ALBANIA – HEALTH SYSTEM OVERVIEW

MINISTRY OF HEALTH
ALBANIA
Surface: 28.748 km²
Population: 2,831,741 inhabitants
Rural areas: 46.3 % of the population

Life expectancy: men 74.7 years; women 80.1 years.

Infant mortality: 7.9 per 1000 live births (2014) as compared to 17.5 per 1000 live births in 2002

Under 5 mortality rate: 9.2 in 2014 as compared to 20.1 in 2002

NCD account for about 89% of all deaths in Albania (59% from cardiovascular diseases and 18% from cancer).
Figure 1. Population pyramids according to 2001 and 2011 Censuses

- Meshkuj Male
- Femra Female
2014 Territorial & Administrative Reform

Before 2014: 64 Municipalities
              311 Communes

After 2014: 61 municipalities

Opportunities for reshaping Health Services
Barra e sëmundjeve që i atribuohet të gjithë faktorëve të stilit të jetesës në Shqipëri në vitin 1990 dhe në vitin 2010 (*burimi: GBD, 2010*)

<table>
<thead>
<tr>
<th>Faktori i stilit të jetesës</th>
<th>Viti: 1990</th>
<th>Viti: 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DALY (për 100,000)</td>
<td>Përqlindja DALY</td>
</tr>
<tr>
<td>Inaktiviteti fizik</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rrezqjet e dietës</td>
<td>2907.3</td>
<td>10.1</td>
</tr>
<tr>
<td>Dendësia e ulet e mineraleve në kocka</td>
<td>45.8</td>
<td>0.2</td>
</tr>
<tr>
<td>TMT i lartë</td>
<td>1116.7</td>
<td>3.9</td>
</tr>
<tr>
<td>Tensioni i lartë i gjakut</td>
<td>2600.8</td>
<td>9.1</td>
</tr>
<tr>
<td>Niveli i lartë i kolesterolit</td>
<td>651.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Niveli i lartë i glukozës</td>
<td>770.6</td>
<td>2.7</td>
</tr>
<tr>
<td>Konsumi i drogës</td>
<td>268.8</td>
<td>0.9</td>
</tr>
<tr>
<td>Konsumi i alkoolit</td>
<td>433.2</td>
<td>1.5</td>
</tr>
<tr>
<td>Duhanpirja</td>
<td>2856.3</td>
<td>9.9</td>
</tr>
<tr>
<td><em>Stili i jetesës në total</em></td>
<td><strong>11650.9</strong></td>
<td><strong>40.6</strong></td>
</tr>
</tbody>
</table>
Health Services in Albania

- Private Services
- Public Services
- Sherbime autonome

Prevention
Treatment
Rehabilitation

Improvement of social, mental and physical wellbeing of all citizens
Health System Pyramid

- University Hospitals
- Regional Hospitals, Municipality Hospitals, HOSPITALS
- Specialized Outpatient Medical Services
- PRIMARY HEALTH CARE, FAMILY MEDICINE
Public spending

Public Expenditure in the sector has increased from an estimated 6,600 ALL per capita in 2004 to 14,200 ALL in 2015

Source: WHO Health for All Database, 2012
Revenue sources

- According to the law compulsory health insurance is obligatory for all economically active and non-active population groups.

- HIF is funded through a mix of payroll taxes (3.4%) and general budget revenues on behalf of non-active population groups.

- Voluntary enrolment for those not covered.

<table>
<thead>
<tr>
<th>2014</th>
<th>ALL</th>
<th>EURO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoH Budget</td>
<td>42,293,383,000</td>
<td>306,473,790</td>
</tr>
<tr>
<td>Health Insurance Fund</td>
<td>35,856,384,000</td>
<td>259,828,870</td>
</tr>
<tr>
<td>Contributions</td>
<td>8,008,133,000</td>
<td>58,029,949</td>
</tr>
</tbody>
</table>
Health Insurance Fund

- Most of public funds are channeled through Health Insurance Fund (HIF) which is an important precondition for effective strategic purchasing;

- Still, the treasury rules applied for hospital expenditures and strict control over staffing policies reduces flexibility to be active purchaser;

- Thus, even funds are pooled to HIF there is still fragmentation inside that pool diminishing HIF’s ability to be efficient purchaser of care;

Source: WHO assessment mission on health financing for universal health coverage with a focus on primary care in Albania. 2015
HEALTH SERVICES

- Primary Health Care providers network in place (421 autonomous health centers, 2300 health posts) but its package of services, management and accountability mechanisms to be revised in the framework of the administrative and territorial reform;
  - Financial incentives being considered to support Primary Health Care Providers to take broader role and focusing on outcomes

- Hospital network with unused capacity needs re-profiling to be able to respond to population health needs
  - More autonomy needed to respond to financial incentives

- Evolving private providers market and Public Private Partnerships (PPP) provide efficient use of available resources in the country;
Services (cont.)

Public Sector

421 Public Primary Health Care Centers;
43 public hospitals (5 University Hospitals).

Private sector

10 private hospitals, 66 outpatient medical centers, 111 outpatient medical cabinets, 229 laboratory diagnostic centers, 563 dentistry cabinets, 1650 pharmacies

(reference 2014)
Human resources projections in the Health Sector 2013-2020 (in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Total number of employees</strong></td>
<td>28.6</td>
<td>32.4</td>
</tr>
<tr>
<td>a) Public Sector</td>
<td>24.8</td>
<td>25.5</td>
</tr>
<tr>
<td>b) Private Sector</td>
<td>3.8</td>
<td>6.9</td>
</tr>
</tbody>
</table>
• 12114 Hospital health care workers
• 7700 Health care workers in primary care
• 50 epidemiologists
• 100 Other public health workers
The way ahead

• Improving access that prevents exclusion;
• Increasing the efficiency of public spending;
• Filling the identified gaps in the system;

Overall:
Ensuring universal health coverage and access focusing on maximizing healthy lives and reducing the burden of noncommunicable diseases (NCDs);
AGJENCIA KOMBËTARE E BARNAVE DHE PAJISJEVE MJËKËSORE

SEKTORET

1. Burimet Njerëzore
2. Çështjet Juridike
3. Financa dhe Shërbimet Mbështetëse
4. Teknologji e Informacionit dhe Komunikimit
5. Laboratori i Kontrollit
6. Shpenderja e Barnave dhe Pajisjet Mjekësore
7. Sektori i Inspektimit
8. Autorizimi per Tregtim dhe Çështjet Rregullatore
9. Sektori i Pajisjeve Mjekësore
10. Sektori i Farmakogjigjencës

REGJISTRI I BARNAVE

Tëregjla nga tregu e serise DYS223 me datë skadente 30.09.2018 është NIEQIPIN 70 DETTA DPHMA te Hbarknt te Autorizimit për

NA KONTAKTONI

kontakt@akbpm.gov.al
New Legislation on Medical Devices

REPUBLIKA E SHQIPËRISË
KUVENDI

LIGJ

Nr. 89/2014

PËR PAJISJET MJEKËSORE¹
Mamografët e Lëvizshëm

EKZAMINIME TË KRYERA FALAS NË KOMUNITETE, ME MAMOGRAFI TË LËVIZSHME

24 RRETHER
3800 MAMOGRAFI TË KRYERA

FALAS

EMRAT TË TEBORIN 2016
Pamje: Reparti i Kemioterapisë në Sp. Rajonal Durrës [20/10/2015]
Gripi
Inf respiratore
Gastroenterite
Helmim ushqim
Varicela
Zgjebja
Bruceloza
Morri
Tuberkulozi
Dermatofitia
Salmoneloza
Shigeloza
Hepatiti viral
Streptokoksi
Parotit viral
Antraks
Meningiti
Leptospiroza
Leishmania
IST
Sifiliz
HIV/AIDS
Public health system

- Ministry of Health
- Institute of Public Health
- National Blood Bank Center
- National Drug Control Center
- Directories of Public Health
- Primary Care Centers
- University Hospital
- Regional hospitals
- District hospitals
Flow-chart of data collection in each statutory notification system of Infectious Diseases

- **Health event occurrence (case detection)**
- **Diagnosis** (by whom and how)
  - Source of reporting (= Primary care)
  - **Family doctors (FD/GP)**
  - (Primary health care services in urban and rural areas)
  - **Hospitals**
  - (Secondary and tertiary health care services)
    - Public Health Laboratories
    - Microbiology laboratories
    - Health Care Services in schools
  - Occupational Health Care Services
  - **District Epidemiological Service** (=Local level of data collection)
  - **Ministry of Health**
  - **Institute of Public Health** (= National / Central level of data collection)
  - National Data Management
  - Report generation and dissemination (Feed-back)

Feed-back
General information about surveillance in Albania

• **Major Disease - Based Surveillance System** mainly hospital based
  Monthly mandatory notification of diseases through a specified form

• **ALERT system**
  Syndrome – Based Surveillance System, weekly mandatory notification of infectious syndromes

**STI syndromic system**

• **Case-Based Surveillance System**

• **Rumour analysis system**

• **Sentinel surveillance sites** (Influenza, Rotavirus etc)
Major changes in communicable diseases

- Improving lab capacities - New diagnostics
- New law on communicable diseases
- New vaccines (IPV, Hepatitis B for HCW, Influenza vaccination of HCW)
- Immunization Information System
- One health assessment of Infectious Diseases (Leishmaniasis) toward One health surveillance and there after One health dashboard
- Efforts to digitalize the surveillance system and link with digitalization of health care services
Surveillance challenges

- New case definitions implementation
- Laboratory diagnostics funding
- Serosurveys
- Chronic hepatitis reporting
- Liver cancer registry
- Estimation of deaths
- Treatment rates
- One platform
Measles and Rubella outbreaks 2000 - 2011

Measles and Rubella vaccination

Measles outbreak

Rubella
Diarrheal diseases
Incidence: cases/100,000 population
Food and waterborne diseases

Acute gastroenteritis

Food poisoning

Acute gastroenteritis

Food poisoning
Anthrax 2006 - 2013
Distribution of Anthrax in man and animals
Brucellosis 2006 - 2013
Brucellosis

Brucellosis in humans

Brucellosis in animals
Key finding
LEISHMANIASIS
And Phlebotomes
Identifying P. neglectus as a vector of Leishmaniasis in Albania

Leishmania infantum present in *Phlebotomus neglectus*, Lezha, September 2011
Hemorrhagic Fever Syndrome
Distribution of CCHF cases and forests
CCHF Seroprevalence study 2013
CHASSING TICKS
West Nile Virus in Albania

- First human cases – Meningoencephalitis – August 2011
- Positive cases were between 22-78 years old patients

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>WNV suspected</th>
<th>WNV confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encephalitis and Aseptic meningitis</td>
<td>42</td>
<td>11</td>
</tr>
<tr>
<td>Unknown fever</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>Polineuritis</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>
Epidemic curve

No. of cases

Distribution of suspected and confirmed cases of WNV by month during 2011
Geographic distribution of confirmed human positive cases of West Nile Virus during 2011, in Albania.

Human cases were distributed in the costal and central part of Albania, (Lac, Kruje, Mamuras, Lushnje, Durres, Tirane, Kavaje)
Risk assessment for West Nile Fever
AEDES ALBOPICTUS SURVEILLANCE IN TIRANA

50 stacione ne zona urbane dhe sub urbane
Skperdarja gjeografike e Leptospiroses sipas rretheve (Numer total rastesh)
Extrapulmonary TB
SHERBIMI
HIGJENES DHE
EPIDEMIOLOGJISE
DURRES
RREGULLORJA NDERKOMBETARE
E SHENDETIT (2005)
HIV EPIDEMIC IN ALBANIA
HIV EPIDEMIC IN ALBANIA
GENDER ISSUES

[Bar chart showing data from 1993-2013]
Nr i testimeve dhe këshillitme per HIV sipas rretheve në periudhën 2008 - 2013
Syphilis
Where is Syphilis established

1. TIRANA
2. ELBASAN
3. DURRES
4. SHKODRA

• Reemergence of Syphilis in
1. KORCA
2. LEZHA

3. REMERGENCE OF NEWBORN SYPHILIS IN TIRANA AND KORCE AFTER 50 YEARS
Chlamydia & HPV

First study in women of reproductive age groups
Prevalence = 5,6%
Vulnerable population

Prevalenca e infeksionit HIV

- IDU
- MSM
- Roma

Year:
- 2005
- 2008
- 2011

Prevalence: 0.2, 1.8, 0.4
Vulnerable population

Prevalenza e sfilizit

- IDU
- MSM
- Roma

<table>
<thead>
<tr>
<th>Year</th>
<th>IDU</th>
<th>MSM</th>
<th>Roma</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td></td>
<td>0.5</td>
<td>2.5</td>
</tr>
<tr>
<td>2008</td>
<td>1.0</td>
<td>2.5</td>
<td>0.5</td>
</tr>
<tr>
<td>2011</td>
<td>0.5</td>
<td>1.0</td>
<td>0.5</td>
</tr>
</tbody>
</table>
Shperndarja e familjeve rime ne Shqiperi

Nr i familjeve:
1 Dot = 10

Nr i familjeve

- 0
- 1 - 6079
FLU PANDEMIC A(H1N1) ALBANIA

- **29 July 2009**: 3 philipino near Dures port
- **10 June 2009**: First diagnosed case A(H1N1)pdm09 in Albania
- **7 Gusht 2009**: First death from A(H1N1)pdm09
- Most of deaths in December 2009 in **18-63 years old including two pregnant women**
- **Until October 2009** – Confirmation in Romania
- From November 2009 Flu lab in IPH = cell culture, serology, RT-PCR etc.
FALEMINDERIT
THANK YOU