

MAIN FINDINGS AND RECOMMENDATIONS

A. THE HERITAGE

Albania's health care system prior to the transition was characterized by strong central government control over all of the system.

Albania's pre-transition health care system was largely led by secondary care.

Civil unrest and the Kosovo crisis took a heavy toll on the health care system during the 1990s.

The crisis caused further damage, consumed a significant amount of resources and brought to a halt nascent structural reforms in the sector.

A series of sectoral reforms were initiated in the mid-1990s, but limited progress has been made over the past five years in advancing these reforms.

To district public health directorates and intergration of the former with public health functions, the privatization.

B. HEALTH OUTCOMES AND HEALTH CHELLANGES

Albania's health outcomes compare favorably with those of lower middle income contries outside the Europe and central Asia Region, but lag behind those of other contries in the South East European Region.

Despite progress achieved, Albania's health outcomes lag behind those of other countries in the South East European Region, but not to other lower middle income contries in the South East European (SEE) Region. Other sources put Albania's life expectancy below that of all other countries in the SEE Region, and eight years below the EU average. Lowest healthy life expectancy in the SEE Region, put Albania behind other countries in SEE regarding infant mortality.

Albania's demographic and epidemiological profile is changing. The relative burden of infectious diseases is decreasing while non-communicable diseases have become the leading cause of death among the adult population.

Owing to mobility of the population and human and grug trafficking. Among the top new health risk factor are the high tobacco consumption, the rapidly increasing rate of fatal road accidents and changing diets. The health care system is ill prepared to face the increase of non-communicable diseases and the lengthy and costly treatment associated with them.

Albania's health care system is ill prepared to face the growing incidence of non-communicable diseases and other new health risk.

A significant portion of chronic disease conditions could be prevented through the promotion of health lifestyles, screening and primary and secondary preventive care measures. Increased focus on preventive health care is therefore becoming a pressing need in Albania.

Cardiovascular diseases and cancer requires.

The Institute of Public Health is well placed to play a leading role in these efforts, but its capacity will require further strengthening and the resources allocated to public health issue, including health promotion and new public health initiatives, as well as health information, will need to be increased to allow to effectively address these issue.

D. HEALTH CARE DELIVERY

Physical and human resources in the sector are ill aligned with the population's health needs.

A review of the distribution of physical and human resource capacity in the health sector points to large variations in coverage across district and regions.

Imbalanced health care provider network substantial efforts have gone into rehabilitating primary care facilities without any thorough analysis of population

There are marked regional imbalances in medical personnel coverage

Productivity is low, booth primary and hospital, primary care doctor, eight patients per day. The gatekeeper role that 60 percent of the population without a health insurance, of primary care providers with skill upgrading

A large number of small hospitals with utilization and occupancy rates (3.03 beds per 1.000 population) compares favorably to that of many other lower Spain and Turkey. However, the configuration of the hospital 60 percent of Albania's hospitals are too small to exploit scale, 30 out of 46 hospitals have less than 200 beds one quarter of all hospital admissions.

Table 1 -Distribution of Hospitals and Utilization, by Number of Beds, 2003

| Bed range | MON Hospitals | | Beds | | Admissions | | Bed occup- rate | ALOS |
|--------------|---------------|-------------|--------------|-------------|----------------|-------------|--------------------|------------|
| | Total | In % | Total | In % | Total | In % | | |
| < 49 beds | 11 | 23.9% | 331 | 3.7% | 5.392 | 2.0% | 26.7% | 6.7 |
| 50-99 | 9 | 19.6% | 728 | 8.0% | 16.000 | 6.0% | 34.5% | 5.6 |
| 100-199 | 10 | 21.7% | 1.386 | 15.3% | 44.438 | 16.5% | 47.8% | 5.9 |
| 200-299 | 7 | 15.2% | 1.774 | 19.6% | 59.064 | 22.0% | 67.5% | 35.8 (*) |
| 300-399 | 3 | 6.5% | 1.072 | 11.8% | 27.331 | 10.2% | 53.5% | 76.0 (*) |
| 400-499 | 3 | 6.5% | 1.236 | 13.7% | 37.232 | 13.9% | 39.0% | 4.8 |
| 500-599 | 2 | 4.3% | 1.099 | 12.1% | 27.459 | 10.2% | 48.3% | 7.3 |
| 1000+ | 1 | 2.2% | 1.423 | 15.7% | 51.609 | 19.2% | 74.4% | 7.5 |
| Total | 46 | 100% | 9.049 | 100% | 268.525 | 100% | 53.6% | 6.7 |

The quality of health care is low, primary care level.

Reproductive health found that the quality and coverage of prenatal care, one in five women not have any prenatal care.

Remain isolated and lack in-service training

Quality improvement is a core objective

Private sector is still relatively small

Pharmaceutical sector

Pharmaceuticals distribution chain and to cost containment on

E. FINANCING HEALTH CARE

The six per cent of GDP which Albania spends on health care is in line, but Albania's public sector contributes a below average share

The high share of out of pocket payments at the point of service

F. HEALTH SECTOR'S ABILITY TO MEET THE POPULATION'S CHANGING HEALTH NEEDS

Growing incidence of non-communicable

To consolidate achievements in health outcomes, establish

All public sector resources under one funding agency.

General taxation rather than payroll tax contributions as the main

Clearly define the health care benefits which

Increased co-payments with broad based action to root out informat payments

Is severely compromised by the availability and reliability of data. Incomplete and inadequate data can not form the basis of effective policy. It poses the risk of distorted emphasis and attention. This is an area which has not received sufficient attention over the past. The Insitute of Public Health (IPH) has a good basis and would be a natyral body to assume responsibility for the collection and analysis of routine health information as well as increased focused research efforts. Similarly, IPH) gas a good basis and would be the matyral locus for increased efforts in health promotion and public health initiatives. However, IPH can only effectively carry out these tasks if more resources are allocated towards health promotion, new public health initiatives and health information and its capacity is further strengthened.

Regional allocation of health sector funds

The balance between public and private spending on health

Hospital map as an instrument to guide any future investment in the hospital infrastructure

Regional primary health care plants

Pilot efforts to improve clinical effectiveness and quality of care

Of treatment precribing guidelines national in-service training program. The population's demand for health care. Outpatient specialist and hospital physicians

Perfomance based payments

OECD countries suggests that capitation based payments (with possible performance supplements) for primary care and global budgets with case mix adjusters may present a good basis for such changes in Albania case mix adjusters wuold.

A Quality assurance system

Reforms in the pharmaceutical sector

Tightening the positive list of reimbursable drugs indication reference group based reimbursement system

Sectoral Management and Stewaedship

Role of regional health authorities needs

Ability to allocate the available funding amongst service provides in necessary trade-offs to direct purchasing model.

Organization and Management of primary Care Providers

Primary care will eventually be provided through independently contracted general practitioners or groups of such practitioners.

Autonomy for Hospitals

Proposed amendments to the hospital law foresee autonomous non-budgetary not for profit public organizations governed by a board, while the MOH will retain the right to appoint the hospital director. Grant hospitals full financial autonomy to the extent of letting them borrow commercially for investments.

Population Feedback and Community Participation

CHAPTER 1. HEALTH STATUS OF THE ALBANIA POPULATION

A. INTRODUCTION

Demographic change

B. SOURCES INFORMATION AND DATA QUALITY CONCERNS

Data limitations

Comparisons to other countries in the region where the data permit.

Demographic and Health Status Data Concerns-All Illustration

Registration of vital events was significantly

Registered births

Infant, under five and maternal mortality incomplete reporting

The WHO estimates show a completely different picture, with life expectancy in Albania being the lowest in the Balkan, three years below the average for the entire European region and eight years below the average for EU countries.

The results of household surveys can also provide

Underreporting of abortions would make survey results unreliable.

C. DEMOGRAPHIC PROFILE

Migratory waves, improving mortality rates and declining fertility rates 3,063 million. The population below 15 years of age in now decreasing 65 years is growing faster than

C.1. Migration

Health sector work force lost a significant amount of staff to international. Albania lost over 2,800 nurses.

C.2. Geographic Distribution of the Population

With 58 percent of its population living in rural areas.

Table 1.1- Regional Distribution of Population, 2001

| Region | Population | % of total |
|---------------|------------------|------------|
| Berat | 193.020 | 6.3 |
| Elbasan | 362.736 | 11.8 |
| Gjirokaster | 112.831 | 3.7 |
| Korce | 265.182 | 8.6 |
| Shkoder | 256.473 | 8.4 |
| Durres | 245.179 | 8.0 |
| Fier | 382.544 | 12.5 |
| Lezhe | 159.182 | 5.2 |
| Vlore | 192.982 | 6.3 |
| Diber | 189.854 | 6.2 |
| Kukes | 111.393 | 3.6 |
| Tirana Region | 597.899 | 19.5 |
| Total | 3.069.275 | 100 |

Source: INSTAT

C.3 Population Growth

Population growth and fertility rates have been falling.

Table 1.3 – Age Structure of the Albania Population

| Age groups | 1990 | 2001 | 2004 |
|------------|------|------|------|
| 65-60 | 2.1% | 2.8% | 3.1% |
| 70-74 | 1.4% | 2.1% | 2.2% |
| 75-79 | 1.0% | 1.3% | 1.4% |

Source: INSTAT

D. POPULATION HEALTH STATUS

D.1 Life Expectancy

Albania's life expectancy compares relatively favorably with similar socioeconomic development level rendered difficult by data inconsistencies of 75.7 years in 2003 (Table 1.4) enjoy the longest life expectancy in the Balkans. "Albanian paradox" Mediterranean lifestyles and high consumption of fruits and vegetables and low consumption of total energy, meat and milk products low prevalence of smoking before the transition.

Table 1.4 – Life Expectancy at Birth According to Various Sources

| | 1980 | 1985 | 1990 | 1995 | 2000 | 2003 |
|-------------------------------|------|------|------|------|------|------|
| Total Population | | | | | | |
| Albania official statistics | 69.5 | 71.9 | 72.2 | 71.4 | 74 | 75.7 |
| World Development Indicators | | | 72.2 | 71.3 | | 74 |
| WHO estimated life expectancy | | | | | 68.9 | 70.4 |
| Male Population | | | | | | |
| Albania official statistics | 67 | 68.7 | 69.3 | 68.5 | 71.7 | 73.3 |
| World Development Indicators | | | 69.3 | 68.5 | | 71.7 |
| WHO estimated life expectancy | | | | | 65.1 | 67.3 |
| Female Population | | | | | | |
| Albania official statistics | 72.3 | 75.5 | 75.4 | 74.3 | 76.4 | 78.4 |
| World Development Indicators | | | 75.4 | 74.3 | | 76.4 |
| WHO estimated life expectancy | | | | | 72.7 | 74.1 |

In 2002, the WHO estimated healthy life expectancy at birth in Albania at 61.4 years, with 59.5 years for males and 63.3 years for females.

40 percent of infant deaths occur during the first month of life and one-quarter occur during the first week, early neonatal deaths (0-6 days) accounted for about one-quarter of all infant deaths, improvements in prenatal care to screen for high pregnancies relatively high for the health care system.

“Epidemiological Studies of Infant Mortality in Albania”, 2003

“Epidemiological of Infant Mortality in Albania”, 2004

Table 1.5 Infant and Child Mortality Rates According to Different Data Sources

| | 1970 | 1975 | 1980 | 1985 | 1990 | 1995 | 2000 | 2003 |
|----------------------------------|------|------|------|------|------|------|------|-------|
| Infant Mortality Rate | | | | | | | | |
| MOH/IPH | | | | | 28.3 | 30 | 16 | 15.5 |
| UNICEF 2000 MIC Survey | | | | | | | 28 | |
| World development Indicator | 78 | | 55 | | 37 | 25 | 22 | 18 |
| WHO estimates | | | | | | | 23 | |
| Under five mortality rate | | | | | | | | |
| MOH/IPH | | | | | 41.5 | 37 | 20.4 | 22.1* |
| UNICEF 2000 MIC Survey | | | | | | | 33 | |
| World development Indicator | | | | | | | | |
| WHO estimates | 109 | | 72 | | 45 | 34 | 25 | 21 |

UNICEF and the World Bank’s World higher maternal mortality rate (55 per 100.000 live births in 2000)

Table 1.6- Officially Reported Maternal Mortality Rates, Albania and Neighboring Countries

| | 1996 | 2003* |
|------------------------|-------------|--------------|
| Albania | 32.1 | 18 |
| Bosnia and Herzegovina | | |
| Bulgaria | 19.3 | 5.7 |
| Croatia | 1.8 | 7.5 |
| Greece | 4.9 | 3.9 |
| Hungaria | 11.4 | 7.4 |
| Italy | 3.7 | 2 |
| Macedonia, FYR | | 3.7 |
| Romania | 41 | 30.5 |
| Serbia and Montenegro | 7.2 | 5.7 |
| Slovenia | 26.7 | 17.2 |
| European region | 20.6 | 15.6 |

Table 1.7 –Main Causes of Death, 1993 and 2003

| | 1993 | | 2003 | |
|------------------------------------|----------------------------------|------------------------|----------------------------------|------------------------|
| | Deaths per 100.000 People | % of all deaths | Deaths per 100.000 People | % of all deaths |
| Total Deaths | 543 | | 574 | |
| Out of which | | | | |
| Infection diseases | 11 | 2 | 3 | 1 |
| Diseases of the circulatory system | 201 | 37 | 288 | 50 |
| Neoplasms | 61 | 11 | 95 | 17 |
| Diseases of the respiratory system | 72 | 13 | 33 | 6 |
| Diseases of the digestive system | 21 | 4 | 10 | 2 |
| Accidents, Injuries, Poisoning | 48 | 9 | 39 | 7 |
| Diseases of the nervous system | 22 | 4 | 15 | 3 |
| III-defined conditions | 72 | 13 | 65 | 11 |

To ischemic heart diseases on par with figures. Cancer constitute the second main cause of deaths in adult.

Masles has since continued to circulate, with sporadic and limited outbreaks, but causing no deaths.

While the National Immunization Program has thus been successfully regaining its strength during the last five years, Albania's financial sustainability plan for the program point out that some problems remain which need to be addressed.

Zoonoses and parasitic diseases do not constitute a major diseases burden,

Waterborne diseases still constitute a significant public health

Reporter tuberculosis incidence is lower

| Age | Visit | Vaccine | | | | | |
|-----------|-------|---------|-------|-------|---------|------|-------|
| | | BCG | DTP | OPV | Hep-B | Hib | M(M)R |
| At birth | 1 | BCG-1 | | | Hep-B-1 | | |
| 2 months | 2 | | DTP-1 | OPV-1 | Hep-B-2 | Hib* | |
| 4 months | 3 | | DTP-2 | OPV-2 | | Hib* | |
| 6 months | 4 | | DTP-3 | OPV-3 | Hep-B-3 | Hib* | |
| 12 months | 5 | | | | | | MMR** |
| 24 months | 6 | | DTP-3 | OPV-4 | | | |
| 5-6 years | 7 | | DT | OPV-5 | | | MMR** |
| 14 years | 8 | | Td | | | | |

September 2005

Number of cases is likely to be grossly underestimated.

There is little information available on the prevalence of mental health disorder and disability

Survey data suggest a considerable incidence of malnutrition among Albania's children. According to the 2002 LSMS, almost one in three children is moderately stunted, while one in five is severely stunted. About 8 percent are moderately wasted. UNICEF's MICS found similar figures in 2000. According to the MICS results, vitamin A supplementation in under-five children is less than 8 percent, a low level.

Awareness of contraceptive methods.

The quality of prenatal care is of serious concern.

84 percent births took place in a health care facility between 1997 and 2002, district maternity hospital (71 percent). Home births are more likely in rural areas, among older women, among the least educated and among those with no prenatal care.

Only one in five women had a postpartum visit.

Family planning was practically nonexistent before 1991. 47.6 abortions per 100 deliveries in 1996 and dropped to 34.4 in 1999.

Reproductive health survey point

HEALTH RISKS AND DETERMINANTS

Smoking has become a major health risk factor in Albania.

Estimates by the International Agency for Research on Cancer indicate that Albania has one of the highest age-standardized male lung cancer incidences in the European Region 79 per 100.000 men in 2000

Drug trafficking has

Access to safe water remains less than dwellers have access to running water inside in Tirana, running water (97 percent) piped toilet. Serious risk of sewage water contaminating the water supply.

| | Coastal | Central | Mountain | Tirana | Total |
|--|---------|---------|----------|--------|-------|
| Main households water source (% of households) | | | | | |
| Running water inside | 44.8 | 45.8 | 29.7 | 92.1 | 48.3 |
| Running water outside | 15.1 | 19.5 | 28.3 | 4.6 | 17.6 |
| Water truck | 0.4 | 1.5 | 0.3 | 0.1 | 0.9 |
| Public tap | 6.9 | 9.7 | 18.3 | 2.0 | 9.0 |
| Spring or well | 30.2 | 21.5 | 23.1 | 1.3 | 22.3 |
| River, lake, pond | 0.1 | 1.7 | 0.3 | 0.0 | 0.9 |
| Other | 2.5 | 0.3 | 0.0 | 0.0 | 0.9 |
| | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

Half of all citizens have access to solid waste services

A low rate of vehicles compared to its population

F. CONCLUSIONS AND RECOMMENDATIONS

Albania's health outcomes compare favorably to those of other middle income countries, but lag behind those of other countries in the SEE regions.

Maternal and child health care needs to be substantially strengthened if Albania strives to bring infant and maternal mortality rates close to the regional average.

Low quality of prenatal, obstetrical and post-natal care rather than access to such care.

Shift its emphasis from almost exclusive focus on curative care to more preventive care health promotion

Capacity for health promotion, primary and secondary prevention of cardiovascular diseases and cancer

HIV/AIDS prevalence is reportedly still low.

Strengthen its health information system to allow

Health information has fallen short in both overall shortage of personnel with appropriate knowledge and skill in medical, the Institute of Public Health (IPH), experience working with various international partners.

Increasing tobacco consumption

CHAPTER: 2 SUPPLY AND UTILIZATION OF HEALTH CARE

52. 12 regions that include 36 districts, 65 Municipalities and 309 communities. Multitude of public and a limited number of private providers.

53. MoH is the main provider of health care in Albania network of hospitals, polyclinics, and primary health care centers.

Institute for Public Health (IPH) health protection (e.g. prevention and control of infectious diseases, national vaccination), and environmental health; child vaccination, reproductive health, epidemiological surveillance, national program.

54. Prior to 1990 through a nationwide network of health centers health care system prior to transition was secondary care-led and largely remains so today.

Polyclinics are the responsibility of the district hospital affiliated and provide specialist care. Primary the local governments in the mid-1990-s. General administration of MoH's regional and district affiliates. Pilot project, the Tirana Regional Health to administer all PHC, including polyclinics and public health in the region.

55. In 1997, the government developed a PHC policy with planning (ambulances) per village and a health center per commune, by family physicians.

Limited medical technology a small number of beds, mainly for maternity care, 1 to 3 general practitioners (GPs).

Polyclinics are staffed by specialists as well as by GPs. First point of contact for supposed to act as a gatekeeper for secondary care.

56. Process of facilities reconstruction is still ongoing.

2003, The MOH reported totally 2,133 PHC facilities of which 582 health centers, 1,501 health posts and 50 polyclinics.

Table 2.1 Number of outpatient facilities, 1995 and 2000-2003

| Years | 1995 | 2000 | 2001 | 2002 | 2003 |
|------------------------------------|--------------|-------------|-------------|-------------|-------------|
| Total population | 3,185,000 | 3,113,000 | 3,132,000 | 3,150,000 | 3,169,000 |
| Health Centers | 622 | 580 | 604 | 571 | 582 |
| No. of Health Centers/1000pop | 0.20 | 0.19 | 0.19 | 0.18 | 0.18 |
| | | | | | |
| Health Posts/Ambulances | 1,832 | 1,505 | 1,433 | 1,375 | 1,501 |
| No. of Health Posts/1000pop | 0.58 | 0.48 | 0.46 | 0.44 | 0.47 |
| | | | | | |
| Polyclinics with specialists urban | 53 | 50 | 50 | 50 | 50 |
| No. of Polyclinics/1000 pop | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 |
| Total number of HC, HP, PC | 2,507 | 2135 | 2087 | 1996 | 2133 |
| Total HC,HP, PC/1000 POP | 0.79 | 0.69 | 0.67 | 0.63 | 0.67 |

Table 2.2 Area Distribution of PHC Facilities, in % of Total 2003

| Area | Health Centers Total | Health Posts * Total | Polyclinics Total | All PHC Facilities Total | Pop Total |
|----------------|-----------------------------|-----------------------------|--------------------------|---------------------------------|------------------|
| Central | 46% | 58% | 35% | 54% | 39 |
| Coastal | 28 | 30% | 20% | 30% | 32% |
| Monutain | 11% | 5% | 12% | 7% | 10% |
| Tirana | 15% | 7% | 33% | 9% | 19% |
| Albania | 582 | 1501* | 50 | 2133 | |
| | 100% | 100% | 100% | 100% | 100% |

Table 2.3 Population Catchment Area of PHC Facilities, by region

| Area | Regions | Number of inhabitants per PHC facility | | | |
|------------------------|-------------|--|--------------|---------------|--------------------|
| | | Health Centers | Health Posts | Polyclinics | All PHC Facilities |
| Central | Berat | 5,079 | 1,021 | 64,340 | 839 |
| | Elbasan | 5,668 | 1,570 | 90,684 | 1,213 |
| | Gjirokaster | 2,686 | 752 | 37,610 | 579 |
| | Korce | 5,765 | 1,128 | 53,036 | 927 |
| | Shkoder | 3,288 | 3,612 | 128,237 | 1,698 |
| Coastal | Durres | 16,345 | 2,452 | 122,590 | 2,069 |
| | Fier | 8,139 | 2,161 | 127,515 | 1,685 |
| | Lezhe | 3,061 | 2,067 | 53,061 | 1,206 |
| | Vlore | 3,860 | 1,892 | 96,491 | 1,253 |
| Mountain | Diber | 4,868 | 5,753 | 63,285 | 2,531 |
| | Kukes | 4,284 | 2,931 | 37,131 | 1,663 |
| Tirana | Tirana | 7,034 | 6,101 | 37,369 | 3,005 |
| Average Albania | | 5,274 | 2,045 | 62,638 | 1,440 |

58. Regional differences are driven by the financial incentives set to providers many physicians left rural and remote areas lured by more opportunities in tertiary hospitals and the private sector in the cities, especially Tirana.

New payments for the GPs, which included a capitation system with higher succeeded in attracting some GPs to rural areas but only 1% of the population in 15 communities remain outside the MOH established norms for a GP.

59. Utilization of primary health care facilities in Albania is low

Table 2.4 Number of Visits per Health Center per Day

| Area | Regions | Health Centers | No.of Patients per GP per Day |
|----------|-------------|----------------|-------------------------------|
| Central | Berat | 14 | 7 |
| | Elbasan | 10 | 7 |
| | Gjirokaster | 7 | 5 |
| | Korce | 22 | 9 |
| | Shkoder | 12 | 5 |
| Coastal | Durres | 43 | 7 |
| | Fier | 21 | 7 |
| | Lezhe | 5 | 5 |
| | Vlore | 12 | 10 |
| Mountain | Diber | 5 | 3 |
| | Kukes | 10 | 6 |
| Tirana | Tirana | 9 | 4 |

Table 2.5 Productivity of Physicians Working in Outpatient Facilities, by Facility, 2003

| Facility Type | Location in Tirana Region | Number of visits per day per: | |
|-------------------------|---------------------------|-------------------------------|------------|
| | | Family physician | Specialist |
| | Urban I | 9.2 | 5.6 |
| | Urban II | 7.1 | 3.0 |
| Health centers | Rural III | 4.2 | 1.1 |
| | Rural IV | 5.4 | 1.1 |
| | <i>Total</i> | <i>6.7</i> | <i>3.3</i> |
| Polyclinics | <i>Total</i> | <i>11.1</i> | <i>6.5</i> |
| Special Polyclinics | <i>Total</i> | <i>n/a</i> | <i>1.8</i> |
| Other Facilities | <i>Total</i> | <i>n/a</i> | <i>2.7</i> |
| Total health Facilities | | 12.2 | 3.6 |

61. MOH is the owner and administrator of all hospitals, except the Military

62. Albania`s hospital capacity (3.03 beds per 1,000 population) compares favorably to that of lower middle income countries, but is on the lower end of the European

63. Three tiered hospital network with district and regional hospitals tertiary care in Tirana has not yet been fully implemented

11 regional hospitals located in the Ophthalmology, Orthopedics, trauma, Neuro-Psychiatry, chest Medicine and Infectious Diseases, together with basic services. Tertiary care Tirana University Hospital two Psychiatric hospitals, located

Table 2.7 Regional Distribution of all Hospitals Providing Inpatient Care in Albania, 2003

| Area | Regions | MOH Hospitals | Hospitals/ 100,000 | Hospital Beds | Beds/ 100,000 | Total staff Per bed |
|---------|---------------|---------------|--------------------|---------------|---------------|---------------------|
| Coastal | Fier | 3 | 0.78 | 678 | 177.23 | 0.82 |
| Tirana | Tirana Region | 6 | 1.00 | 2,399 | 401.24 | 1.88 |

Albania health indicators for years 1993-2003 Ministry of Health

68. Small hospitals with less than 100 beds report very low bed occupancy rates, overall low utilization as patients do not to trust that these facilities can provide adequate quality of care.

71. Inefficiency implications of low use rates in hospitals are

Table 2.12 Utilization of Inpatient Care Facilities, Country Comparison, 2002-2003

| Country | Hospital beds/ 100,000 | Admissions/ 100 pop | ALOS | Bed Occ rate (%) | Surgeries/ 100,000 |
|---------------|---------------------------|------------------------|------|---------------------|-----------------------|
| Albania 2003 | 303.6 | 8.74 | 6.6 | 53.6 | 1,813.3 |
| Turkey 2003 | 260.0 | 8.11 | 5.8 | 62.0 | 3,115.8 |
| Romania 2003 | 749 | 24.92 | n/a | n/a | 17,065.3 |
| Bulgaria 2003 | 720 | 17.54 | n/a | n/a | n/a |
| Spain 2003 | 280 | 11.94 | 9 | 77.2 | 5,252.1 |
| EU 2002 | 795.8 | 18.55 | 9.5 | 76.9 | 7,200.7 |

72. Finalizing the country's hospital map is an overall poor quality of Albania's hospital infrastructure.

77. Public providers will be granted increased autonomy and the

78. Substantial work on the establishment of quality standards hospitals and initiated work WHO, it has developed a total of 252 standards
Piloted in four Albanian hospitals with results expected by the end of July 2005.
Provider licensing system should instrument to ensure higher quality of care.

Accreditation is systematically promote the continuous improvement of health services quality. Combines internal improvement and assessment with external assessment mechanisms, accreditation of an international accreditation agency.
With a licesing system a governmental authority grants permission to an individual practitioner or a health care.

82. Significant variations in service use across regions.

| Area | Regions | Health center | Health posts | Polyclinics | Home visits HC | Home visits HP | Total visits |
|----------------------------------|-------------|---------------|--------------|-------------|----------------|----------------|--------------|
| Central | Berat | 0.80 | 0.22 | 0.38 | 0.02 | 0.01 | 1.43 |
| | Elbasan | 0.53 | 0.13 | 0.32 | 0.01 | 0.01 | 0.99 |
| | Gjirokastra | 0.86 | 0.09 | 0.51 | 0.01 | 0.00 | 1.49 |
| | Korce | 1.13 | 0.28 | 0.57 | 0.03 | 0.01 | 2.02 |
| | Shkoder | 1.10 | 0.45 | 0.30 | 0.16 | 0.05 | 2.07 |
| Coastal | Durres | 0.78 | 1.37 | 0.24 | 0.02 | 0.75 | 3.16 |
| | Fier | 0.77 | 0.27 | 0.48 | 0.02 | 0.01 | 1.56 |
| | Lezhe | 0.47 | 0.14 | 0.72 | 0.02 | 0.03 | 1.39 |
| | Vlore | 0.93 | 0.18 | 0.32 | 0.03 | 0.01 | 1.47 |
| Mountain | Diber | 0.29 | 0.18 | 0.31 | 0.03 | 0.01 | 0.82 |
| | Kukes | 0.71 | 0.04 | 0.25 | 0.06 | 0.01 | 1.06 |
| Tirana | Tirana | 0.39 | 0.07 | 1.78 | 0.01 | 0.01 | 2.26 |
| Annual visits per capital | | 0.70 | 0.28 | 0.67 | 0.03 | 0.07 | 1.75 |

E.3. Morbidity and Care Seeking in 2002 and 2004

Table – proportion of Hospital Stay, by Socio-demographic Characteristics, in % of All

| Year | Female | Male | Urban | Rural | Insured | Uninsured | All |
|------|--------|------|-------|-------|---------|-----------|-------------|
| 2002 | 4.83** | 3.27 | 3.85 | 4.19 | 3.61 | 4.31 | 4.07 |
| 2004 | 5.20* | 3.71 | 5.00 | 4.16 | 6.58** | 2.45 | 4.50 |

F. CONCLUSIONS AND RECOMMENDATIONS

Public provider network suffer from serious inefficiencies which are reflected

The hospital network is characterized by a large number of small hospitals with extremely low occupancy rates, as patients circumvent these hospitals.

Six out of twelve regions have hospital occupancy rates of less than percent.

Substantially upgrade the quality of care

Regulatory framework is inadequate to properly harness

Management information system in the health sector.

Table 3.10 - Average Monthly Public Sector Wages, 2000-2003

| | Average Salary in Lek | | | | Percent of Health Level | | | |
|-----------------------------------|-----------------------|--------|--------|--------|-------------------------|------|------|------|
| | 2000 | 2001 | 2002 | 2003 | 2000 | 2001 | 2002 | 2003 |
| Total | 14.963 | 17.218 | 19.659 | 21.325 | 116 | 122 | 129 | 119 |
| Health | 12.847 | 14.148 | 15.280 | 17.985 | 100 | 100 | 100 | 100 |
| Education | 14.760 | 17.358 | 18.263 | 21.263 | 115 | 123 | 120 | 118 |
| Agriculture, forestry, fishing | 11.933 | 14.897 | 16.123 | 17.537 | 93 | 105 | 106 | 98 |
| Industry | 13.899 | 15.912 | 17.082 | 20.727 | 108 | 112 | 112 | 115 |
| Construction | 12.392 | 13.961 | 15.856 | 16.670 | 96 | 99 | 104 | 93 |
| Trade | 11.588 | 14.204 | 15.677 | 19.204 | 90 | 100 | 103 | 107 |

Table 3.11 –Average Salaries by Type of Institution, Health Sector (x 1,000 Lek)

| Provider Type | Physicians | Nurses | Low medical personnel | Admin. staff | Technical | Support |
|---------------|------------|--------|-----------------------------|-----------------|-----------|---------|
| | | | | | | |

| | | | | | | |
|-----------------------------|-------------|------|------|------|------|------|
| All providers | | | | | | |
| Tirana | 21.8 | 16.7 | 16.6 | 32.6 | 13.4 | 12.9 |
| Outside Tirana | 21.0 | 16.3 | 16.0 | 26.3 | 13.4 | 12.9 |
| University hospitals | 23.7 | 17.5 | 17.9 | 44.0 | 13.4 | 12.9 |
| Other hospital | 21.7 | 16.8 | 16.8 | 23.9 | 13.4 | 12.9 |
| Polyclinics | 20.0 | 15.9 | 15.0 | 28.6 | 13.4 | 12.9 |
| Health center* | 42.8 | 15.9 | 15.0 | n/a | n/a | 12.9 |
| Health post* | 42.8 | 15.9 | 15.0 | n/a | n/a | 12.9 |
| Other MOH | 26.1 | 16.2 | 15.6 | 31.5 | 18.5 | 12.9 |
| Of which: IPH | 33.7 | | 15.2 | 27.7 | 13.4 | 12.9 |
| National Grug Center | | | 16.2 | 30.1 | 13.4 | 12.9 |
| Gov. Medical Service Center | 21.7 | 16.2 | 14.5 | 28.1 | 13.4 | 12.9 |
| National Blood Center | 22.8 | 16.2 | 16.6 | 24.6 | 13.4 | 12.9 |
| Biomedical workshop | | | | 22.7 | 13.4 | 12.9 |

Table 3. 12 – Urban and Rural Salary Structures

| | Minimum salary | Maximum salary | Average salary |
|------------------------|-----------------------|-----------------------|-----------------------|
| GP urban area | 25 | 42 | 33 |
| GP rural area | 35 | 60 | 47 |
| Premium for rural | 40.0% | 42.9% | 42.4% |
| Specialist urban/rural | 19.3 | 20.8 | 20 |
| Nurse urban/rural | 14.5 | 17.3 | 15.9 |

Table 3.14 – Hospital Productivity (2003 or latest years)

| | Albania | Bulgaria | Croatia | Romania | Turkey |
|-----------------|----------------|-----------------|----------------|----------------|---------------|
| Beds/MD | 3.84 | 3.89 | 4.21 | 6.41 | 3.27 |
| Index, AL=100 | 100 | 1001 | 109 | 167 | 85 |
| Beds/RN | 1.93 | 2.50 | 1.74 | 2.60 | 2.36 |
| Index, AL=100 | 100 | 130 | 90 | 135 | 122 |
| Days/MD | 723 | 956 | 1.337 | 1.948 | 601 |
| Index, AL=100 | 100 | 132 | 185 | 269 | 83 |
| Days/RN | 363 | 614 | 554 | 790 | 434 |
| Index, AL=100 | 100 | 169 | 153 | 218 | 120 |
| Cases/MD | 110 | 109 | 122 | 243 | 104 |
| Index, AL=100 | 100 | 99 | 111 | 222 | 95 |
| Cases/RN | 55 | 70 | 50 | 99 | 75 |
| Index, AL=100 | 100 | 127 | 92 | 180 | 136 |

Table 3.15 – Medical School in Albania, 2001-2003

| Professional | Institution | First Year Enrollment | | | Graduates | | |
|-----------------|--------------|-----------------------|------------|------------|------------|------------|------------|
| | | 2001 | 2002 | 2003 | 2001 | 2002 | 2003 |
| Physicians | U.of Tirana | 198 | 166 | 285 | 172 | 193 | 146 |
| Dentists | U.of Tirana | 78 | 71 | 105 | 67 | 72 | 61 |
| Pharmacists | U.of Tirana | 50 | 48 | 76 | 32 | 36 | 23 |
| Nurses/midwives | Total | 520 | 683 | 830 | 245 | 286 | 318 |
| | Vlora | 104 | 146 | 180 | 66 | 60 | 67 |
| | Tirana | 140 | 146 | 231 | 108 | 115 | 133 |
| | Elbasan | 72 | 90 | 99 | | | |
| | Korce | 108 | 120 | 119 | 56 | 80 | 85 |
| | Shkoder | 53 | 111 | 113 | | | |
| | Gjirokaster | 43 | 70 | 88 | 15 | 31 | 33 |

Table 3.16 – Total Graduates from Medical School by Year, 1997-2003

| | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 |
|--------------------|------|------|------|------|------|------|------|
| Doctor | 336 | 293 | 153 | 150 | 144 | 172 | 188 |
| Nurses | | 117 | 140 | 164 | 188 | 245 | |
| Dentists | 57 | 44 | 27 | 32 | 68 | 67 | 77 |
| Pharmacists | 39 | 30 | 19 | 32 | 12 | 32 | 36 |

Table 3.17 – Graduates per 100 Practicing Professionals by Year, 1997-2003

| | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 |
|--------------------|------|------|------|------|------|------|------|
| Doctor | 7.8 | 6.8 | 3.5 | 3.5 | 3.5 | 4.2 | 4.6 |
| Nurses | 0.0 | 0.9 | 1.1 | 1.3 | 1.6 | 2.1 | 0.0 |
| Dentists | 4.2 | 3.2 | 1.9 | 2.5 | 5.4 | 5.2 | 6.0 |
| Pharmacists | 3.1 | 2.4 | 1.5 | 2.6 | 1.0 | 2.6 | 2.9 |

E. MAJOR ISSUE IN MEDICAL EDUCATION**Table 3.18 Current Post-Graduate Enrollment by Specialty and Year**

| SPECIALTY | Year 1 | Year 2 | Year 3 | Year 4 | Total |
|-------------------------------|--------|--------|--------|--------|-------|
| Pediatrics | 11 | 15 | 8 | 9 | 43 |
| Anesthesiology-Intensive Care | 10 | 13 | 5 | 8 | 36 |
| General practitioners | 14 | 17 | 3 | 0 | 34 |
| Obstetrics-Gynecology | 6 | 16 | 11 | 0 | 33 |
| Surgery | 7 | 7 | 8 | 8 | 30 |
| Gastroenterology | 8 | 10 | 0 | 5 | 23 |
| Cardiology | 6 | 7 | 4 | 5 | 22 |
| Radiology | 5 | 5 | 5 | 4 | 19 |
| Infectious | | | | | |

| | | | | | |
|--|-----|-----|----|----|-----|
| diseases | 6 | 7 | 3 | 3 | 19 |
| Otolaryngology | 0 | 7 | 8 | 0 | 15 |
| Psychiatry | 0 | 4 | 7 | 3 | 14 |
| Public health | 8 | 5 | 0 | 0 | 13 |
| Laboratory, clinical biomedicine | 7 | 3 | 2 | 0 | 12 |
| Orthopedics | 0 | 0 | 6 | 4 | 10 |
| Dermatology | 0 | 6 | 4 | 0 | 10 |
| Ophthalmology | 0 | 6 | 0 | 2 | 8 |
| Neurology | 0 | 4 | 0 | 4 | 8 |
| Endocrinology | 0 | 0 | 4 | 3 | 7 |
| Rheumatology | 0 | 0 | 6 | 1 | 7 |
| Pulmonary medicine | 7 | 0 | 0 | 0 | 7 |
| Nephrology | 0 | 6 | 0 | 0 | 6 |
| Allergist | 6 | 0 | 0 | 0 | 6 |
| Microbiology | 6 | 0 | 0 | 0 | 6 |
| Hematology | 0 | 0 | 3 | 0 | 3 |
| Anatomic pathology | 0 | 2 | 0 | 0 | 2 |
| TOTAL | 107 | 140 | 87 | 59 | 393 |

F. CONCLUSIONS AND RECOMMENDATIONS

Significant challenges that require concerted

Patients are already “voting with their feet” in bypassing general practitioners in favor of hospitals and specialist physicians

The skewed geographic distribution of health sector staff will need to be

Conflicts on the various motivating factors for health care personnel.

Increasing productivity will require specific incentives for improve performance.

Improve the quality of care is pressing, particularly at the primary care level

Mechanisms are also needed to promote continuing quality assurance at the provider level

Innovative approaches and institutional arrangements

The capacity for health human resource planning needs to be

**The role of the Ministry in human resource planning will become
Effective human resource planning**