manage health services properly. The devolution and autonomy models are contrasted in the diagrams below:

Devolution Model



Autonomous Model



To implement his objective of an autonomous health system and RHA’s the MoH intends to seek new legislation – Law on Organization and Decentralization of the Health System in Albania - that will implement the proposed reform. RHA’s will be established starting in 2005. Control over public health will seemingly be centralized for the time being until a new system has been approved by the legislature and is in place.



Human Resources

If there is a road block to the MoH's plan to move the health care system forward in Albania it may well be the lack of trained personnel. Out migration to surrounding countries is a problem as is the lack of professional training schools and continuing education opportunities. Physicians often practice in urban areas leaving rural areas without access to health care. While in most countries family practice is a proud specialty in the medical profession, in Albania citizens have lost respect for the family practitioner. There are shortages of both physicians and nurses – in fact the physician to population ratio is lower in Albania than in most countries in Europe. Health care personnel with professional management experience are in short supply. Educational programs are not standardized and accreditation standards do not yet exist.

Unfortunately these problems are not reminded overnight. The MoH summarizes human resource problems as follows^{xvii}:

- Human resources in the health sector are limited.
- Unequal distribution of medical staff.
- Lack of a national plan of human resources.
- Shrinking of professional elite.
- Insufficient number of general practitioners and family doctors.
- Traditional lack of experts in specific fields of public health, health management, health economics, health promotion, policies and planning.
- Basic education in nursing continues to be fluctuated and not standardized.
- Lack of professional accreditation system.
- Lack of a continuous system of professional education.

The health system in Albania is a study of contrasts and a kaleidoscopic landscape of evolving change. Any plan to be successful must factor in the human resource element which must be supported by a good educational system as well as quality and access. But is there confidence in the health system and those who work within it? An interesting paper published by Alan Fairbank, PhD points out that the number of health posts in Albania has declined by 40% since 1989 and utilization has declined even more rapidly – by approximately 60% even though the Health Institute has placed over 1,500 general practitioners in health posts since 1995 and has heavily subsidized prescription drug costs.^{xviii} One could surmise that, like in many countries, there is a population move from rural to urban areas, but a shift of this magnitude suggests other underlying causes.

The MoH's strategies for addressing the human resource issues in the Albanian health system commences with the development of a mid- term and long- term national plan for human resources. This plan will include strengthening weak hospitals and training mid-qualified staff such as nurses and midwives.^{xix} The geographi-

cal distribution of staff will be analyzed by applying labor market principles – hopefully addressing the underutilization trend we noted above. New policies will be adopted that require regional directors to compete on a professional level. A new strategic document on nursing services will attempt to bring organizational and accreditation standards to this important service delivery component of the health system.

Other important considerations in the human resource sector include the establishment of a Centre for Continual Professional Development (CPD). Focusing on education of doctors and nurses, the CPD will use the best trained Albania and foreign professors to create an atmosphere of modern scientific learning.^{xx} Also a School of Public Health will be established in 2005 (to date the school has not been established).

Finally, the MoH will turn his attention to the family physician. This will include improving post graduate education; establishing continuing education courses starting in 2006; and changing the image of the family practitioner by improving clinical practice and involvement in individual and community issues.^{xxi} An accreditation program for different medical specialties will be established.

Financing

A glance at Albania's constitution might lead one to believe that the government provides total health care to its citizens. The constitution provides that citizens enjoy, in an equal manner, the right to health care from the state. One might envision a Canadian health care system where waits may be long but care is generally provided at all levels with minimal out of pocket payments. Alas, Albania has not yet achieved the financial wherewithal to provide cradle to grave coverage. The World Health Organization (WHO) tracks the financial health statistics of its 173 member countries and summarizes Albania's data in the table on the following page.



Albania

Indicator	Value (year)
External resources for health as percentage of total expenditure on health	1.9 (2005)
General government expenditure on health as percentage of total expenditure on health	40.3 (2005)
General government expenditure on health as percentage of total government expenditure	8.6 (2005)
Out-of-pocket expenditure as percentage of private expenditure on health	97.0 (2005)
Per capita government expenditure on health at average exchange rate (US\$)	68.0 (2005)
Per capita government expenditure on health (PPP int. \$)	142.0 (2005)
Per capita total expenditure on health (PPP int. \$)	353.0 (2005)
Per capita total expenditure on health at average exchange rate (US\$)	169.0 (2005)
Private expenditure on health as percentage of total expenditure on health	59.7 (2005)
Private prepaid plans as percentage of private expenditure on health	0.0 (2005)
Social security expenditure on health as percentage of general government expenditure on health	30.1 (2005)
Total expenditure on health as percentage of gross domestic product	6.5 (2005)

Source: WHO – Retrieved June 14, 2008 from: http://www.who.int/whosis/databasel/core/core_select_process.cfm?country=alb&indicators=nha

The government provides 40% of health care expenditures and out of pocket expenditures for the remaining 60% would seem to come from individual citizens as there is no (0 %) private prepaid health plans in Albania. As a percentage of gross domestic product (GDP) Albania spends 6.6% of its total goods and services income on health – less than Bulgaria (7.7%) and Greece (10.1%) but more than Turkey (5.7%) and Romania (5.5%).

Not only is the government the principal conduit through which health funds flow, but it is the primary owner of services that deliver both primary and secondary care.^{xxii} Ownership resides either with the MoH at the national level or at the local level. As we have noted previously, The Health Insurance Institute (HII) pays the salaries of primary care physicians (GP's) and for basic drugs. HII derives its funds from taxation on worker's salaries and is Albania's equivalent of the Social Security/Medicare system found in the United States. Contributions which are collected by Albania's Social Insurance Institute are based on income and amount to 3.5% of wages split between employer and employee. Self employed persons pay between 3% and 7% although lower rates are in place for private farmers.^{xxiii}

Most hospitals are owned by the state and under the control of the MoH. Hospitals in many rural areas have been closed thus taking thousands of beds out of service. The reduction in beds is offset by declining hospital utilization by Albanian citizens who simply cannot afford to pay the extra costs they incur after admission.^{xxiv} Albania's tertiary hospital, Tirana University Hospital, is a 1,500 bed institution that serves the need for specialized care

as well providing medical and nursing schools thus making it the primary health care training facility in the country.

When all is said and done, what can a typical citizen expect who needs health care in Albania, circa 2005-2008? A visit to a state or local health post will give our hypothetical patient a free check up by a general practitioner. Certain drugs may be provided at no charge. Basic education on health matters and necessary vaccines and immunizations will be available without charge. Pre natal care is beginning to be provided locally as well as at district and regional hospitals. Beyond the basics, however, one must expect to pay out of pocket or utilize a fully subsidized health care facility or specialist funded by NGO's such as the World Bank or private non-profit groups. Moreover, even for the incremental parts of the health care system where care is free, there is a perception that one gets what one pays for, and the lack of quality still looms as a goal for future improvement.

The MoH has several strategies in his long term plan for dealing with financing issues. These include:

1. Seek legislation that will improve health financing.
2. Increase public funds available for the health sector.
3. Through HII finance the clinical practice of family doctors through direct contracts and contract with specialists for specialized services in polyclinics and public hospitals. Also further finance specialized hospital services.
4. Contract with groups or individuals who deliver primary care – based on the needs of the population served.
5. Improve productivity and quality of services built around incentives for primary care providers.
6. Measure the cost effectiveness of secondary and tertiary services that are most expensive by installing systems of management and information.
7. Apply co-payments in diagnostic and curative services to avoid abuses.
8. Develop a National Health Account system in cooperation with the Ministry of Finance.
9. The Albanian Government will take on the responsibility of financing public health.^{xxv}

Much of the ambitious plan outlined above for the period 2005-2008 depends on additional financing from the state as well as a desire to improve efficiency, performance and quality through contractual provisions that set forth both expectations and outcomes.

Management

The health care model in Albania is in a state of transition. Most notably is the change from a highly centralized system to a decentralized infrastructure. To be effective, however, this transition must be accompanied by an increase in trained professional man-



agers – managers that can see local needs and use scarce resources to best meet these needs. We have previously determined that most of the primary and secondary care in Albania is controlled at the national or local level. The MoH in addition to these responsibilities must provide management services to other organizations under the health ministry. These include:^{xxvi}

Institutions Under The Health Ministry

Institute of Public Health
National Centre of Drug Control
National Blood Transfusion Centre
National Centre of Well-being, Growth, Development and Rehabilitation of Children
National Centre of Biomedical Engineering

Teamwork in the Albanian health system is a concept much desired but until recently, a victim of the lack of professional managers with modern management training. It's easier to say "do this" than to seek opinions on whether doing something is doing the right thing or doing the right thing right. The MoH alludes to the fact that Albania has few and weak capabilities in health sector management.^{xxvii} The training of health managers is a process that is not accomplished in the short term. Of course, a quick solution is to import professional managers from other countries, but what will draw these managers to Albania? Moreover, the learning curve for cultural and regional differences is often steep. If the MoH could train managers, the process would be lengthy, yet the outcomes would hopefully place Albania's health system in the hands of professional managers over time. A road block to this possibility precludes its implementation. Albanian legislation invests all post graduate and long term training in different fields, including health, under the province of the Ministry of Education and Science.^{xxviii}

Earlier we discussed the possibility of physicians being duly trained as managers. The problem here however, is that physicians are more interested in providing care to their patients, than in managing the resources which they consume. Moreover, most physicians who provide service under the Albanian health system work part time for the government (through a HII stipend) and thus have little interest in combining management and medicine toward a comprehensive whole.

With the need for professional health care managers paramount in the development of the new health care system the MoH envisions, the fact remains that Albania does not have a single school for health management or public health. This means that long term strategies must address and resolve these problems. In a sense we have come full circle to the need for an educational structure at all levels – including primary, specialized and managerial systems

and a corresponding need for accreditation standards that give assurance that education will meet certain levels to assure quality and a lifetime dedication to continual learning. Partnerships with the leading academic, medical, nursing, managerial and accrediting bodies of the world are a suggested starting point. These partnerships might be put in place without violating Albania's legislative intent that all new educational programs must be under the auspices of the Ministry of Education and Science – or there could be a collaborative effort with the Ministry to speed up the necessary changes. Contemporary health care requires contemporary solutions.

Recognizing the challenges that lay ahead, the MoH has developed a list of priorities built around increased management talent. These include:

1. Create an environment for a professional manager by attracting professionals from abroad; training professionals abroad and obligating them to return to Albania and hopefully obtaining managerial talent from a new Public Health School of Health Management expected to be opened soon.
2. Strengthening the managerial skills of primary health physicians. Providing training in human, financial and service management.
3. Strengthening the managerial skills of health directors at all levels.
4. Strengthening hospital managerial capacities. To assist an IT system of clinical and financial information will be developed.
5. Establishing a School of Public Health and Health Management to train health care managers.^{xxix}

Opportunities abound for professionally trained health care managers in Albania. The need is evident and the call has gone out to those who would accept the challenge of making meaningful progress in an evolving health care delivery system that seeks to enter the 21st century without all the technological advances of recent years but with the desire to move forward with leaders rather than followers.

Health Services

No discussion of health services in Albania would be complete without commenting upon an inherent distrust that the population has in its primary care network. We have alluded to this fact earlier in this article. Particularly the countries rural areas feel disenfranchised. There appears to be a shortage of supplies, lack of emergency care on a 24 hour basis as well as the previously mentioned under the table payments. The MoH feels that people will bypass general and family doctors to use the services of specialists available at hospitals. An interesting analysis prepared by the World Bank Institute might shed some light on the political atmosphere that shapes the opinions of Albanian citizens.



Indicators	Source	Baseline 2002	2005	Target 2010	Target 2015	EU-15 Average For 2002
Voice and Accountability	WBI	44.9	49.8	65	81	90.3
Political Stability	WBI	25.5	27.4	60.5	71	84.6
Government Effectiveness	WBI	36.8	35.9	57.5	76	90.3
Regulatory Quality	WBI	41.4	45	63.2	83	90.0
Rule of Law	WBI	16.8	21.2	56.5	74	89.3
Control of Corruption	WBI	23.0	27.6	54.7	73	89.2

Source: World Bank Institute. Higher values indicate better governance ratings.^{xxx}

Comparing the baseline year of 2002 with 2005 in can be seen that all of the indicators for Albania, except government effectiveness, crept up slightly. But note the 15 country European Union average and one gets a good sense that Albania is still struggling in its transition to a democratic republic. Even assuming the 2010 targets can be met, the landscape for reform is difficult terrain to travel.

Primary health care in Albania is hampered by one or more of the following attributes:

- Limited access in rural areas
- Bribery and corruption.
- Poor quality – resulting in infrequent use.
- Poor training of doctors and nurses.
- Lack of accreditation standards.
- Fragmented financing.
- Lack of management that precludes decentralization.
- Outdated equipment and shortage of supplies.
- Lack of 24 hour care.

To address these issues, the MoH has articulated strategies that constitute a major portion of his long term plan for health system reform.

Major provisions of this plan include:

- Incentive programs aimed at improving quality and efficiency of services.
- Permanent presence of mid-qualified staff that will provide basic health services.
- A transportation system serving rural areas.
- 24 hour availability of family physicians.
- Delivering new services not previously provided such as diagnostic laboratories.
- Implementing a continuing education program for primary care providers.

- Developing an accreditation program – for institutions and professionals.
- Developing managers and coordinating management with local governments.
- Increasing the national budget for health care. Institution a series of Co-payments for specific services.
- Develop a combination of fee for service and capitation payments.
- Develop and publish clinical practice guidelines.
- Expand and strengthen public health programs such as immunizations, TB, and mental health. See generally.^{xxxii}

A close look at the MoH's plans indicate a focus on the holy triumvirate of health care – quality, access and cost. Remove one leg of the three legged stool and the seat collapses. Who are the stakeholders that can or will make this happen? Certainly the government – the main financing arm of Albania's current health system is a key player. NGO's must help with the basic infrastructure – from assistance with policy formulation, training, accreditation, and partial financing. Albania's educational system must step to front and center. The legislature must pass and enforce laws needed for an orderly society to function. Providers must be willing to embrace change or be replaced by those willing to do so. Finally, at the center of it all sits the patient, who must perceive that change has happened.

Hospitals in Albania absorbed 65% of the total health care budget in 2003.^{xxxiii} Many of the problems that face Albania's primary health care system are indigenous to the hospital system as well. Access is primarily limited to urban areas. Citizen's underutilize the existing hospital system which has a utilization rate of 50% although the length of stay is high (by U.S. standards) at 6.7 days. The basic issue in Albania's hospitals is poor infrastructure – outdated facilities and equipment and oftentimes environmental issues such as inadequate electricity or water supplies. Moreover, the lack of sound health care management abounds with physicians often balancing clinical and administrative roles simultaneously. Low morale is an inevitable outcome. As with primary care, under the table payments are common. People that can afford to pay for care in Albania go to private hospitals or more often than not, leave the country for services in neighboring countries. What is hoped for is a system recently described in *Healthcare Executive* that describes viable techniques for improving the quality agenda as *ensuring transparency for all entities involved in the healthcare process, aligning financial incentives with quality and efficiency and developing processes to inform patients and involve them in shared decision making.*^{xxxiii}

Clearly a national strategy is needed to bring the hospital system into the 21st century. The MoH proposes a multi-pronged strategy



that includes the following:

- Develop a national plan for district, regional and university hospitals to assure access and compliance with hospital regulations.
- Build a new hospital in Tirana (Albania's Capital) and transfer some services from the University Hospital in that city.
- Place professional managers in hospitals. Improve hospital Board management including a representative of patients as a member.
- Develop a national accreditation system.
- Develop new financing mechanisms for hospitals by 2007 that include government, HII, co-pay and private pay funds.
- Develop a private sector of providers including the development of private insurance plans.
- Develop and implement clinical practice guidelines consistent with modern day hospital practice.
- Increase income of hospital staff.
- Strengthen and standardize maintenance capabilities for hospital equipment.
- Develop a quality improvement program for hospitals. See generally.^{xxxiv}

The strategic plan for improvement in secondary and tertiary services has been developed. Our three legged stool is back and to provide success it must sit on level ground – goals and objectives are in place and the transition appears to be moving forward although the pace of change is slow.

The Success of Reform

This article has attempted to view Albania's health system through the eyes of the person most familiar with challenges and opportunities – its MoH. In a small country like Albania, a single-payer system is a possibility, and indeed that is the footprint of the current system. Yet financing is not sufficient to provide modern institutions and technology. Moreover, for all the reasons set forth in this article, money alone will not provide a cure. The MoH describes the success of reform as dependent of six elements. These include:

1. Public understanding and support.
2. Broad consensus – mitigating the concerns of opponents.
3. Political will – Success goes beyond the Ministry of Health.
4. Follow-up – track progress.
5. Continuity – The time for interruption has passed. Move forward.
6. Coherence – Strategies and actions need to be implemented together.^{xxxv}

The Long Term Strategy for Albania's healthy future was built in a relatively short period of time. With a new democratic republic and a new constitution this Balkan state looks forward to an

increasingly healthy future. Perhaps the very fact that there is a strategy will bring stakeholders together if each can see the pot of gold at the end of the rainbow. This is not country ravished by disease, but rather fragmentation – much like a picture puzzle with a few key pieces missing. Albania's people share a remarkable similarity in culture despite centuries of occupation by various countries and empires. These cultural traits will shape a collective will for change if the population senses government is indeed committed to providing leadership in health care reform.

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