ALBANIA
HEALTH SECTOR ASSESSMENT

For an evidence based decision making
in light of the new Country Strategy 2014-2017

of the
Swiss Cooperation with Albania
SDC/SECO - SCO-A

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Executive Summary

For the forthcoming planning process of the 2014-17 SDC/SECO cooperation in Albania, with the option of a continued commitment in health, an up-to-date 'health sector assessment' was requested in order to get the necessary evidence base.

In a first step, the consultants cross-checked the Albanian health reality with the goals and plans of the government (stated in the National Strategy for Development and Integration NSDI 2007-13). This resulted in the conclusion that, while some reform efforts and good intentions in many health relevant areas must be recognized, the ambitious health reform goals will not be reached.

The reasons of this reform block are manifold: the health sector is under-financed, health insurance coverage insufficient, especially for the rural, underprivileged and poor population. Many decision making processes lack a sound evidence base, the management of human resources and infrastructure is inefficient. Basic and continuous education for health professionals is sub-standard. All this leads to a services quality still far below European norms. The EU-Commission, in its 2012 progress report, identified *'over-politicization, nepotism and corruption'* as main underlying causes for slow improvements and for the missing link between plans, legislation and implementation. An 'overall weakness in analytical capacity' aggravates these deficiencies.

Therefore, all Albanian and international stakeholders interviewed during the assessment were convinced *'that only a strong and coordinated commitment of foreign actors, through their policy dialogue, stewardship and technical assistance, will help Albania's health sector to overcome intrinsic cultural and political obstacles impeding the timely implementation of reforms – timely in terms of the desired EU-accession agenda.'* [*]

- With regard to financing of public health services, this would mean foreign pressure to speed up and de-politicize the existing financing reform plans like e.g. the establishment of the Health Insurance Institute as single purchaser of services, or the correction of the disproportion between (weak) public and (high) out-of-pocket spending in health in order to reduce informal payments (bribes); in general, it means a more cost-effective manner of financial resources allocation.
- With regard to efficiency of health services, this would mean a strong foreign advocacy for structural adjustments and for the establishment of performance based incentives for health facility staff; it means a continued support of basic and continuous education in order to obtain a better qualified and motivated health workforce, and it means efforts to improve equipment and premises to make work environments more attractive.
- With regard to a successful fight against the major burden of disease, and especially against the NCD-epidemic, this would mean foreign guidance to change the traditional, medical attitude towards a stronger focus on 'modifiable shared risk factors', by fostering prevention and promotion in public health (e.g. initiatives on smoking cessation / life-style change / stress-alleviation / road safety). Dialogue between various sectors, community participation and empowerment of patients are prerequisites of such a change. And health professionals must close the gap between known best practices and their outdated procedures and this, again, needs better training and continuous medical education. And last, but not least, it requires a strong political will and broad commitment for a more comprehensive approach to fight disease and improve health.

Switzerland has been a key player in the field of health in Albania from as early as 1993. The predominant focus was mostly capacity building of personnel involved in health service delivery. In a desk study, eleven former and present Swiss projects have been identified and corresponding documentation analyzed. To a large extend, all projects did produce sustainable impact and were, even after years, still remembered as successful and highly appreciated contributions. The right attitude, a relevant focus, combined with empathy and flexibility, were the main ingredients for their sustainable impact on institution building and human resource development.

In Albania, the main cooperation partners in the health sector were the WB, USAID and WHO. Other UN-agencies like UNICEF, UNFPA and FAO are joining efforts in their specific fields of competence.

[*] according to a latest information, Albania didn't reach the conditions to get EU candidate status

The recently drafted 'One UN-program: Development Albania 2013-17' encompasses a health component that states as outcome *'health insurance is universal and quality, gender sensitive and age appropriate public health services are available to all, including at-risk populations'* (outcome 4.3). USAID is running two projects, while the World Bank has just closed its big 'health system modernization' project, but is envisaging a comeback with an important health grant from 2014 onwards. On the bilateral or NGO side, no other major player remains with a longer term commitment after the withdrawal of several of them in the recent years.

For a continued SDC/SECO commitment in health, good arguments have been identified:

- Switzerland can build on its reputation as a reliable and efficient partner in health reform and capitalize on the long history of support to Albania's health sector;
- SDC's asset of an established network of Albanian partners within and outside the health sector amplifies the potential of success and sustainability;
- Switzerland can offer a comparative advantage in the fight against the NCD-epidemic with its renowned expertise in prevention and health promotion;
- The scope of beneficial interventions is broad, ranging from a classical medical equipment supply (SECO) to a comprehensive technical assistance to a district reform process (SDC).

A comparison of planned future health support by foreign donors shows that they have basically a common view how best to reform Albania's health system (One UN program, WB, USAID projects), a view consistent with strategies promoted by WHO, EU and others. Their approaches coincides with the Albanian strategic and legal frameworks for health reform. Switzerland could be inspired by this 'common blueprint', because it matches with the general Swiss foreign development policy and with SDC's health policy: synergies and complementarities with the other foreign actors should therefore guide the identification of a Swiss health support!

Based on the findings of the assessment, the interviews with many key players and their own experience, the consultants did come up with intervention options in the following domains, for a further in depth consideration by SCO-A:

- **Domain: Human Resources for Health**

Enlarged PDS project: this project covers the most important aspect of health professional training; if working in a full-fledged mode, it would have the potential to reach close to 20'000 health professionals; such a CME-system is a must for a modern health sector. It is questionable if Albania is able, on its own, in the two years to come, to reach the full-fledged functioning of its CME-system: big problems lie in the decentralized availability and in the quality of training offers. The further development of new communication tools (distance-learning, e-health, telemedicine, a monthly Albanian Medical Journal) are still big challenges ahead of NCCE.

Specific training offers: People with sound knowledge in management and financing of the health system and its facilities are still rare in Albania; short-time courses on these topics have a limited effect (as e.g. the 'eye-opener' courses at Summer School) and long-term courses do not exist anymore (TP-HPM till 2008). Switzerland could engage in the re-launch of such a training; various institutional formulas could be envisaged.

PHC-team training program: a training program tailor-made for primary health care level staff, including family doctors/GPs, nurses with various basic training and administrative/social workers; an analogous SDC-sponsored program runs since years in B&H and experiences can be obtained there.

- **Domain: Infrastructure and Medical Equipment**

Switzerland could assist in the effort to make decentralized health infrastructures more attractive and thus strengthen the referral function of the Albanian health system by providing essential primary level equipment as well as more sophisticated secondary level laboratory and other diagnostic equipment. Some investments in rehabilitation of PHC and hospital premises might be necessary, too. The focus should be on improvements in case finding of NCDs, like cancer screening (mammography, colonoscopy, Pap-smear, etc.) and on equipments for therapeutic interventions corresponding to the secondary level (surgery, anesthesia, etc.). An additional component could be the establishment – at the

PHC-level – of mobile health units for visits to remote areas (an ageing, multi-morbid population living in remote areas does not have anymore access to health care due to the closure of many health posts).

- **Domain: Support to a Regional Health Reform Process**

A support of a comprehensive implementation of existing reform plans in a limited geographic (pilot) area, well coordinated by all actors in health, backed by a strong and consistent policy dialogue, could be a valuable option. Dealing successfully with health problems of a society is, especially in transition countries with rapid changing life styles, a complex challenge. Like for a puzzle, only the sum of correctly assembled pieces lead to a functioning health system. The Albanian's were strong in designing such a health reform puzzle but weak in assembling it: they need technical assistance and financial support.

A smaller scale pilot could demonstrate how it would look like if the health reform strategy would be implemented and transformed in reality. This could facilitate the 'national roll-out': people could see what is feasible, what ingredients were necessary to make the system work – and would see results: access without discrimination, a new relationship between citizens and health professionals, improved quality of services and a population aware of health risks.

Switzerland could engage in such an endeavor, in an area where SDC and SECO were already well rooted, have shown commitment and established good relationships with authorities at municipality or district level. Such a project would be a continuum – in concrete terms – of the SCO-A efforts over the past years on 'Democratization and Decentralization'. Based on past progress in some regions (e.g. Shkodra/Lezha), the ground for the establishment of a comprehensive regional health reform project might now be fertile. The impact on health care and health status of the poor would be important, especially if realized in an underserved region, e.g. in the North-East of the country.

To rank the options, a **qualitative analysis** has been carried out, using six health impact criteria (drawn from SCO-A's country priorities and SDC's health policy) and four adjustment factors (related to the success parameters sustainability, risk, complexity, feasibility). The comprehensive support to a Regional Health Reform Process resulted best, followed by a continued support to an enlarged PDS program and a (re-launch) of training courses in health financing and management. Only a further in depth evaluation process of these options can lead to a final decision. Especially for the best graded option the political will of the government is crucial, as well as a firm engagement of other involved donors in health for a joint collaboration effort.

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