ALBANIAN NATIONAL

HEALTH STRATEGY

2016-2020

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## Foreword by the Minister of Health

ALBANIAN NATIONAL

HEALTH STRATEGY

2016-2020

## The Vision of the National Health Strategy of Republic of Albania

**BETTER HEALTH AND WELLBEING THROUGH QUALITY, TIMELY, SUSTAINABLE AND AFFORDABLE ACCESS TO HEALTH FOR ALL IN ALBANIA**

The vision for health care in Albania encompasses many aspects of health and wellbeing, including the reduction of inequalities in health, further infrastructure development and modern medical technology, human resources and institutional capacities, improvement of safety and quality, equal access for all and protection against the financial burden incurred due to the disease treatment costs.

The principles upon which the strategy is founded are the high standards recognizing health as a human right ensured through effective, efficient and well-governed health care providing for equal access grounded in the principles of solidarity, integrity, transparency and accountability.

The Albanian National Health Strategy does bear a vision and strategic direction, in compliance with the National Strategy for Development and Integration (NSDI) and the government's program, aimed at placing health in compliance with the WHO’s European Policy Framework for Health and Wellbeing, "Health 2020", the Sustainable Development Goals (SDGs), and EU accession requirements.

# PART I: CURRENT CONDITIONS

## I.1. Background and Scope

The Government of the Republic of Albania recognizes and is determined to find and implement effective solutions in response to the health challenges that the country and the population are facing. These challenges are affected by a series of social, economic and environmental factors that are interdependent at global, regional, national and local levels.

Coping with the current health challenges requires strategic and coordinated action within health system and across all sectors. The Ministry of Health of the Republic of Albania planned the preparation of the National Health Strategy 2016-2020 (NHS 2016-2020), as a platform that coordinates the most important efforts in improving the health and wellbeing of all the people in Albania.

NHS 2016-2020 is founded on the principles of an inclusive, participatory society, wherein the citizens’ needs of the quality of and access to health care are met without any financial burden.

It is also oriented towards the prevention of diseases and promotion of healthy lifestyles  
among all segments of society with coordinated intersectoral action, and throughout the life course, from its beginning to the old age.

This strategy is based on evidence which help to determine priorities, objectives and  
actions to achieve a common vision, and moreover, is in line with the major national policy paper: the National Strategy for Development and Integration (NSDI 2016-2020) and the Government’s program; and aligned with the country's commitments to implement the Sustainable Development Goals (SDGs) and the WHO’s European Framework for health and wellbeing “Health 2020”.

The development of the NHS 2016-2020 was a complex undertaking that involves many parties and stakeholders who work for, contribute to, and benefit from health and wellbeing, including but not limited to government ministries and agencies, academia, health professionals associations, NGOs, UN agencies etc Therefore, situated on a constantly changing ground, it was foreseen to be an open and dynamic joint actions process towards achieving the vision for a "quality, timely, and financially affordable health care, for better health and wellbeing for all in Albania". The strategy was developed and consulted through a series of meetings of the inter-ministerial technical working group and through an online consulting platform.

## I.2. Welfare and health status of the population in Albania

### I.2.1. Social support and welfare in Albania

Since 2009, Albania has been a country with medium income per capita.[[1]](#footnote-3) In the past two years, the country maintained positive growth rates and financial sustainability, despite the inherited situation, the impacts of global economic crisis and shocks to the economies of neighboring countries, especially after 2008.

The Albanian *welfare system* consists of several pillars, attained through social protection programs (pension schemes, employment promotion programs, unemployment economic aid; economic aid; residential, day and community social services for the vulnerable groups; support for people with disabilities; social housing; benefits for the veterans of war; and benefits for the political persecuted).

Albania had a high *unemployment* rate throughout the transition period. In the first half of 2015 the unemployment rate was 17.3%, while youth unemployment (age group 15-29 years) was 34.2%.

The implementation of minimum wage policy represents an alleviating factor in the efforts of the Government to reduce the poverty levels, however further financial protection, in terms of universal health coverage is needed to protect the population from impoverishing costs of healthcare. *Poverty* was reduced from 25.4% in 2002 to 18.5% in 2005 and 12.4% in 2008. In 2012 the poor in Albania accounted for 14.3 percent of the population, while the extremely poor accounted for 2.3 percent. The population living below the line poverty accounted for 16.6 percent of the population or about 470 thousand people[[2]](#footnote-4). The enclaves of poverty persist in rural areas, among the uneducated and large families. The poorest are the unemployed, the pensioners and internal migrants, making up 20 percent of the population.[[3]](#footnote-5) Social inclusion and poverty affect each other mutually. This interdependence influences the population’s health.

Throughout the transition period Albanians have had *low-income levels*. Further to this, the uneven economic growth and distribution of wealth across the regions have added to the disparities of health outcomes within the population, especially along the urban-rural axis. These economic determinants, combined with the lack of access to health services and large out-of-pocket payments have affected health and quality of life, calling for the need to address the issue of universal health coverage for all the citizens, especially the vulnerable groups, such as children, pensioners, uninsured persons and so forth.

*Pensions* are one of the main pillars of social protection. Albania has a mandatory, public pension system with universal social insurance coverage and an additional voluntary insurance. The mandatory scheme, besides the pensions, provides income to other insured people with temporary inabilities to work because of an illness. Currently, there are about 586,000 people receiving pensions, or about 19% of the population with an increasing trend due to the demographic changes.

All of the above have been the underlying factors bringing up the strategic direction of the Government of Albania and of the Ministry of Health for providing universal health coverage to all citizens and revision of the healthcare financing models, which will enable financial security of all citizens in exercising their right to healthcare, as guaranteed in the Constitution of the Republic of Albania.

### **I.2.2. Health status**

In recent decades, there has been a steady increase in *life expectancy* for both sexes in Albania. The Albanian life expectancy at birth in 2013 was 76.0 years for men and 80.3 years for women.[[4]](#footnote-8) The gender-related differences in life expectancy may be influenced by differences in risks associated mainly with smoking, alcohol consumption and road accidents.[[5]](#footnote-9) Recent estimates on *healthy life expectancy* (HLE) for Albania indicate that, on average, men are expected to live 62.5 years of optimal health (i.e. without disease and with a reasonable quality of life) while Albanian women 67 years.

According to INSTAT, the *infant mortality* rate (per 1,000 live births) in Albania has decreased sharply over the last decade for both sexes. Thus, for males it decreased from 16.3 (in 2004) to 9.2 (in 2013), while for women, infant mortality decreased from 13.6 (in 2004) to 6.5 (in 2013). Neonatal mortality also decreased, but its weight within the infant mortality framework increased over the years from 48% in 1990 to 54% in 2013. *Child mortality* decreased more than the infant mortality in the last decade (from 20.7 deaths per 1,000 live births in 2002 to 8.4 deaths per 1,000 live births in 2013). *Maternal mortality* rate (deaths per 100,000 live births) in Albania decreased from 22.7 in 1990 to 11.8 in 2013. The decreasing trends in infant and maternal mortality can be explained by significant improvements in the quality of health care services and living conditions of the Albanian population, mainly due to improvements in children's environment through effective health interventions, or general improvements in the living standards, a decline in fertility rates, improvement of maternal education, income growth, and secular trends.

The main causes of maternal mortality include bleeding, post-partum infections, pre-eclampsia and eclampsia during pregnancy, and unsafe abortions.

*The total burden of diseases* for Albanian women and men is the highest in the Southeast European Region.[[6]](#footnote-10) While infectious diseases account for a high proportion of the *total disease burden, the* burden of *non-communicable diseases (NCDs)* increased by 34% from 1990 to 2010. The growth rate was similar for both men and for women. The mortality rate attributed to NCDs in Albania was about 88% (86% for men and 90% for women). Cardiovascular diseases alone accounted for about 55% of all deaths (51% for men and 61% for women).[[7]](#footnote-11)

Further to this, the contribution of *injuries* to the total burden of disease (DALYs) decreased from 16% in 2000 to 9% in 2012. *Road accidents* remain a major killer in Albania, as far as external causes of death are concerned.

Regarding *child health*, Albania still faces the double burden of malnutrition and obesity, while stunting/wasting is declining[[8]](#footnote-12).

All of the above health indicators depict the necessity and room for further improvements of the health outcomes of the Albanian population, compared to the EU average. In order to address these, it is important to consider strategic and intersectoral actions that would ensure healthy start of life and enabling the citizens to make healthy choices in their everyday life.

### I.2.3. Determinants of health and wellbeing

The most recent data[[9]](#footnote-13) on the impact of *morbidity risk factors* in Albania consist of three risk factors responsible for the overwhelming burden of diseases: i) nutrition related risks; ii) arterial hypertension; iii) smoking. In the past 20 years there has been a significant increase in the burden of diseases, which is attributed to the *lifestyle characteristics*. Currently, the lifestyle factors account for over 70% of the total burden of diseases. Over the past two decades, the total mortality rate due to *overweight and obesity* has increased more than twice. In particular, the death rate due to the ischemic heart disease has increased 2.5 times, while the death rate due to diabetes has tripled. In 2010, smoking was the cause of 22% of all deaths.

However, growing evidence shows that health and wellbeing are not solely related to the health system performance. Other social determinants related to income, education, housing and environment have strong influence on the health and wellbeing, which calls for integrated and comprehensive approach involving all sectors of the government and well as an array of stakeholders in the society.

*Education* is another important social determinant of the health. The correlation between education and poverty is inverse: the more educated people are, the least poor they are and vice versa. Training, education and professional skills and university education serve as an incentive to enter the labor market, to get out of poverty and to enhance social inclusion, and on the long run contribute to the improved health outcomes, especially in reducing the infant, neonatal and maternal mortality. PISA study (2012) show that the products and the quality of the Albanian education sector (grades for math, reading and science, school enrolment and satisfaction, motivation to achieve higher grades) are among the lowest in the region. According to this study, Albania is about one year behind other soucntries like Bulgaria, Romania and Serbia, and about 2.5 years behind the OECD average.

*Environment* is among the key factors influencing the health and wellbeing of everyone. The evidence on global and regional level shows that environmental determinants in association with the risk factors of lifestyles, including among others: air and water quality, exposure to hazardous materials and radiation, healthy workplace and physical activity have significant influence on the health outcomes.

Thus, it is recognized that health and wellbeing are influenced by a range of sectors, which requires coordinated action across the whole of the government and the society in its entirety.

### I.2.4. The health system, services and human resources

The Albanian health system is mainly public. The state provides the majority of services to the population in the domain of ​​promotion, prevention, diagnosis and treatment. The private sector covers mostly pharmaceutical and dental services, and some specialized diagnostic services mainly concentrated in Tirana. The diagnostic and curative health services are *organized* in three levels: primary, secondary and tertiary health care services. Public health services and promotion are provided in the primary health care and supported and supervised by the Institute of Public Health and the Regional Directorates of Public Health.

Health services in the primary and hospital care are purchased by a single *Compulsory Health Insurance Fund*. In 2013, health insurance contributions accounted for only 23% of the income of the HIF. By law, health insurance is compulsory for all economically active and non-active population. HIF is funded by integrating the salary tax (3.4%) with the total budget revenues for the non-active population. Voluntary registration is provided for those not covered.

*Basic public* *health services* are coordinated and mostly provided by the Institute of Public Health, the 12 Regional Directorates of Health and the 24 Directorates of Public Health. The Institute of Public Health is a public health reference institute, a research center and a university center. Public health programs have traditionally been oriented toward the control of infectious diseases and mother and child health. In recent years, great attention was paid to the control of chronic diseases, especially prevention, screening and detection of early cancers (breast cancer, colorectal cancer) and cardiovascular diseases. Significant interventions were taken especially in health protection from smoking. Recently the implementation of the *Free Check-Up* program for the Albanian population 40-65 years of age was launched. The program has encouraged a more active role of health care providers in PHC, especially of the nurses. The program shifted the focus from the sick to the healthy ones by prioritizing the prevention of non-communicable diseases.

*The Primary health care network* consists of 421 health facilities, but the package of services, management and accountability mechanisms should be reviewed in the context of the administrative and territorial reform. Hospital services are provided through 42 *public hospitals*. Municipal hospitals have difficulties providing services, mainly because of the shortage of appropriate health specialists. University hospitals, situated in Tirana attract an increasing flow of patients, due to the missing services in municipal and regional hospitals and evasion of the referral system.

Overall, the human resources in health are in deficiency; the personnel per capita ratio is 1.2/1000 for doctors and 3.6/1000 for midwives/nurses. Human resources in health are characterized by an unequal distribution, especially among the medical specialists concentrated in Tirana and some large cities. One achievement is the establishment and effectiveness of the continuing education system for health professionals (physicians, dentists, pharmacists). The completion of the first cycle provided an opportunity to improve this practice and expand ongoing education among nurses, too. Further efforts are envisaged to standardize their professional level, motivation, and distribution according to the skills and competence in the workplace.

The movement of patients within the system is regulated by the *referral* *system*. Usually patients are referred by the PHC to secondary/tertiary care with a second opinion request form for cases where a diagnosis is not reached or completed. Referrals are made even when the required treatment cannot be provided by PHC. Referrals include communication with the PHC physician after the treatment received in hospital.

The *emergency* medical service constitutes one of the priorities of the Health Policy 2013-2017. The legal framework was developed establishing the National Medical Emergency Center, which coordinates the implementation of the reform in this domain. Currently, the emergency service is fragmented and operates under the auspices of the municipal and regional hospital departments.

*Community services* in the public sector are partly provided by the primary health care facilities, distributed countrywide. Nursing care for newborns and children in the community is relatively strengthened. The consulting centers need a public health approach, planned services for vulnerable groups and the basics for cooperation with other sectors to ensure the child health and wellbeing.

In the past 20 years, efforts have been made to build a network of *community mental health services*, in the framework of de-institutionalizing persons with mental health disorders. Such services were set up mainly in regions and hubs where mental hospitals are located: in Tirana Elbasan, Korca, Shkodra, Vlora and several other cities. The Ministry of Health has supported a myriad of NGO initiatives to provide services for unreachable communities, such as the illicit drug users, the Roma, MSM, CSW, etc.

*Specialized services*, reliable on technology, have traditionally been concentrated in university hospitals in Tirana. In recent years, attempts are being made to set up cancer treatment centers (chemotherapy centers) in some regional hospitals, heart pathology diagnostic and treatment centers in some regional hospitals, palliative care centers close to most regional hospitals. The establishment and strengthening of these centers must comply with the rationalization plan services and with the administrative and territorial reform.

The *infrastructure* of public health institutions has improved on a yearly basis. In some  
cases new premises were built and a series of existing premises were refurbished at each health care level. University hospitals and notably regional hospitals were in recent years equipped with the necessary equipment. Serious difficulties concerned the equipment maintenance, although in the last 2 years, a new model of medical equipment management (full risk arrangements maintenance contract) is giving positive results. A key concern is the training of human resources skillful to handle the new technology.

The *pharmaceutical market* in Albania is well regulated, with expanded service provision of pharmaceuticals by the private sector. In approximation with the EU legislation, the legal framework was progressively improved, including the establishment of the National Drug and Medical Devices Agency. Based on a series of measures to increase the access to safe medicines and decrease their financial burden, in 2015, a revision of pharmaceutical prices has lead to 30% reduced prices for some medicines compared to 2013. In addition, 200 new medicines were added to the basic medicines list and 80 new medicines were added to the list of reimbursable drugs. In the past two years, the number of cytostatics was doubled, and the cardiology medical materials increased by 50%.

The Albanian *health information system* needs revitalization and renewal to enable proper management and evaluation of the Albanian health system, to ensure that health information is used to articulate evidence-based policies and rational planning of health care services. A major challenge is the combination of all data and information from various health institutions in order to obtain a full picture of the health status of the population, by setting up and strengthening the *national registers of diseases* and the *electronic medical records*.

The *health care quality* has improved in the last 20 years as a result of the professional exchanges with other countries and technological progresses. In 2006 a special institution was established and the necessary legal regulatory framework was drafted for the Accreditation of health institutions and development of Medical Guidelines and Protocols. The development of *guidelines and protocols* was not followed by any implementation capacity assessment. Further efforts are needed to complete the capacity assessment, as well as to define and regulate the clinical audits, in cooperation with the Professionals’ Orders and the State Health Inspectorate.

### I.2.5. Health inequalities through the gender, equality and human rights perspective

Key parameters to assess health inequalities and health services in the Albanian context include demographic, socio-economic and gender indicators. *Gender inequality* is found in access to health services, too. In the recent years, Albania adopted several policy documents and a legislative package aimed at achieving *gender balance* in society, in the labor market, in decision-making and in government institutions.

Although in Albania, as in many other Central and Eastern European countries, there is a lack statistics and analyses about the health situation of the *Roma* community, the health status indicators for the Roma are worsening compared with the country’s general population. Due to the poverty, difficult conditions, lifestyle, low educational level, education, poor access to health services, discrimination etc., the Roma have a higher morbidity incidence and are more vulnerable to communicable diseases in particular. A study in 2011 showed that Roma had a higher prevalence of disease (17%) mainly from chronic disease, and with a higher consumption of alcohol and smoking, and a higher prevalence of TB, HIV/AIDS, Hepatitis B and syphilis.

## I.3. Good Governance and Accountability for Health

### I.3.1. Good Governance for Health

The ability of the Ministry of Health to formulate the *strategic policy direction*, to ensure good regulation, implementation tools, and the necessary information on the work of health system has significantly improved since Albania is doing its best to comply with the EU accession requirements. More attention is being paid to the implementation of approved policies and intersectoral actions for health, the best example of which is the implementation of *smoking control* measures.

*Accountability* to supreme levels of health management and the serious accountability to citizens is the key to the government efficiency. Often, reporting is one-way, bottom-up, and control is not continuous. There is a tendency to extend the audit beyond the finances, towards programmatic issues. The a*dministrative and territorial reform* is a challenge and opportunity for the health system, since it establishes a growing demand to strengthen the accountability to the local government and citizens either directly or through their elected officials.

good governance and quality of health services and medical care are in the spotlight of public opinion, citizens and the media. The Ministry of Health has started *monitoring hospital services* countrywide. On October 1, 2014, the Ministry of Health launched an intensive campaign on *combating corruption* in the hospital service, with the purpose of promoting transparency, integrity and accountability in the health system as well as respect for the patients’ dignity. Public *perception and satisfaction of service* *users* wasestimated by various methodologies. Systematically, public health services were perceived as of poor quality, the relationships between health professionals and clients were considered compromised and bribery widespread. A re-organization of PHC services to match the recent administrative division of the country is also being considered.

*Health inspection*, was reorganized and merged several bodies into one in 2013, with the exception of the drug control authority, into a single body, the State Health Inspectorate (SHI). SHI expanded the inspection scope in the field of health institutions in the implementation of service regulations, guidelines and protocols. The inspection methodology was standardized.

The *National Health Accounts* as an internationally accepted tool for collecting, describing and analyzing the national health financing systems, was designed in 2008 to better use the health funding information in order to improve the health system performance.

*Local government authorities* have a role in health service management, however of limited scope, due to ongoing territorial and administrative reforms. This administrative-territorial reform and the decentralization process in 2014 envisage bigger role for municipalities especially in the administration of primary health care and some public health services.

### I.3.2. Health in All Policies

*Health in all policies* is a governance concept and practice that begins with raising the awareness of representatives from different sectors of society development of the impacts in the population health and leads to a pro-active role in articulating policies and actions aimed at health. The Government of Albania and the Ministry of Health are recognizing the importance of this concept for tackling the health inequalities and providing for better health and wellbeing of the citizens of Albania; these intersectoral efforts are articulated through collaboration actions between the health and the social protection and environmental sectors in a form of joint policies for health promotion and prevention.

To this end, a series of *ministerial and cross-sector groups*, of decision-making and advisory character, at political and technical levels, have been established aiming at rendering a multifaceted perspective in various public health issues, such as the fiscal policy on smoking control, fight against illicit drugs, integrated waste management, water resource management, the fight against trafficking in human beings, mitigation measures and adaptation to climate change, occupational health and safety, conditional cash transfers upon vaccination of Roma children, pest control. . An increased role of the local government in making a case on the health benefits of proper actions such as development of green areas, bike lanes, pedestrian-friendy areas, has been noted in the main municipalities.

### I.3.3. International and Regional Cooperation for Health

*Cooperation with various agencies of the United Nations* was achieved in the One UN framework. In the health sector cooperation with the World Health Organization (WHO) was constant. The World Bank played and is playing an important role with technical assistance and capital investments. Besides the multilateral cooperation, bilateral cooperation with various countries has contributed significantly in improving the Albanian health system. In the context of the EU integration, Albania has made growing efforts to utilize the IPA and TAIEX assistance mechanisms.

On sub-regional level, the Ministry of Health is actively participating and contributing in regional and international cooperation for health, through the South-Eastern Europe Health Network (SEEHN), by signing and implementing bilateral and multilateral agreements, and strengthening the existing cooperation with the WHO, UN and implementing the EU programs. In this sense, the special attention is given to the alignment of the national health standards with the EU standards and legislation. The focus of cooperation will rest on global issues that have a particular impact in the region and on the country, such as the humanitarian crisis, emigration, natural disasters, climate change, cross-border threats, etc.

## I.4. Achievements, Lessons learned and Promoters of change

### I.4.1 Main health achievements

The *socio-economic level* in Albania has improved in the last 20 years. However, disparities in development are identified. The general indicators of the population health, particularly life expectancy, infant mortality rate, the under-5 mortality rate, maternal mortality rate, the incidence of infectious diseases have improved significantly. These improvements are attributed largely to the increased socio-economic level of the Albanian population. *Urbanization* is considered a positive phenomenon per se, as it creates opportunities for social and economic interaction, rapid adoption of certain dynamic practices and behaviors of social norms.

The steady increasing *life expectancy* is associated with the general improvement of the living conditions and the progress of the health sector, including in particular the effective management of infectious diseases and mother and child healthcare services.

*Neonatal disorders* have decreased significantly in Albania over the past two decades. The *burden of diseases* among children aged 1-4 years old has decreased significantly in Albania during the last twenty years. There is a decreasing trend *in acute respiratory infections* (ARI) and *diarrhea*, which have traditionally been among the leading causes of the under 5 mortality and morbidity rates. Economic prosperity in Albania has improved *food security* and the general *nutrition* of children. However, malnutrition among children continues to some extent. In addition to the improvement of child health indicators, *maternal disorders* have decreased, too.

*Lower respiratory tract infections* have decreased significantly in the past two decades. There was a slight decrease in the *HIV / AIDS and tuberculosis* burdens in Albania during the last twenty years. Compared to the region, Albania has a low prevalence of HIV / AIDS and tuberculosis. Besides *diarrheal diseases and respiratory infections*, there was also a significant decrease in the burden of other infectious diseases in Albania in the past two decades, including *hepatitis* (primarily water-borne hepatitis A), nephritis, pyelonephritis, and urinary tract infections.

*Smoking* is considered as one of the major preventable causes of ill health. Its total gross mortality rate has increased sharply in Albania over the past two decades. Albania has already developed a comprehensive smoking control program and an active, comprehensive smoking control action plan is being implemented.

Unintentional or intentional *injuries* and *road injuries* make up a substantial part of the mortality and morbidity burden. After 2000, there was a slight decrease in the death rate for both men and women. As far as unintentional injuries are concerned, evidence shows a moderate decrease for both men and women. On the other hand, road injuries are increasing for both men and women, particularly for men who drive more than women.

A remarkable achievement for Albania was the establishment of the *National Center for Continuing Education* (NCCE) in 2008. NCCE manages and supports the professional development in the health sector by setting and promoting standards in the field of continuing education and recertification coordinating program, with the ultimate goal of improving the quality of health care services in Albania.

*Occupational risks* still constitute a relatively high burden of diseases in Albania, despite of the decreasing trend in the past two decades. The new legislation together with cross-sector agreements has improved and increased the security measures in existing industrial plants, especially in construction sites that pose a high risk for injuries. However, today, there is a lack of implementation of the "modern" occupational health measures, in controlling and preventing adequately the post-industrial working conditions, including the carpal tunnel syndrome, back pain, chronic fatigue, stress and weariness.

A holistic *health education* program is an important part of the curriculum at all school levels. The purpose of this education is not only to enhance children’s knowledge about health and create positive attitudes towards their own wellbeing, but also to promote healthy behaviors.

The National European Integration Plan includes med and long term measures extending to 2020, with the aim that Albania *fully approximates its legislation with the EU acquis*, and that all sectors meet the standards set out in acquis chapters. In the field of public health, key achievements in the field of legislation are attained in protecting human health from *tobacco* products, in the *blood transfusion* services and in tissues and cells *transplantation*.

The *total public expenditure* for 2016 is estimated at 5.5% of the GDP. This level of expenditure is more in line with middle income countries and is lower than the average for European countries. The proportion of the government budget allocated to health sector is little over 9%. The Albanian Government budget is actually the main financer of the health sector – 55% of the total health expenditure (THE), while the Albanian households provide 45% of the THE. In terms of increasing the funding for health, the aim is to reach 3.5% of the GDP by 2020 and 4% by 2025. Reduction of the out-of-pocket payments for health services will take place gradually, to reach 40% by 2020 and 30% by 2025.

The list of *reimbursed medicines* has been expanded to include additional new medicines, with a trend of continued provision of new medicines covered by the health insurance.

### I.4.2. Challenges and Lessons Learned

The 2015 *budget* for health was 41,3 billion ALL, or 2.8% of the GDP. The government budget for health in 2014 reached slightly over 40 billion ALL. The government budget for health in 2015 was 6% higher than in 2014. Government expenditure on health as a ratio of total health expenditure has increased in recent years; however, the funding in health is still low, compared to the population needs.

A detailed *infrastructure* of health care and the availability of appropriate health *technology* are essential prerequisites for the effective and efficient coverage of some essential health services. On the other hand, there is the need to provide sufficient and skilled *human resources*. It currently remains one of the main challenges of the transition period in Albania, which is characterized by a gradual modernization of health technology but not necessarily matching with the proper development of human capacities.

Governments have a particularly important role in ensuring a *well-functioning health system*. Government activities in the field of the health system include, but are not limited to the preparation of legal frameworks, guidelines and regulations (covering the private sector too), financing and administration of health care, education and training of health professionals.

Currently, the main challenge in order to change the public perception and to build trust in the Albanian health system is *to increase the access to service and expanding the range of health services*, increase the preparedness of the health system and address equality issues. Moreover, the *financial protection* issue should be considered. It is important to fight "*unfair and avoidable differences in health* and health service delivery".[[10]](#footnote-14)

The issue of sustainability is critical to any health system. It relates to the *financial sustainability* of the system in the future, which refers to the ability of the government (and other funding sources) to properly fund the health care system. The issue of sustainability is increasingly threatened by a range of factors including rising costs in the health sector, the aging population (which significantly increases health care expenditure), the availability of technologies and innovative medical devices, continuous strengthening of the citizens’ expectations.

Another challenge for the health system in Albania deals with the *characteristics of the external environment* including immigrants, free movement, cross-border care, epidemics and pandemics such as the recent case of Ebola, and vulnerable minorities especially the *Roma population*.

The challenge for the Albanian health system is the establishment of effective mechanisms to assess the *cost efficiency of new medicines*, in accordance with the international examples and best practices.

*Community participation*, active mobilization of citizens in decision-making and in setting priorities on various health issues and services provided at the community level varies widely.

Health policies, programs and investments are a controversial issue in the *political dialogue* and the parliamentary debates between the government and the opposition. These debates have focused on the viewpoint of developing the health system, and the investment policies in health.

The success of the health care reform in Albania will depend broadly on the *basic cultural background and health training of the general population*. The concept of health training general relates to the ability of individuals to contextualize their health.

The synergy between the *development of health and economic growth* *and development* must be built on the mutual contributions of health in the economic growth and vice versa. The population health is considered as an ingredient in supporting the economic yield growth and the economic growth rate.

There are many *threats to health*, which ultimately constitute a serious global concern. These include, but are not limited to global warming, global divisions (relating to poverty and famine), global security (relating to civil wars and terrorism), and the lack of global stability (relating with the financial crisis).

### I.4.3. Promoters of Change

The government will promote political dialogue and public support in improving the health care quality and standards. Citizens’ expectations of the quality of and access to services are high, especially after 2013.

The Albanian Government (with its term in office from 2013 to 2017), is clearly committed to major changes in several directions that lead to achieving *universal coverage* with health services: such as changing the funding method of health services from the contribution system to the *general* *taxation system*, controlling non-communicable diseases, shifting the focus towards *prevention*, strengthening the role of family medicine, reforming the *emergency services*, *reducing the drug prices* and increasing the access to high quality and safe drugs.

Albania's commitments in the international plan align with the ambitions for *social and economic development* presented in the domestic National Strategy for Development and Integration. The EU approximating requirements are prioritized in the each sector’s agenda, including healthcare. The WHO strategic framework “Health 2020” firmly emphasizes health, not just the health care system but it expands the spectrum of health determinants beyond the conventional ones. This concept is reinforced by the central position that health occupies among the SDG, the holistic definition of health and indicators reflecting the concept of "health in the all policies/ while-government approach."

The introduction and adoption of *new technologies* in the Albanian health sector will improve diagnostic and treatment services for the general population. The aim is to provide the best care possible in order to attain the highest health and wellbeing status accessible to all citizens regardless of their geographical location or their socio-economic position.

The health system reform is being developed *in synergy* with the reforms undertaken after 2013: reform of the *labor market*, reform of the *pension schemes*, reform of the *higher education*, *the fight against the informality in* economy and the labor market, *shifting the fiscal system* from flat taxation to progressive taxation and funding the health system through general taxation, providing *universal coverage* through universal access, and the *administrative reform*. The Albanian government has worked against *gender discrimination, gender-based violence and domestic violence*, in close cooperation with the civil society and international organizations, particularly with the support of the One UN Program 2012-2016.

# PART II: MISSION, STRATEGIC PRIORITIES AND GOALS

## II.1 Mission

The mission of the health system is to protect, improve and promote health, productivity and well-being of all people in Albania by providing efficient health and medical services and by ensuring sustainable progress in public health and medicine.

## II.2. Fundamental Values

The fundamental values of the health system in Albania, based on the Constitution of the Republic of Albania and the national commitments to international and regional standards of

human rights are:

* Universality
* Sustainability
* Quality
* Affordability
* Commitment to health as a human right and public good
* Innovation
* Integrity
* Efficiency
* Transparency
* Accountability
* Dignity
* Gender equality.

## II.3. Strategic Priorities of NHS

In order to deliver on the above-stated vision and mission for the better health and wellbeing for all in Albania, and based on the analyzed current situation, health needs of the population and specific population groups, four strategic priorities have been defined, each related to the key principles of improved access to health:

* **Strategic Priority 1: Investing in the population health through life course approach**
* **Strategic Priority 2: Provision of universal health coverage for all**
* **Strategic Priority 3: Strengthened client-centered health systems**
* **Strategic Priority 4: Improved governance and cross-sector cooperation for health**



**Strategic Priority 1:**

***Investing in the population health through life course***

**Expected Outcome:**

*Increased life expectancy and number of healthy years by reducing preventable morbidity and mortality*

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| **Objective 1.1**: *Promoting healthy lifestyles and enabling healthy choices* | |
| **Description** | *Raise the awareness and improving the attitudes toward healthy choices and toward the existing and ongoing programs for the early prevention and detection in supporting life.* |
| **Outlook** | * Creating better conditions for health * Improving health literacy * Making pregnancy safer * Health protection for children and youngsters * Promoting health workplaces * Supporting health ageing |
| **Objective 1.2:** *Strengthen prevention and promotion programs (screening, healthy schools)* | |
| **Description** | *The existing public health preventive and promotional programs which are achieving effective results, as well as new ongoing programs will continue to be implemented as integrated parts of this strategy: the activities of the new action plan will focus on improving the lifestyle in the Albanian population, especially in rural areas.* |
| **Outlook** | Early detection programs (breast, cervical, colorectal cancer, check-up for the 40-65 population, dentistry, infants and children, autism);  The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy:   * National Programme of Cancer Control 2011-2020 (Breast, Cervical, Colorectal Cancer) * The Strategic Document and Action Plan “On reproductive health” 2016-2020 (draft) (Breast Cancer, Cervical Cancer, Health of infants and children) * The National Programme of Regular Checkup for Albanian Citizens 40-65 years of age. * The National Plan of the Development of Mental Health Services 2013-2022; |
| **Objective 1.3**: *Reduce the infant and maternal mortality rate and ensure a healthy start of life (pregnancy to be moved from 1.2 to here)* | |
| **Description** | *The mortality rates are further reduced to reach the European levels by addressing the key causes of mortality and providing better care for the mother and the newborn.* |
| **Outlook** | Within the first year upon the adoption of this strategy, a policy document and an action plan on RH will be drafted and approved, focusing on:   * Immunization programs; * Breastfeeding; * Prenatal care and maternal health;   The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy:   * The Strategic Document and Action Plan “On reproductive health” 2016-2020 (draft) * The National Strategy of Contraceptives Security 2017-2021) (draft) |
| **Objective 1.4**: *Reduce preventable morbidity and mortality through specific actions* | |
| **Description** | *Specific action is taken to address the preventable causes of mortality and morbidity related to cardiovascular, endocrine and cancer, through mitigating modifiable health risks.* |
| **Outlook** | * Cancer control; Cardiovascular diseases; Diabetes; * Risk factors (smoking, alcohol, nutrition, salt intake, physical activity); * Access to early diagnosis and treatment; * Secondary and tertiary prevention;   The fulfillment of this objective will be in alignment with the implementation of following policy papers, programmes and action plans, based on the mission and fundamental values that underpin this strategy:   * National Programme for the Prevention and Control of NCD-s 2016-2020 (draft) * Midterm Budget Review (2017-2019); * Hospital Rationalization Plan (World Bank) * The National Plan for European Integration 2015-2020 |
| **Objective 1.5***: Increase the access to preventive and community-based interventions* | |
| **Description** | *Access to preventive services is increased by combining the availability of quality preventive services with community health education efforts on the benefits of early detection through free of charge community based interventions.* |
| **Outlook** | * Community mental health centers; * Youth health centers; * Community dimension of health centers (beyond borders), the HIV test; |

The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy:

* National Crosscutting Strategy for Decentralization And Local

Governance 2015-2020

* The National Plan of the Development of Mental Health Services 2013-2022
* National Youth Action Plan 2015-2020
* The National Strategy and Action Plan on HIV/AIDS 2015-2019
* The National Action Plan for Roma and Egyptian Integration 2015-2020;
* The National Strategy for the Fight against Illicit Drugs 2012-2016 ???

**Strategic Priority 2:**

***Providing universal health coverage for all***

**Expected outcome:**

*Increased financial protection by introducing sustainable healthcare financing model*

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| **Objective 2.1:** *Provide financial protection for all citizens* | |
| **Description** | *Expand the range of services offered for free to all residents while ensuring financing from general taxation* |
| **Outlook** | * Free preventive services: the check-up program, breast cancer screening; * Free GP visits starting in 2016; * Financing of the health system through general taxation; * Establishing the National Health Service as the unique funding source for the health system;   The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy:   * National Programme of Cancer Control 2011-2020 (Breast, Cervical, Colorectal Cancer) * The Strategic Document and Action Plan “On reproductive health” 2016-2020 (draft) (Breast Cancer, Cervical Cancer) * The National Programme of Regular Checkup for Albanian Citizens 40-65 years of age. |
| **Objective 2.2**: *Provide equity and the availability of professional health service meeting the population needs* | |
| **Description** | *Population health needs are met by health services reorganized based on the principles of equity, quality and fairness, in line with population movements and efficient use of resources.* |
| **Outlook** | * The opportunities created by the territorial and administrative reform in the country; * Best tailoring of health services (WB project: large better equipped regional hospitals instead of small hospitals, strengthened primary health clinics such as teams PHC teams, etc.); * Proper distribution of the health workforce (incentive policies; university education, residency training, implementation of the law on higher education, etc.); * Designated packages for primary care services (expansion of existing packages including preventive services, adolescents care services and palliative care); * Designated packages of special care for outpatients (autism, Down syndrome, palliative care, etc.); * Designated packages for DRG related secondary care services (including packages for the main NCDs);   The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy:   * National Crosscutting Strategy for Decentralization And Local Governance 2015-2020 * Hospital Rationalization Plan (World Bank) 2016-2021 * National Youth Action Plan 2015-2020 * The Strategic Document and Action Plan “On reproductive health” 2016-2020 (draft) * National Programme of Cancer Control 2011-2020 * DRG Piloting Programme |
| **Objective 2.3**: *Strengthen the role of primary health care teams as gatekeepers of the system* | |
| **Description** | *PHC teams are strengthened to manage early detection and treatment of patients, direct referrals to higher levels of care, and also maximize use of resources.* |
| **Outlook** | * Check-up program at primary level; * Review of the referral system; * Review the payment system: purchase of services based on the packages; * Accountability of the primary health teams to the local government; * Network of services at the local level (municipality, sub-municipality); |
| **Objective 2.4**: *Improve the quality, safety and affordability of pharmaceutical and medical devices compliant with the European standards* | |
| **Description** | *Cost of pharmaceuticals to patient is reduced, while maintaining quality and increasing the availability of pharmaceuticals in the reimbursement list.* |
| **Outlook** | * Reduction of prices and improved access by progressively expanding the list of reimbursed drugs; * Registration of health devices and the new model of maintaining health and medical devices (e.g.: full risk arrangements maintenance contracts); * Establishment of a tracking system to maintain and strengthen the quality control during all stages: manufacturing, import, distribution and sale in the final destination; * Quality pharmaceutical services available across the country; * Strengthening of the National Agency for Drugs and Medical Devices. |

**Strategic Priority 3:**

***Strengthened client-centered health systems***

**Expected Outcome:**

*Improving the quality of and access to health care based on sustainable financing, further development of the infrastructure and technology, human resources and institutional capacities*

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| **Objective 3.1**: *Increase the availability and ensure equitable access to quality services at regional and local levels on diagnostics, treatment and rehabilitation* | |
| **Description** | *Quality services are provided for all and at all levels. Standard diagnostic, treatment and rehabilitation protocols and procedures are developed and implemented. Quality standards are applied in all health facilities.* |
| **Outlook** | Improved infrastructure, equipment, pharmaceuticals and supplies at all levels. Decentralization of services responding to illnesses associated with major causes of morbidity and mortality at regional hospital services cancer and cardiovascular diseases, through:   * Cardiovascular diagnostic and treatment centers in 3 or more regions; Cardiovascular diagnosis for inpatients; Cancer treatment (chemotherapy) in at least 3 or more regions besides Tirana; Palliative care and treatment teams for at least 6 regions; Training for cancer diagnosis (mammography, colposcopy, colonoscopy, biopsy); Strengthening the general hospital (former Lung illnesses hospital) in Tirana and Fier; Restructuring lab services in hospital care; Infection control (quality and safety of surgical tools, RAM) in the hospital setting; * Availability of drugs in hospitals; Improvement of infrastructure; Standardization of equipment; Training; * Online prescriptions; Health card; * Infection Control (RAM, etc.); * Encouraging in-service self-assessment modules and peer-review approaches; * Developing protocols and procedures in cooperation with academic and professional associations; Further expansion and improvement of the Mother Theresa Hospital in Tirana Further expansion and improvement of the National Trauma Center; * Construction of the regional hospital in Fieri; * Construction of a special institution for people with mental disorders as substantiated by a court decision.   The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy:   * The Strategy “Digital Agenda of Albania 2015-2020” * National Programme of Cancer Control 2011-2020 * National Plan for the Control of Vectors (2014-ongoing) * National Strategy of the Accreditation of Health Institutions * Hospital Rationalization Plan (World Bank) 2016-2021 |
| **Objective 3.2**: *Generate evidence that is used for informing and monitoring health policy implementation through strengthening the health information system and registries* | |
| **Description** | *Evidence generated from the health information system and diseases/ cancer registries is used to inform health policy priority setting and also to monitor in the long-term the status of implementation of health policies. Health information is collected, analyzed and shared with all levels of decision making in due time. Quality of the information is improved continuously.* |
| **Outlook** | * Updating of the alert surveillance system; * Developing the cancer and cardiovascular disease registries; * Establishing a National Health Information Centre; * Maximizing the use of the check-up database;   The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy:   * The Strategy “The Digital Agenda of Albania 2015-2020” * National Programme of Cancer Control 2011-2020 * Health System Improvement Programme 2016-2021(International Bank for Reconstruction and Development) |
| **Objective 3.3**: *Introduce and strengthen the National Emergency Medical Service* | |
| **Description** | *A national Emergency Medical Service is established with a clear command and control center in Tirana, providing timely and quality emergency services through a cadre of well-trained EMS providers and a fleet of vehicles, monitored and directed in real time.* |
| **Outlook** | * Construction and organizational establishment of the Command Control Center for Emergencies (the departure center); * Training of human resources; * Emergency Medical Service equipment; * Designation of organization / territorial distribution of Emergency Medical Services;   The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy:   * National Plan for the Development of the Medical Emergency System (2014-2019); |
| **Objective 3.4**: *Develop sustainable provider payment mechanisms for health care and enhance the qualifications, professionalism and competence of human resources in health* | |
| **Description** | *Provider payment mechanisms are institutionalized for all levels of care in line with best international practices. Human resources for health (HRH) planning, provision, in-job training and motivation is ensured through existing and new innovative mechanisms.* |
| **Outlook** | * Funding models for expanded primary health care packages; * DRG for hospital care; * Considering opportunities for public-private accountability partnerships and other patterns; * The participation of municipalities in sharing the financing /cost in health care; * Continuing medical education (CME) in the area of using new standards, procedures, protocols and techniques * Expansion of the national CME program for nurses; * CME needs assessment related to the package of services; * Strengthening professional credits (CME credits in practice); * Strengthening distant learning in CME, using new technologies and updating databases related to the CME certification; |
| **Objective 3.5**: *Encourage introduction and development of countrywide community health services in partnership with local partners* | |
| **Description** | *Countrywide community care centers are established to coordinate and provide support services on mental health, palliative care, youth friendly services, substance abuse control programs etc.* |
| **Outlook** | * Implementation of a 10-year program for the development of mental health centers countrywide; * Palliative care centers; * Youth-friendly services; * Care centers for healthy aging; * Community centers applying the methadone/detox replacement therapy/risk reduction; * Alcohol and smoking banning programs;   The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy: |

* National Crosscutting Strategy for Decentralization And Local

Governance 2015-2020

* The National Plan of the Development of Mental Health Services 2013-2022
* National Youth Action Plan 2015-2020
* The National Strategy for the Fight against Illicit Drugs 2012-2016
* The Action Plan for Healthy Ageing

**Strategic Priority 4:**

***Improved governance and cross-sector cooperation for health***

**Expected Outcome:**

*Development of an integrated and better-coordinated health and wellbeing approach*

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| **Objective 4.1**: *Support the consultation and have participatory involvement in policies, programs and major health interventions and provide accountability for local government, civil society and the general public* | |
| **Description** | *The administrative reforms and the delineation of the Albanian administrative map will be associated by changes in the primary health care services and rationalization of hospital services in 12 regions. The decentralization process will continue and the local government will take more powers and more responsibility and accountability in delivering health services.* |
| **Outlook** | * Complete the legal and institutional framework in order to strengthen the legal requirements of consulting all legal documents and key policies with the public and stakeholders. * The Ministry of Health will also establish a public consultation mechanism at local and community levels. * Consultation with the public and stakeholders will be enhanced through the use of ICT in all these processes. * Launch of periodic consultations among the local authorities, citizens, the civil society organizations at regional and local levels in order to monitor the health services at regional and local levels. The promoters of these consultations will be the driving force of community health.   The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy:   * National Crosscutting Strategy for Decentralization And Local Governance 2015-2020 * Intersectorial Environment Strategy 2015-2020 |
| **Objective 4.2**: *Provide good governance, integrity, transparency and a more equitable access to health services while establishing accountable public-private partnerships and other models for mobilizing additional resources* | |
| **Description** | *In addition to its implementation in the Check-up program for the population 40-65, and based on its results, the Public Private Partnership will extend to other major health programs and services, such as surgical instruments; dialysis; NCD treatment packages; laboratory services; hospital waste, etc.* |
| **Outlook** | Ensure good governance and transparency through:   * Keeping regular National Health Accounts; * Strengthening the use of and access to online information platforms on health services; * Continued improvement of performance in enabling and strengthening the mechanisms for the protection of patients’ rights, for handling and scrutinizing complaints, in close cooperation with patients’ rights associations and civil society organizations; * Development and implementation of one-stop-shop approaches for administrative services and procedures in the health care services; * Anti-corruption monitoring as an integral part of the health system management and performance including both hospitals and primary care services; * Use of e-Health including: unique digital patient-centered system, electronic file-focused system; a tracking system and electronic registry for all types of medication; e-medication / online portal for reimbursed medication; piloting and implementation of e-prescription (online prescriptions); * Strengthened referral system as an effective way to prevent corruption in secondary and tertiary health services;   The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy:   * The Strategy “The Digital Agenda of Albania 2015-2020” * Anticorruption Strategy and Plan of Action 2015-2020 |
| **Objective 4.3**: *Develop a mechanism for an integrated approach in the implementation of health policies and cross-sector coordination mechanisms for major public health issues, including coordination mechanisms for vulnerable groups and minorities leading to their social integration* | |
| **Description** | *Health policies, programs and actions will harmonize policies and other programs of welfare, such as social protection, social inclusion, poverty and unemployment reduction, employment promotion, the pension system, social housing, protection of child rights, services and benefits for the veterans of war, the elderly and the former political persecuted, etc. Special attention will also be paid to ethnic minorities, the Roma and Egyptian communities, people with disabilities, etc.* |
| **Outlook** | * Establishment of supervising committees, which will address the dynamics of the impact of social, economic and environmental determinants and risk factors to health (non-communicable diseases, infectious diseases, antimicrobial resistance, use of the drugs, alcohol abuse, smoking, road safety, malnutrition, safety and occupational health, strategic management of chemicals, waste management and domestic violence). * Health impact assessments on the implementation of policies, programs and actions, which will be organized periodically and will reflect the evaluation of health services by the public, communities, civil society, patients and citizens.   The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy:   * National Strategy on Social Protection 2015-2020 (VKM nr.1071, dt. 23.12.2015) |
| **Objective 4.4**: *Strengthen the regional and international cooperation in addressing global health issues* | |
| **Description** | *Active participation in regional and international cooperation for health, contributing to the South-Eastern Europe Health Network (SEEHN), by signing and implementing bilateral and multilateral agreements, and strengthening the existing cooperation with the WHO, UN and implementing the EU programs. Special attention will be paid to aligning the national health standards with the EU standards and legislation.* |
| **Outlook** | The focus of cooperation will rest on regional and global issues that have a particular impact in the region and in the country, such as the humanitarian crisis, emigration, natural disasters, climate change, cross-border threats, etc. |
| **Objective 4.5:** *Establish a unique health information system to connect all public and private health care providers utilization data to the electronic health records of patients / citizens as well as implement periodically the National Health Accounts* | |
| **Description** | *Expansion of the e-Health platform and its integration with e-Albania platform, linking service utilization with individual health records while safeguarding data integrity and confidentiality. The National Health Accounts (NHA) will start developing in 2016 with the support of the World Bank. Keeping the NHA will help to strengthen the health service monitoring and in providing developing institutional capacities as well as in training human resources in health.* |
| **Outlook** | The implementation of e-Health will integrate existing programs and current modules with new models under development through development of specific ICT action plan and establishment of:   * Health Information Center; * Unique digital patient-focused and patient-centered system, * Electronic file-focused system; * Tracking system and electronic register for all types of medication; e-medication / online portal for reimbursed medication; * Piloting and implementation of e-prescription (online prescriptions).   The implementation of following policy papers, programmes and action plans will be streamlined to the fulfillment of this objective, based on the mission and fundamental values that underpin this strategy: |

* The Strategy “The Digital Agenda of Albania 2015-2020”

PART III: STRATEGIC AND POLICY CONTEXT (6-7PP)

## III.1. National Policy Context: major national policies and achieving the goals of the Health Sector

**Health as a human right.** The Constitution of the Republic of Albania sanctions the right to health care as a social and economic right of the citizens. The Constitution declares that "Citizens enjoy equally the public health care" (Constitution of the Republic of Albania, Article 55). The Constitution proclaims other health care related rights such as protection of life by the law (Article 21), protection from torture and cruel treatment (Article 25), social protection at work (Article 49), the right to social insurance (Article 52), special protection for children, youth and pregnant women (Article 54), etc.

**Health as a contributor to development and integration.** With the strategic determination of the country to becoming an EU member, the government of Albania has defined development and integration as one of its key priorities, aimed at: transforming Albania into a country worthy of EU membership in the European Union; achieving standards that serve citizens, increase their welfare and ensure the safeguarding of their rights; and establishing policies that enhance competition and economic prosperity in Albania, as well as competition with countries in the region and beyond. These key aims constitute the foundation of the second National Strategy for Development and Integration (NSDI-II) with the vision for Albania’s national social, democratic and economic development over the period 2015-2020, and its aspirations for European integration.

NSDI-II clearly demarks the importance of health as contributor to the development and integration; as part of the further alignment and harmonization process, it is envisaging the development of a National Health Strategy (NHS), aimed to complement the efforts and contribute to the overall aims for economic and societal prosperity.

Based on these grounds, the Ministry of Health has developed this National Health Strategy, in line with the overall strategic determination for EU membership, the NSDI-II, as well as other relevant international and regional policies, such as the national commitments to the Agenda 2030 and the Sustainable Development Goals (SDGs) and the European health Policy for Health and Wellbeing “Health 2020” of the World Health Organisation Regional Office for Europe.

**Health as a priority and interest of every citizen.** The health and wellbeing are both aim and concern of every citizen; in view of this and in line with the democratic values and principles, the National Health Strategy has been developed through expert meetings and public consultation process, ensuring involvement of the broad public, stakeholders, civil society, academia, business groups, parliamentary commissions and development partners. The process is aimed at gathering as much information as possible to reflect comments, concerns and ideas on the wide range of development integration policies and priorities, and to most effectively respond to the particular needs and interests of all citizens of Albania through the envisaged actions towards better health and wellbeing.

### III.1.1. Laying the foundation towards achieving universal health coverage 2013-2017

The health as contributor to the development and integration is recognized in the Government of Albania Programme 2013-2017, through which the Government has committed to:

* Achieve universal coverage, full access and financial stability.
* Health financing based on general taxation. Cancel the VAT on health services and supplies.
* Create the National Health Service as sole purchaser of services to be offered free of barriers: financial, geographic or otherwise.
* Strengthen public health programs focusing on the NCDs. Establish national program for basic check-up for ages 40-65.
* Improve PHC infrastructure. Establish clinical guidelines and treatment protocols.
* Establish national EMS service.
* Hospital funding based on DRGs. Achieve accreditation and evaluation of hospital services.
* Reduce price of pharmaceuticals. Improve security and quality of pharmaceuticals.
* Establish a national integrated health information system. Patient electronic records. Maintain National Health Accounts.
* Increase public-private partnerships in health.

The above goals are reflected into the NHS, while taking into consideration the existing laws, policies and programs that have to date been enacted, implemented and continue to deliver successful results for the Albanian population. In this view, the NHS is considered as integrative strategic document, leading way forward for the addressing of priorities in an integrated and intersectoral manner, while continuing to support the ongoing successful actions which are recognized as its integral part.

III.2. Revisiting strategic priorities and strategies for health and wellbeing

III.2.1. Existing strategic priorities and strategies in the health sector

The NHS as national health policy is aimed at contributing to the overall development and wellbeing of citizens of Albania. The strategic priorities set for implementation of the overall vision of NHS are based on the analysis of the current situation, while taking into consideration the existing strategic documents and vertical programmes through their alignment with the NHS strategic priorities, objectives and proposed actions:

* Health Strategy (2004).
* Prevention and minimization of alcohol effects, 2011-2015.
* Blood safety (2005).
* Blood-borne diseases, 2009-2010.
* Contraception security (2003).
* HIV/AIDS, 2004-2010.
* Public health and health promotion (2002).
* Reproductive health, 2009-2015.
* Cancer Control (2011), 2011-2020
* Mental Health (2013-2022)

In this process, the Ministry of Health has taken into consideration the need to update specific policies and programmes in alignment with the NHS, in the effort to provide for integrated and comprehensive approach to addressing the needs for improved health and wellbeing, as defined within its vision, mission and strategic priorities.

### III.2.2. Strategic priorities and periodically revised budget programs 2016-2018

As part of the overall planning process of the Government of Albania, instrumentalized through the Integrated Planning System, the Ministry of Health has proposed strategic priorities within the Mid-Term Budget Program (MTBP) 2016-2018. Within this process, the Ministry of Health has defined the strategic priorities and planed investments for health for the next three years, defined through the mid-term context of the annual budget. The prioritization within the MTBP in the health sector is in line with the vision and strategic priorities of the NHS.

### III.2.2.1. Investing in the population health through life course approach

### Public Health

***Program Description*:** The PH services are provided through national immunization programs, tuberculosis, HIV / AIDS and STIs programs, epidemiological surveillance programs and follow-up of infectious diseases (water-borne and food-borne diseases, etc.), environmentally affected chronic illnesses with consequences on public health (environmental health, sanitation and epidemiological services and their laboratories (at national and local level)), food safety programs, potable water control, reproductive health programs.

***Prospects of the Program Policy 2016-2018*:** In line with the NHS Strategic Priority 1, within the MTBP the following activities are planned:

* Control of infectious diseases through: strengthening the immunization program by providing 100% of vaccination based on the vaccination calendar and providing 95% vaccine coverage;
* Strengthening the epidemiological surveillance;
* Potable water monitoring;
* Non-communicable diseases control through risk factor evaluation, screening processes, healthy lifestyle promotion;

Intersectoral activities are planned with the Ministry of Environment, on the expansion and strengthening the monitoring of environmental agents based on EU standards (air, noise and ground waters).

### III.2.2.2. Provision of universal health coverage for all

### Primary Health Care

***Program description*:** Primary health care (PHC) is provided through an extensive network of urban and rural health facilities and health posts. This program provides basic medical care services and a package of prevention programs, immunization and reproductive health programs in 421 health centers. Specialized services are provided to patients referred by a family doctor in the specialized outpatient services or polyclinics of specialties close to hospitals.

Universal coverage and access to health services and the primary health care system works as a gateway; qualified medical teams providing the communities with better health through quality and accessible services.

***Prospects of the Program Policy 2016-2018*:** In line with the NHS Strategic Priority 2, within the MTBP the following activities are planned:

* Improvement of the primary health care service delivery by expanding the drug reimbursement scheme;
* Accreditation of primary health care institutions according to the quality standards accreditation;
* Reduction of child mortality rate under 7/1000 live births;
* Maintaining the maternal mortality rate under 5/100000;
* Encouragement of the 40-65 year olds, residents in the Republic of Albania to enter the check-up program;
* Equipment of 421 health centers with the necessary information system infrastructure;
* Improvement of health centers infrastructure.

### III.2.2.3. Strengthening client-centered health systems

### Hospital service

***Program Description*:** This program covers services provided by specialized inpatient or outpatient structures. This program is provided by 42 hospitals (budgetary institutions with a special structure) and a network of specialized polyclinics.

***Description of the Program Policy*:** Providing hospital care at the relevant structures by improving the mechanism of financing, strengthening the autonomy, developing standards, increasing capacities and competencies, introducing new diagnostic and treatment techniques and practices, evaluating the performance through appropriate indicators and developing the accreditation system.

***Purpose of the Program Policy 2016-2018*:** In line with the NHS Strategic Priority 3, within the MTBP the following activities for ensuring Universal health coverage (UHC) of the population needs for specialized medical care are planned:

* Development of a modern legal framework on an adequate funding system;
* Modern hospital management models;
* Development of a monitoring system to measure the performance and allow the accreditation of hospitals by 2022;
* Development of public-private partnerships in the medical and non-medical hospitals services.

### Emergency Medical Services

***Program Description*:** This program covers emergency services provided at the national emergency.

***Purpose of the Program Policy 2016-2018*:** In line with the NHS Strategic Priority 3, within the MTBP the following activities for ensuring Universal health coverage (UHC) of the population needs for emergency medical care are planned:

* Response to the population needs for medical emergency services through the implementation, promotion and improvement of a modern legal framework and cost-effective use of resources.

### III.2.2.4. Improved governance and cross-sector cooperation for health

### Governance for Health

***Program Description*:** This program covers functions performed by the Ministry of Health, the National Center of Quality Assurance and Accreditation of Health Institutions and the Continuing Education Center.

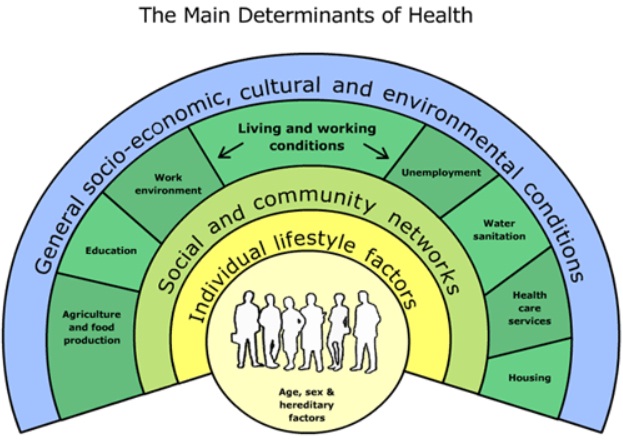
***Purpose of the Program Policy 2016-2018*:** In line with the NHS Strategic Priority 4, within the MTBP the following activities for ensuring good governance for health are planned:

* Fulfilling the national and international commitments in health;
* Development of a legal framework in line with the European directives;
* Improvement of the managerial capacities of Ministry of Health for governance of intersectoral actions for health and wellbeing.

### III.3. Crosscutting issues and policies that contribute to health and wellbeing

Healthy population is a prerequisite for sustainable human development and increased productivity; health is a political choice, which has a decisive influence on health inequities, which are shaped by the circumstances and opportunities of life.

Better health and wellbeing require complex actions and involvement of all sectors. Health inequalities are rooted in the social determinants of health, and thus, join efforts become prerequisite to addressing the health issues upstream in preventive manner. As the determinants of health stretch across the whole of society, so must the policy responses. The Ministry of Health will thus engage and energize other sectors within a framework of fundamental government responsibility for health and well-being through strategic and sustainable intersectoral action.



### III.3.1. Education and healthy lifestyles at start of life

The Albanian government is committed and has invested significantly in education and research in higher education. Similarly, a deep reform is currently being undertaken in pre-university education to radically improve the structure and content of the curricula compliant with the social-economic development stage. At the same time, one of the elements that the Albanian government is currently posing the emphasis on is vocational education, as a fundamental prerequisite in regulating and improving the labor market.

The general principles upon which the contribution of sports and physical activities are based on are the International Charter of Physical Education and Sports[[11]](#footnote-15) and the European Charter of Sport,[[12]](#footnote-16) aimed at reducing overweight and obesity and improving cognitive skills, the memory and socialization.

The Ministry of Education and Sports now has a module of Physical and Sports Education that is being applied in schools, and encompassing health education topics on hygiene, correct posture, use of medicines, healthy nutrition, benefits of physical activities and sports, problems of and addiction to alcohol and smoking, gender differences (in terms of sex education), etc.

### III.3.2. Food safety and nutrition

Food safety is one of the most acute problems of environmental health in Albania covered by the National Food Authority (NFA), a public agency subordinate to the Ministry of Agriculture. NFA mandate consists in ensuring food safety for the entire Albanian population. Meanwhile, the Institute of Public Health in Tirana consists of the Nutrition and Food Safety Sector and a specialized laboratory that provides expertise and support to NFA activities. Over the recent years constant efforts have been made to improve the legislation and the regulatory framework in the field of food safety, to approximate it to the EU directives and guidelines.

Regarding nutrition, a cross-sector national strategy of food and nutrition is already designed under the contribution of five ministries, encompassing necessary interventions to improve food safety and ensure healthy nutrition for all.

### III.3.3. Promoting healthy lifestyles: control of smoking, alcohol and illicit drugs

As the epidemiological transition is clearly taking place in Albania, there is a huge obvious need to address the major risk factors that cause the burden of NCDs. Besides the biological and constitutional factors (such as age, sex and genetic factors), most of the NCDs are known to be caused by behavioral/lifestyle risk factors. This includes cigarette smoking, excessive and harmful alcohol use, physical inactivity and unhealthy dietary habits (characterized by high fat intakes in general and saturated fat in particular, high consumption of sugar, or low intake of fresh fruit and vegetables). These behavioral risk factors are common for several NCDs, particularly for CVD, cancer and diabetes. These factors, in turn, also relate to other major risk factors, such as obesity, high cholesterol levels and high blood pressure.

### III.3.4. Social protection and welfare systems

The purpose of social protection policy is to provide every Albanian citizen regardless of income, origin, age, gender, ethnicity, education, sexual orientation, cultural, political and religious beliefs, with quality public services; special care for orphan children and adolescents; special care for the elderly; transformation of the Economic Aid Program in the Social Reintegration Program, special support for children in street situations and for the Roma and Egyptian communities etc.

There are 586 thousand persons (19% of the total population) that receive pensions. The trend of persons receiving pensions is increasing due to demographic trends, migration and changes in the relations within the Albanian family. In 2014 the total number of contributions was 654,563 – a 16.6% increase from the 561, 169 in 2013. Also for 2014 the numbers of persons receiving pensions by category were: disability due to disease – 5293, disability due to work related accidents – 54, and pregnancy – 15,696. The minimal pension in 2014 was 12,264 ALL for urban and 8,398 ALL for rural areas. The maximal pension for the same year was 24,528 ALL for urban and 12,264 ALL for rural areas.

The implementation of the social protection mentioned in 1.2.1 is hindered by the informality in the economy and labor market, that reduces the input of contributive sources to the social protection programs. A recent WB study underlines that the informality in the Albanian economy is about 34% (in some sectors even higher). The labor market informality is 39%. Informal workers have lower wages and income, total lack of social and health protection, low level or trade union organization, lack of social benefits packages, difficult working conditions and safety at the workplace. As a result of the GoA efforts to reduce informality in the economy and labor market – some 93,394 new contributors joined the pension fund scheme.

Prevention of intentional injuries (violence) and unintentional injuries (road accidents) is considered a priority for the Albanian government. Strengthening the child protection system, defining roles and responsibilities of professionals who handle cases of violence, raising the community awareness of reporting any form of violence have proven positive attempts of the Albanian institutions in the fight against violence in any setting. The Albanian government is committed to reduce the number of deaths from road accidents by 30-50% by 2020. Actions are not only related with road infrastructure improvement, but also with strengthening the law enforcement and improving the medical emergency service.

### III.3.5. Environment

The Albanian government is committed to "*ensure a healthy environment for all citizens, to protect it from pollution and damage from human and economic activities, to treat it as an added value in organizing economic activities, tourism in particular, and to preserve it as a legacy for future generations*". The environment and its sustainable use are regarded as a great employment potential. At the same time, protecting the environment is regarded as a shared task for all citizens, environmental organizations, the civil society, the media, the schools, the scientists and the private business sectors. Currently, the Government is committed to reduce the pollution by 30% in urban areas through: i) extending green areas in urban areas; ii) controlling dust emissions in urban areas by applying new monitoring technologies; iii) implementing strict standards in economic activities that pollute the air, and in using burning fuel complying with the European Union criteria.

The quality of potable water is a critical component of public health. Generally, the population is supplied with bacteria-free, clean water and acceptable chemical parameters. However, problems are observed sporadically in the potable water quality posing threats to the population and leading to various water-borne epidemics. The actions taken aim at gradual improvement in terms of supplying the population with the necessary quantity and quality of potable water. The Water Supply Utility is responsible for ensuring the quality of potable water. There is a specialized laboratory in the Institute of Public Health covering the inspection and analysis of potable water and providing technical assistance and expertise at national level as needed.

In Albania there are institutions, which carry out activities in the field of nuclear safety and radiation protection. The Regulatory Body is represented by the Radiation Protection Commission, headed by Minister of Health and its activity is related to licensing, authorization, import – export, and enforcement, aiming to approximate the Albanian regulations with EURATOM Council Directives in the field of radiation protection and in particular with the Directives 96/29 and 97/43. Presently, there are imaging departments or services in several hospitals in Albania that use conventional radiography, fluoroscopy, mammography and Computerized Tomography (CT). Most of them are located in the main urban areas: Tirana, Durres, Shkodra, Korça and Vlora. The use of new radiation techniques and devices (diagnostic and therapeutic) and the application of radionuclides should become increasingly significant during the next years.

### III.3.6. Housing

Social housing is a key priority of the governmental program and it is a matter of great sensitivity and social impact. Housing is a fundamental right of every citizen and the government is working to improve housing policies to provide quality, efficient and affordable housing. The impact of housing on the health is undisputed and growing evidence shows that its effect can be crucial for good health and wellbeing.

### III.3.7. International Health Regulation, preparation and response to (cross-border) disasters

Albania as a signatory of the International Health Regulations, or IHR (2005), works together with 196 other countries to work together for global health security. Current efforts are focused on building capacities to detect, assess and report public health events; and maintain open channels of communication with WHO. Albania has established specific measures at ports, airports and ground crossings to limit the spread of health risks to neighboring countries, and to prevent unwarranted travel and trade restrictions so that traffic and trade disruption is kept to a minimum.

Albania has adopted the WHO European action plan on antibiotic resistance that aims to strengthen intersectoral coordination, surveillance of antibiotic resistance; promote rational use and strengthen surveillance of antibiotic consumption, strengthen infection prevention and control and surveillance in health care settings; prevent emerging resistance in veterinary and food sectors, promote innovation and research on new drugs, and improve awareness, patient safety, and partnership.

### III.3.8. Gender, equity and human rights perspective

Gender equality policies aim at the effective commitment of all public institutions in the fight against violence against women, strengthening of the justice system role in the area of prevention and support for victims of violence and punishment of their perpetrators; strengthening of the women’s position through employment, promotion of entrepreneurship, vocational education and training; supporting young mothers in the first period of their children's lives; providing maternity leave for all mothers regardless of their social security contributions; providing special care for the newborn babies and mothers.

PART IV: STRATEGY IMPLEMENTATION: GOVERNANCE, WORKING WITH PARTNERS AND FUNDING

## IV.1. Governance structures

With its vision, the ANHS reflects the political will for strategic development of health by 2020. Its structure and components clearly indicate the multi-sectoral approach needed towards coordinated action among various sectors – both systemically (“whole-of-government”) and socially (“whole-of-society”), as well as the hierarchy of cooperation necessary at different levels within and beyond the health system. In this respect, the crucial role of Government and its responsibility for providing better, more efficient, effective and sustainable governance for health, public health protection and services, and individual healthcare, are seen as complementary actions with the efforts of individuals and community towards improved health and wellbeing.

The Ministry of Health role will be strengthened to move away from handling disease and responsible for the operations of the health system into incorporating work done on the social determinants of health, macroeconomics of health, cooperating with other sectors to advance the healtyh agenda, and generating public health evidence that informs decision making.

## IV.2. Cross-sector cooperation

The integrated Planning system (IPS), approved by the Albanian Government in 2005, is a broad planning and monitoring framework which aims to ensure that the core policy and financial processes developed by the government of Albania function in an integrated way. The two core processes of IPS include:

1. National Strategy for Development and Integration (NSDI) 2013-2020 developed by the Albanian Government establishes the government’s medium to longer term (2013-2020) goals and strategies for all sectors. The NSDI Document establishes the strategic goals and objectives that are to be reflected each year in the 3-year Medium-Term Budget Program. The NSDI comprises a synthesis of the medium and long-term sector and inter-sector strategies (22 sector and 17 cross/cutting strategies). The majority of the sector strategies include action plans, laying out specific deadlines for the accomplishment of concrete activities in each sector within the period 2013-2020.
2. Medium-Term Budget Program (MTBP): requires each ministry to develop a 3-year plan that specifies the program activities and outputs required to deliver program policy goals and objectives within the ministry’s expenditure ceiling;

The progress noted in the implementation of the National Strategy for Health will be monitored by the Ministry of Health (Directory for Monitoring) and progress reported annually, as part of the NSDI reporting to the Office of the Prime Minister.

The inter-sectoral cooperation objectives and mechanisms are identified in the NSDI document. The legal instruments that the Ministry of Health will utilize to strengthen the cooperation and mutual contribution of other sectors to health, and vice versa, include but are not limited to enacting new laws, signing bi/multi-lateral agreements, suggesting establishing multi-sectorial committees, organizing regular fora for discussion and consultations with representatives of other sectors and with a large community participation.

## IV.3 International cooperation

The contemporary living and interconnectedness of all segments of life at local, national, regional and global levels, health issues do not recognize borders, which makes the collaboration with various partners an inseparable and indispensable feature of response to the modern health challenges.

In this regard, international cooperation also plays an important role in the realization of this strategic framework in the context of: technical assistance, implementation of cross-border and regional activities and exchange of practices and experiences. The Ministry of Health has taken a leadership role in coordinating international cooperation in improving the health and well-being to achieve the vision and objectives of the NHS.

At present, the Ministry of Health cooperates and coordinates health investments from a range of international partners like UN agencies (WHO, UNICEF, UNFPA, UNDP etc), the Word Bank Group, USAID, Swiss Cooperation, the EU, and other regional initiatives like the SEE Health Network.

## IV.4. Partnerships in Health

Basing its values on evidence and experience, with the citizen at its centre, the Strategy may be considered as a platform for partnership and collaboration for health. The engagement of society is a central aspect of the Strategy planning, development, implementation and monitoring of both its implementation and successfulness in realizing the defined aims at all levels. Furthermore, the Strategy provides the basis for empowerment of each individual, of citizens, consumers and patients as well as of health professionals and other experts as crucial factors for an improved health outcome.

The NHS recognizes this need and enables initiation and establishment of creative partnerships for health for specific activities towards the realization of the vision and goals of the Strategy. The Ministry of Health plays a key role in coordinating these partnerships for operationally efficient, timely, harmonized and coordinated implementation of activities and achievement of the vision and goals of the Strategy, in a close cooperation with other government agencies, NGOs and businesses, local governments and religious communities.

## IV.5. Funding the Strategy

The financing of NHS is envisaged through the following policies and instruments:

1. Through the Public Policy strategic determinations planned in the 3-year Mid-Term Budget Programme (MBTP), ensuring systematic approach to implementation through secured public funding; and
2. Through ensuring program and project funds and technical support from bilateral cooperation or multilateral organizations, that is from the European Union funds for pre-accession assistance, research and innovation activities, etc.

The Ministry of Health has the responsibility/competence to coordinate the internal and external funding aimed at implementation of the strategy, through its Unit for international cooperation. An aim will be to avoid double funding or gaps in financing which could considerably slow down the implementation of the closely related activities in different sectors.

The Ministry of Health has already committed to advocate for increasing the funding for health by increasing the public funding to 4% of the GDP in 2025 and reducing the out-of-pocket expenditures for health in 30% of the total health expenditure. The concrete actions and steps to achieve this increasing in public funding for health will be determined by the MoH in cooperation with the MoF in the near future.

PART V: ACCOUNTABILITY, MONITORING AND EVALUATION

## V.1 Accountability mechanisms

**Accountability.** To ensure accountability and transparency, the Ministry of Health will collect and publish information on the designated e-platform regarding the undertaken activities, in a form of regular reporting of the NHS implementation. The e-platform will also provide for the accountability and transparency of the Strategy implementation process. The progress towards achieving the objectives of the Strategy will be collected and available to the general public, partners and personnel through regular reports published annually,

**Reporting**. In line with the requirements of the NSDI, the Ministry of Health will report on the implementation of the NHS performance on an annual basis, contributing to the annual NSDI progress report, the main audience of which would be the general public. The annual reporting mechanisms will be strengthened so to ensure managerial and political accountability associated with the NHS and NSDI. Additional reporting will be produced, in line with the requirements of the EU accession or development and integration processes in the country.

## V.2 Monitoring and Reporting

**Annual reporting**. Annual progress reports on NHS performance will be prepared by the Ministry of Health and submitted to the body responsible for monitoring of the NSDI implementation. As per the requirements of the NSDI monitoring mechanisms, the reports will: (1) assess progress made in the implementation of the strategy; (2) utilise other available statistical information in order to analyse long-run trends and benchmark Albania against other countries in the region; and (3) selectively identify issues that are of critical importance in the process of achieving the country’s long-term national development and integration goals.

The reports will be produced in a timely manner, so that government institutions, development partners, national health professionals and patient rights organization might take the appropriate action. The production of the annual reports may be combined with an annual government - development partner conference or round-table.

**National indicators**. The implementation of the NHS as part of the NSDI-II will be assessed and monitored through two sets of monitoring indicators. The first set (Appendix 3.I) are the indicators set in the NSDI-II as relevant to the health sector. These indicators measure results or outcomes and will be collected annually, so to ensure informing the NSDI-II monitoring process. The second set (Appendix 3.II) comprises a wider frame of health indicators, that will be specifically measured to monitor the achievement of the strategic priorities set out in the NHS.

The reporting templates for NHS, provided within the wider scope of NSDI-II reporting are given in Appendix 4.

## V.3 Evaluation

Evaluation of the impact of interventions coordinated by the Strategy will take place by 2020. A mid-term evaluation of the implementation of the strategy might be necessary in late 2017, coinciding with the approval of the government program after the general elections. The impact assessment and evaluation and its related reporting will be tied to the regular annual reporting for the NSDI, and where possible, the information and evidence generated might be used to feed the national reporting for the EU integration requirements.

# PART VI: APPENDICES

## Appendix 1. The Book of Evidence

## I. List of Figures

## II. List of Tables

## III. Bibliography and resources used

## Appendix 2. Action Plan for the Implementation of ANHS

|  | **Activity** | **Responsible Institution** | **Other involved sectors/institutions** | **Time frame** | **Budget** | **Indicator** | **Periodicity** | **Relatedness to existing strategies** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STRATEGIC PRIORITY 1:** | | | | | | | | |
|  | **OBJECTIVE 1.1** |  |  |  |  |  |  |  |
| 1.1.1 |  |  |  |  |  |  |  |  |
| 1.1.2 |  |  |  |  |  |  |  |  |
| 1.1.3 |  |  |  |  |  |  |  |  |
| 1.1.4 |  |  |  |  |  |  |  |  |
|  | **OBJECTIVE 1.2** |  |  |  |  |  |  |  |
| 1.2.1 |  |  |  |  |  |  |  |  |
| 1.2.2 |  |  |  |  |  |  |  |  |
| 1.2.3 |  |  |  |  |  |  |  |  |
|  | **OBJECTIVE 1.3** |  |  |  |  |  |  |  |
| 1.3.1 |  |  |  |  |  |  |  |  |
| 1.3.2 |  |  |  |  |  |  |  |  |
| 1.3.3 |  |  |  |  |  |  |  |  |
| 1.3.4 |  |  |  |  |  |  |  |  |
|  | **OBJECTIVE 1.4** |  |  |  |  |  |  |  |
| 1.4.1 | Etc. |  |  |  |  |  |  |  |

## Appendix 3. Indicators and targets of ANHS

## I. NSDI-relevant indicators

(according to NSDI II 2015-2020: indicators and targets)

| **NSDI Pillars** | **Sector** |  | **Indicators** | **Responsible Institution** | **Determination/Measurement** | **Source** | **Basic Year 2012** | | **Last available value** | | **Goal 2017** | **Goal 2020** | **Periodicity** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SOCIAL DEVELOPMENT AND COHESION THROUGH INVESTING IN PEOPLE | Health | 1 | Infant mortality rate (per 1000 live births) | Ministry of Health + INSTAT | Number of deaths per 1000 live births | Ministry of Health | 2012 | 7.8/1000 live births | 2013 | 7.3/1000 live births | 7.1 | 6.8 |  |
| 2 | Mortality rate, under 5 (per 1,000 live births) | Ministry of Health + INSTAT | Number of deaths in children under 5 years per 1,000 live births | Ministry of Health | 2012 | 8.9/1000 live births | 2013 | 8.4/1000 live births | 8.1 | 7.7 |  |
| 3 | Mother mortality rate (per 100,000 live births) | Ministry of Health + INSTAT | Number of deaths per 100,000 live births | Ministry of Health | 2012 | 5.7/100000 live births | 2013 | 11.8/100000 live births | 11.1 | 10.8 |  |
| 4 | Sustainability of vaccines | Ministry of Health + ISHP | % of vaccinated children of 0-6 years | Ministry of Health + ISHP | 2012 | 0.95 | 2013 | 0.95 | 0.96 | 0.98 |  |
| 5 | Rate of earlier depistation of population 40-65 years | Ministry of Health | % of testing of population subject to the basic health check of 40-65 years | Ministry of Health | 2012 | n/a | 2013 | n/a | 600,000 | 700,000 | annual |

## II. NHS-relevant indicators

|  | **Indicators** | **Responsible Institution** | **Determination/**  **Measurement** | **Source** | **Basic Year 2012** | | **Last available value** | | **Goal 2017** | **Goal 2020** | **Periodicity** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | (1.1.a) Standardized overall premature mortality rate (from 30 to under 70 years) for four major non-communicable diseases (cardiovascular diseases, cancer, diabetes mellitus and chronic respiratory disease), disaggregated by sex. | ISHP |  | INSTAT |  |  |  |  |  |  |  |
| 2 | (1.1.b) Age-standardized prevalence of current tobacco smoking among persons aged 18+ years. | ISHP |  | Survey-based |  |  |  |  |  |  | Every 5 years |
| 3 | (1.1.c) Total (recorded and unrecorded) per capita alcohol consumption among persons aged 15+ years within a calendar year (litres of pure alcohol). | ISHP |  | Survey-based (INSTAT) |  |  |  |  |  |  |  |
| 4 | (1.1.d) Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as a body mass index > 25 kg/m2 for overweight and > 30 kg/m2 for obesity). |  |  |  |  |  |  |  |  |  |  |
| 5 | Age-standardized prevalence of overweight and obesity in persons aged 7-10 years (defined as a body mass index > 25 kg/m2 for overweight and > 30 kg/m2 for obesity). | ISHP |  | COSI |  |  |  |  |  |  |  |
| 6 | (1.3.a) Age-Standardized mortality rates from all external causes and injuries, disaggregated by sex. |  |  | INSTAT |  |  |  |  |  |  |  |
| 7 | (3.1.b) Life expectancy at birth, disaggregated by sex. |  |  |  |  |  |  |  |  |  |  |
| 8 | (3.1.e) National and/or sub-national policy addressing health inequities established and documented. |  |  |  |  |  |  |  |  |  |  |
| 9 | (4.1.a) Life satisfaction. |  |  |  |  |  |  |  |  |  |  |
| 10 | (4.1.b) Indicators of objective well-being in different domains; to be developed and potentially already covered by other areas of Health 2020 targets. |  |  |  |  |  |  |  |  |  |  |
| 11 | (5.1.a) Private household out-of-pocket expenditure as a proportion of total health expenditure |  |  | INSTAT (SILC) |  |  |  |  |  |  | At least every 5 years (to check) |
| 12 | (5.1.c) Total health expenditure on health (as a percentage of GDP). |  |  | INSTAT (SILC) |  |  |  |  |  |  | At least every 5 years (to check) |
| 13 | (5.1.c) Government (public) expenditure on health (as a percentage of GDP). |  |  |  |  |  |  |  |  |  |  |
| 14 | (6.1.a) Establishment of process for target-setting documented. |  |  |  |  |  |  |  |  |  |  |
| 15 | (6.1.b) Evidence documenting: (a) establishment of national policies aligned with Health 2020 policy, (b) implementation plan, (c) accountability mechanism. |  |  |  |  |  |  |  |  |  |  |

## III. Health-enabling indicators (social determinants of health)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Indicators** | **Responsible Institution** | **Determination/**  **Measurement** | **Source** | **Basic Year 2012** | **Last available value** | **Goal 2017** | **Goal 2020** | **Periodicity** |
| 1 | (3.1.c) Proportion of children of official primary school age not enrolled. |  |  |  |  |  |  |  |  |
| 2 | (3.1.d) Unemployment rate, disaggregated by age. | MMSR |  | INSTAT Labour survey |  |  |  |  |  |
| 3 | (3.1.e) National and/or sub-national policy addressing health inequities established and documented. |  |  |  |  |  |  |  |  |
| 4 | (3.1.f) GINI coefficient. |  |  |  |  |  |  |  |  |

## Appendix 4. Reporting template for ANHS

(according to NSDI II 2015-2020: indicators and targets)

(NSDI template to be obtained)

**APPENDIX. GUIDANCE ON SECTOR STRATEGY STRUCTURE (excerpt from Order 93 of August 7, 2012)**

|  |  |
| --- | --- |
| **Chapter** | **Activities** |
| **1. Current conditions** | |  | | --- | | Use the latest statistical information. Ensure that authoritative studies on the sector by Albanian or foreign authors are consulted. The overview should incorporate the findings of joint evaluation activities with donors, such as the Public Expenditure and Institutional Review. | | Review the broad performance of public expenditure in the sector (by reference to the expenditure structure and analytic documents, such as public expenditure reviews) and the envisaged role for the government (for Chapter 1 and part of Chapter 2) | |
| **2. Mission, strategic priorities and goals** | |  | | --- | | Formulate the concise statement on the mission, strategic priorities and goals with reference to:   * Draft statement on the vision, strategic priorities and strategic goals of the NSDI (to be available by July 2006) * Technical analysis on the determinants of growth (to be available by July 2006) * European integration commitments, as specified in the Stabilization and Association Agreement, the European Partnership and the respective government action plans * Government program | | Revisit the goals and adjust the targets after the initial costing. | | Approve the statement on the mission, strategic priorities and goals. | |
| **3. Policies** | |  | | --- | | Review the assumptions regarding links between the major policies and achieving goals in the sector. | | Review the correspondence between strategic priorities and budget programs in the sector. | | On the basis of the participation in an Inter-Ministerial Committee, assess whether the corresponding crosscutting strategy issues are reflected in the sector strategy. | |
| **4. Resource implications** | Examine the soundness of the cost assumptions behind sector goals and the realism of goals relative to the working assumptions of the macroeconomic framework included in the Instruction. |
| **5. Accountability, monitoring and evaluation** | |  | | --- | | Provide a draft list of monitoring indicators and, if some of these indicators cannot be currently measured, outline plans for future data collection in association with INSTAT. | | Develop joint work plan with the Sector Advisory Group and the External Assistance Technical Working Group. | |

1. According to the World Bank classification [↑](#footnote-ref-3)
2. INSTAT, 2014 [↑](#footnote-ref-4)
3. World Bank 2007 Albania: Urban development, migration and poverty reduction, Tirana [↑](#footnote-ref-5)
4. INSTAT, 2014 [↑](#footnote-ref-8)
5. WHO, HFA-DB 2014 [↑](#footnote-ref-9)
6. (GBD, 2010) [↑](#footnote-ref-10)
7. (GBD 2010) [↑](#footnote-ref-11)
8. RHS, 2008-2009. [↑](#footnote-ref-12)
9. National Health Report (2014) [↑](#footnote-ref-13)
10. WHO, 2014 [↑](#footnote-ref-14)
11. International Charter for Physical Education and Sports, adopted by UNESCO, 21 November 1978 [↑](#footnote-ref-15)
12. European Sports Charter, adopted by the Conference of the Ministers of Sports of the Council of Europe, Rodi 13-15 May 1992 [↑](#footnote-ref-16)