

## **PUBLIC HEALTH ADMINISTRATION AND MANAGEMENT IN ALBANIA**

### ***I. INTRODUCTION AND OVERVIEW OF ALBANIA AND ITS HEALTH SYSTEM***

The ultimate goal of the Health sector is to maximize the population's health, reforming health services must be part of broader package that recognize the impact of the wider social, physical and economic environment on health Status and vice versa. Public Policy in health is successful if it leads from one side to the main health challenges facing today including income distribution, employment, education, transportation and agriculture and from the other side the ability to assess health care needs and to identify, develop and implement appropriate services in response to them.[1]

As we mention above the characteristics of health system are the results of a mix of economical, social, political and historical factors outside and the system itself. One important factor that have a great impact on health care reform is the involvement of the state in overall policy that includes: level of decentralization, the extent of national or local government intervention in overall, the degree of development of a public health infrastructure as well as the presence of a public health input at decision making level.[2]

Reform of public health function will succeed only if there are enough professional available with appropriate skills. There is need to invest in training and employing public health professional with relevant skills as well as health manager. There has been substantial improvement in education of the health managers and public health professional etc, by establishing the new programs as well as the schools, however, varies considerably between countries.

When of Central Eastern Europe CEE countries and the former Soviet union adopted the market economy model, the latter had a drastic impact on their respective health care systems. Albania - as part of the CEE - started 12 years ago the economic transformation from central planning one to market followed by changes in administration in general, in the public and Health sector in particular. Health reforms which were initiated more recently, are typically more fragmented with pilots and local initiatives but are not consistently implemented within national policies. Those changes focus on:

- a) reducing direct state involvement through decentralization
- b) privatization reform orienting various actors to market forces and competition improving the guidelines of resource allocation decision.

Also there is a particularly urgent need to increase the availability of public health managers in those countries that are introducing market-based health sector reforms.

The purpose of this paper is to present an overview of the current situation in general status of health care system the role of government and public investment on the health care system, a portrait of the organization of the latter, the current situation of training in public health administration and management as well as the overview of the current education practice in the area of health administration.

#### ***1.1 Basic geographic and socio-political facts***

Albania is situated in the south-western part of the Balkan peninsula, and covers 28 748 km<sup>2</sup>, of

which 34.8% is comprised of forest, 15% of pasture, 24.3% of agricultural land and 4% of lakes. The landscape is mainly mountainous with an average altitude of 714km, nearly twice as high as that of Europe as a whole. The border of Albania is 1094km long; 529km borders with the former Yugoslavia (North and North East) and 271km borders with Greece (south and south-east). The coastline is 476km long. Since 1990, the country has undergone important social and political changes and is experiencing a delicate transition period towards a market economy and democratic government. This progress was twice severely disrupted, by social unrest from 1991-92 and in 1997, and then by the war in Kosovo in 1999.

Current GDP per capita in Albania is US\$810 (World Bank World Development Report 1999-2000), making Albania the country with the lowest per capita income in Europe.[3]

In the context of severe economic crisis, migration from the rural areas has resulted in weakened village social structures and chaotic city life, while also placing pressure on social and physical infrastructure at both ends. Health and social services and infrastructure are increasing demands but with little additional capacity, so the quality and delivery of those services throughout Albania is deteriorating (although this is more obvious in rural areas). Other forms of infrastructure such as roads and transport are in urgent need of attention.

**Table 1. Demographic indicators 1994-1998**

<b>Indicators</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>
Population (millions)	3,354,300	3,202,031	3,248,836	3,283,000	3,324,317
% population under 18 years	40.3	40.1	39.6	40	40.5
Ratio of births to deaths	6.9	6.5	5.7	4.8	3.49
Live births per 1000 population	23.1	22.2	20.8	18.6	17.6
Deaths per 1000 population	5.5	5.6	5.7	5.5	5.1

**Source: INSTAT and Statistic Sector in MoH**

The migration and emigration events will have their impact in urban services to accommodate the shifting population. The implications of strengthen urban services to accommodate the shifting population. A net out-migration of the younger population will also shape future developments. Although the impact of new social problems (e.g.increased drug trafficking, violence and prostitution) it can be expected that the demand for health services is increasing . A strategy designed to improve the health of the population will have to focus initially on involving the younger population as a means of investing in the health and long term development of the country.

## ***1.2 Health Status***

Despite the massive economic and social changes, health indicator appears to remain favourable when compared with country of similar per capita income level.

Total population (2001)	3.4 milion
Life expectancy is	72 year
Infant mortality	15/ 1000 lives
Maternal mortality	25.8 per 100000 live
GNP	870 US \$

GDP	3.1 Billion US (\$)
Total health expenditure is	3.1% of GDP (2000) [3,4]

**a) Morbidity**

The morbidity is one of the main indicators for evaluating the health status. Statistical data shows that respiratory diseases are in the first in the total classification. The average density of respiratory disease is 12.5 admission /1000 population. The gastrointestinal disease remains a relevant problem in the morbidity situation with about 10.09 admission per 1000 population. Infection disease takes the third place with 9.32 admission per 1000 population.

**b) Mortality**

Death indicators is going down from 1992 to 2000 from 5.4 in 1992 is decreasing in 4.97 to 2000. The most common causes of death are circulatory disease, followed by respiratory disease and neoplasm. The two last diseases are much higher in rural area than in urban area. There has been an increase in the deaths from external injuries from accidents.<sup>1</sup>

**I.2 General Status of Health Care System, management and the role of government.**

Albania's historical background in Health Care System is based on the principle of free access, wide coverage of the population and is financed through the general revenues of the government. So, during the communist system the government have been responsible for both financing and delivery of health care. The Albanian health system like all countries in the formerly socialist economy have been following by major problems like as:

1. Apparent equity
2. Inefficiency because the health system is highly centralized, bureaucratic and unresponsive to citizens.
3. The public sector has suffered from serious shortages of drugs and equipment and a lack of skills to manage changing health institutions.

The consequences of those problems have been shown in : declining the level of quality of care and declining staff moral.

The World Bank report 1993 (investing on Health ) pushed forward debate in the role of governments in health by combination of the three key issues such as : i) investment in health of the poor can reduce the poverty and its consequences in health status, ii) Improving government spending in health such as (finance package of benefit, prevention of communicable disease) and iii) Promote diversity and competition in provision of health services increasing the private sector and improving the mechanisms of health insurance and helping them how those markets function [5]

The WHO regional office for Europe's in " Health 21" offers a pragmatic approach to link the health improvement to the development of economic and social infrastructure.

How is the current situation in Albanian management health System and the role of government on it ?

After the breakdown of the state socialism some changes have occurred in the legal framework as well as in the governmental policy, ownership, production, financing and reimbursement of health care.

The goal of the government's strategy for economic development during the 2001 –2004 is:

**The Growth and Poverty Reduction Strategy (GPRS) and the Stabilization and Association Agreement (SAA) process** . The health has been identified as a priority sector under this strategy (GPRS). [6]

#### The Ministry of Health and its role in health system

The Ministry of Health with its district –level branches, is the body for policy formulation, decision making and management. During the first public administrative reforms in 1990 more administrative authority has been taken away from the center authority and given to the regional (prefecture). The MoH has yet the important role on controlling health budget because remains the major funder and provider of health care services. Ministry of health devotes more of its efforts in health care administration, for example many health care institution such as tertiary care are under the direct administrative control of Ministry health. Also Ministry of health though its directorate of human resources and the district health teams is responsible in controlling the human resources development and some trainings. The MoH has not been able to set up a national strategy planning, a regulation system through development of health care standards , on quality accreditation and on consumer protection. Ministry of health needs to improve the *efficiency* of financial resource allocation to different level of health care system, based not only in historical budget but should find the mechanisms that could take into consideration needs of population according to the health indicators and geographical area. The lack of access and poor condition in hospital and health canter, the health care system has the problem of under the table payment to the doctors. More than 2/3 of the population (80% ) have admitted to paying an illegal fee to doctors, and it is the rural area and less educated and poor people that can not effort this payments[7] . So the government through the Ministry of Health and its strategy needs to improve *accessibility* of health care services. Albania also has nearly the lowest human development index in all Europe and this has dropped since 1999 . The high level of poverty an, unemployment and regional differences in infrastructure contribute to *inequity*. However , the government through Ministry of Health and their agency as Tirana regional Authority in collaboration with Institute of Health insurance needs to ensure a basic package of benefit to every body in order to improve the equity . A state welfare system establish in early 1990 has provided a small benefit for unemployment and those officially below the poverty line. However , the benefits are meagre (the basic benefit per month is about 18%) and the administration of the programs inconsistent and unequal [8] .

Establishment of Tirana regional Authority will support the functions of the right institution in order to undertake the decentralization of health sector planning and management to the Regional level in Tirana. This is the project pilot developed by the World Bank as one of the most important components of the Health System Recovery and Development Project.[9]

#### Decentralization process

The aim of the second public administrative reform in 1993 was the decentralization process that was based on strengthening the role of local government. The local government in health sector is

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<sup>1</sup> The data are from bureau of statistics Ministry of Health and Institute of Public Health

responsible for the primary health care in the rural areas, except for that of Tirana region. It also is responsible for the management of the allocation of the financial resources regarding the operational cost of the health Center.[4] This reform it was seen as an effective means to stimulate improvements in health services delivery, better resources allocation according to the needs, reduction of inequity in health etc. Despite those efforts this reforms does not have yet a big impact on health care system due to the lack of the professionals capacities and missing of resources allocation.

Institute of health Insurance is establish in 1996 and it is developed into a useful instruments for health financing reforms, contracting with private sector providers of pharmaceutical services, and Gp-s in primary health care level. From the beginning of the year 2003 Institute of Health Insurance is starting to prepare the list of package of benefit in collaboration with Ministry of Health and Regional Health Authority.

#### Public Health

Programmes and activities in the field of public health are developed: first through the implementation of the strategies of the MoH in the field of public health; Second through the mechanism of the controlling role in vertical line in the field of public health like MoH through the Department of Primary Health Care in each district, third through the IPH which is the most important technical institution in the field of public health that develop programs and activities in the field of public health are developed by the Institute of Public Health. Generally they are medically trained and have completed a complementary course on public health hygiene, though they are not trained as sanitary engineers.

#### Regulation

The regulatory system in Albanian system is not separated from management, and few separate body have been establish such as: Order of physician created in 1993, has assumed responsibilities for professional standards and for registration of doctors.

A lots needs to be done on health legislation. The foreign experts and donors are trying to provide assistance for development of framework of those legislation.

### **I.3 Health Services in country profile**

Health Services are being delivered through:

#### *a) Primary health care and public health services.*

In rural areas, from the typical Health Center or Ambulatory which is staffed with up to three primary care doctors and by nursing homes. A health post, staffed by a nurse or midwife, provides maternity care, child health services and immunization.

In urban areas, large polyclinics provide outpatient specialized care, but are also as the first point of contact with medical Care.

#### *b) Secondary care*

General hospitals at the district level remains publicly owned, principally by the MoH.

#### *c) Tertiary Care*

Tertiary care remains very limited and located mainly in Tirana including the following Services.

- i. Tirana University Hospital “Mother Tereza”, the biggest hospital in the country (around 1600 beds), offers secondary and tertiary care;

- ii. Tirana Obstetric and Gynecology Hospital offers secondary and tertiary care;
- iii. Lung Disease Hospital offers secondary and tertiary care and long-term treatment for TB patients.
- iv. The Military Hospital (under the authority of the Ministry of Defence) which specializes in traumatology, and also contains the university orthopedic department.[4]

This physical deterioration is obvious in health facilities, medical equipment, furniture and medical vehicles.

In Albania there is an inadequate formal system of referrals with appropriate gate-keeping or required documentation to promote effective case management. One undesirable consequence is a high rate of referrals directly to tertiary services, bypassing the district and regional hospitals. This results in the tertiary level providing relatively simple services that should be adequately managed at district or regional level at less cost. It also means a large part of the budget for the district and regional hospitals is used to "maintain" greatly under-used facilities.

#### ***II.4 Health Care Financing and expenditures***

In the context of a rather not transparent communist administration, little reliable information exists as to the financing mechanisms of such a system, particularly in quantitative terms. Some of the consequences of such a funding system were common to all former socialist countries (namely health services suffering from a chronic shortage of funds, lack of quality and motivation in the personnel, social dissatisfaction, low levels of medical technology in either primary or secondary care, etc.)

Albanian health care finances remain at a very low level and budgetary spending on health is 3.1% in 2001, one of the lowest in the region. Health services' funding is a mix of taxation and statutory insurance. The three sources of financing are:

- a) General revenues (public state budget)
- b) Health Insurance Fund.
- c) out-of-pocket Payments

The bulk funding still comes from the *state budget* but the tax base is problematic given the low incomes of the population, the largely unregulated economy and problems with tax collection.

**There is one more source of funds used up by the health care sector, which consists of under-the-table payments.**

The reform strategy has sought to diversify the sources of financing the health sector, and to introduce new provider payment mechanisms, in order to shift emphasis from input to output financing. One of the outcomes of these efforts was ***the establishment of the Health Insurance Institute in 1996***. They are paying the physician per capita and pharmaceuticals drugs (280 essential drug reimbursement). They need to improve the quality of care as well as patient and doctors satisfaction.

**Local Authorities** play a role in health care financing. They now receive a special ear-marked budget straight from the Ministry of Finance for paying staff costs (excluding GPs that are paid by the HII), operational costs, including medical materials, of health posts and health centers, as well as maintenance costs.

*In the present situation, the financing scheme is the following*

- a) Hospital funding still directly depends on the decisions of the Ministry of Health. Ministry of Health allocates funds directly to the hospital with the budget earmarked for staff salaries and other recurrent expenditures.
- b) Health Centers and other primary health care institutions are in turn funded along a more complex scheme: Health Insurance Fund pays doctors incomes through capitation amounts based on the number of patients enrolled as well as Pharmaceuticals included in the “explicit list of essential drugs”; and MoH pays nurses and other staff’s salaries through Local Authorities, which will also pay most of the running costs and other expenses with “ear-marked” funds received from the Ministries of Finance (communes).
- c) For the Tirana Region the financing scheme is different because of the establishment of Tirana Regional Authority. Through the state budget TRA is responsible to manage the funds for public health investment at the first and second level in the Region of Tirana. The other funding source as I mention in point (i) is the Health insurance Institute which buys only the services of GP.s on capitation basis.
- d) The Institute of Public Health, the National Center for Blood Transfusion, etc. remain directly funded from the State budget, being in fact the most important “functional branches” of the Ministry of Health.
- e) The pharmaceuticals not included in the “Essential drugs list”, the most part of dental care and some other services are directly paid for with out-of-pocket money .[11]

## II.5 Human Resources Data

The Albanian health workforce numbers 28,624 . .25,670 work in the public sector and is directly run from the MoH. and the Health Insurance Institute (family doctors) Private sector activity is primarily that of dentistry and pharmacy, with only a relatively small number of clinical specialists working full time.

Albania has fewer physicians and nurses than other countries in the region. The data below show the number of physicians, number of midwives, and number of General practitioners / 1000 population and in comparison with the other CEE countries.

**Table3.**Number of physicians / 1000 population

	1995	1996	1997	1998	1999
Albania	1.40	1.41	1.30	1.29	1.33
Croatia	2.03	2.25	2.25	2.28	2.29
CEE	2.44	2.47	2.48	2.48	2.50

**Table4.** Number of general practitioners/1000 population

	1995	1996	1997	1998	1999
Albania	0.601	0.48		0.46	0.46
Croatia	0.72	0.68	0.68	0.68	0.68
CEE	0.69	0.68	0.70	0.71	0.72

**Table5.**Number of nurses / 1000

	1995	1996	1997	1998	1999
Albania	3.89		3.71	3.79	3.67
Croatia	4.03	4.42	4.55	4.74	4.77
CEE	6.04	6.14	5.90	5.94	5.89

Sources: Data health for all

From the other hand the total number of staff employed in the health service as a whole compares with much richer western European countries in its ratio to the population (1:119) whereas in terms distribution of the professionals it adequate with exception of the visible misbalance of specialized doctors towards the family ones. Pay and pay differentials are low (a ratio between the lowest and highest paid person of 1 to 1.7). The distribution pattern of staff suggests a significant inequity in the current provision of services, with staff to population ratios varying by plus and minus 50% between districts.

The job and role specifications are rather out of date, inflexible, poorly defined and evaluated and not linked to organisational purpose or scale of activities; human resources performance objectives are not established in most institutions There is also a very limited and uncontrolled staff development and career management. Inadequate supervision and management control tools make management procedures and employment practices out-of-date, with severe shortage of trained supervisory and management. professionals, which have brought about that the managerial infrastructure is not developed at the same pace with the health services or they are not developed in the right direction to create a health service where the attention be con concentrated in the effectiveness and quality.

The most problems faced in human resources processes are specifically as followed :

- i) there are currently no mechanisms in place to manage the movement of staff into and through the health service and between the public and private sectors;
- ii) there are variable approaches to the recruitment and appointment of staff, but recruitment in the absence of planned objectives is not matching needs and will lead to massive over-supply in certain
- (iii) the standard of training for many types of staff is not keeping pace with the need for increased skills within the health service as a whole, particularly when new objectives are considered;
- iv) staffing establishments are based on institutional staffing norms that are not related to the actual workload. this is leading to low levels of efficiency and under-utilisation of many of the staff available.

### **III. Public administration**

#### ***III.1 Background of public administration.***

Since the restoration of democracy in 1992 public administration reform has been one of the weakest aspects of the reform program and has been characterized by ad hoc responses to crises situations with little building of long term institutional capacity and efficient administrative procedures. The general situation of the public administration is characterized qualitatively by inadequacy. The lack of professional and competent civil services in public administration was result of following problems.

- a) Motivation is low, lack of monetary incentives and, given the salaries, corruption (major or petty) is endemic.
- b) Brain emigration.
- c) Growing employment in the private sector.

The allocation of human resources is inefficient, with overstaffing in many areas and critical shortages of key professional staff in others. Budgeting and resource management in all public sectors remains

weak. The understanding of the rule of law in the civil society and administration is low, and control institutions (audit, administrative courts etc., are weakly developed and of uncertain status. The above situation has its own impact in health management and administration too.

The legislation passed in 1992 introduced an element of political and administrative decentralization with the creations of 37 districts under which are 45 municipality and 313 communes. However this was not followed by any clear division and functions between central and local governments for public services provision and there was subsequently little attempt to clarify areas of responsibility. The territorial structure of government was further confused with the creation of 12 prefectures, each covering a number of districts, which are responsible of coordinating the activities of central ministries at the local level. In practice the weak points are still the local governments which are involved in implementation especially where delivery depends on good co-operation amongst the deconcentrated services of the central administration and the local authorities.

The local administration and agencies suffer from inadequately defined and probably too limited responsibilities and powers. They have also very limited capacities and resources followed by lower performance in management investments.

The public service has suffered from lack of facilities and equipment as well as inadequate operational budgets. The 1997 civil war resulted in considerable damage to this infrastructure and looting of facilities.

Finally problems exist on the macro level as well, for instance:

- a) the quality of policy and law is low largely because of inadequate procedures and missing of cross-ministerial checking, low level of political capacities in the Ministries, and lack of experience in techniques such as legal drafting, problem analysis. There has been progress in the latter at least formally, but the system is not firmly embedded and is exposed to risk.
- b) Weak definition of the roles of organization and poor quality of the substance of the law, mean that public administration is not capable, generally, to undertake the tasks of implementing policy effectively and fairly under the rule of law.
- c) Corruption is endemic. There is no judicial oversight except from the Constitutional court and no administrative procedure act. [10]

### ***II.3. What has been done?***

Despite this problematic situation the important initiatives has been implemented:

- a) a new budgeting system was introduced and a treasury function established in 1992/1993
- b) Department of Public administration was set up in early 1995
- c) A civil Services law was adopted in 1996.
- d) Establishment of the external audit function. The state control Service is transformed into an independent audit but the law to make it a recognized Supreme Audit Institution has not passed.
- e) Strengthened policy management and infrastructure.
- f) Developed leadership within public services through.

- i. Training in civil services management and public administration.
  - ii. Opportunities for periodical foreign study.
  - iii. Raised salary.
- g) Reforms of local government focus on.
- i. Clarifying the respective roles of central and local government.
  - ii. Ensuring more adequate budgetary provision for local government service[6,10]

### ***III.2 Public administration versus Health Care management***

A little progress is done by public administration related to Training health Care workers in field of Health care management. However by the World Bank , UNDP, UNFPA , USAID and others donors some workshops and seminars are develop with training general practitioner ,nurses and midwives. A **Memorandum of Understanding** was signed on April 5, 1996 between New York University and University of Tirana ( Faculty of economic , Faculty of medicine) and Ministry of Health for establishing e course in **Health Management Education (HME)** supported by AIHA with followed Objectives:

- a) Developing a course in health management for undergraduates studying medicine, nursing, and business administration at the University of Tirana.
- b) Design a curriculum for a graduate-level program in health management at the University of Tirana.
- c) Develop an in-service training capacity for managers of the MOHEP by identifying and developing MoH staff to serve as trainers and helping them develop curricula.
- d) Establish a health management resource center at one of the partner institutions to support development of the university-based curriculum, in-service training, and the analytic work of the policy analysis unit within the MOHEP. The center will be available to students, faculty and staff from the three partner institutions.
- e) Establish a learning resource center (LRC) at each Albanian partnership institution. The LRCs will provide staff with access to Internet and computer-based information resources to foster effective communications between partners to complement partnership activities.

The civil war in 1997 following by the Kosovo war in 1998 interrupted this initiative for establishing the master course in Health Management Education.

However Ministry of Health is preparing the Law draft for establishing Learning Resources Centre for training general practitioner and others health care workers in area of Health Care Management and Administration.

The Department of Public Administration (DOPA) at the Prime Minister's Office is the body in charge of developing personnel policy. It has drafted some decrees concerning the personnel management system, which were approved by the Council of Ministers. The implementation of personnel policy is not centralised. Except for the heads of directorates and general directorates who are appointed by the Prime Minister, ministers decide independently on appointments. There is no central body to deal with recruitment and promotion, and decisions are made by the individual ministerial and non-ministerial

institutions. The bodies that will deal with these issues will be the Department of Public Administration for the central administration and the personnel departments in the independent administrations (in municipalities and districts). The personnel management of public administration is to be supervised by the Civil Service Commission, which will be a unique, independent body accountable to parliament.[12]

An important event was the approval of the Civil Service Law (8549) by the Parliament on the 11<sup>th</sup> of November 1999. Subsequently, the Council of Ministers approved Decree no 315 on 23 June 2000 which set out the 'Establishment and functioning of the Training Institute of Public Administration. (ITAP) . This Institute is financial supported by UNDP program , Soros Foundation and budget state. The establishment of this Institute shall assist the consolidation and development of a professional civil service system in Albania. This Institute **shall offer** initial training, periodic training, promotional training and special training. Training shall be based on the needs and demands for training which the Department of Public Administration shall identify in collaboration with the various line Ministries.

In the frame of the new reforms in Public Administration with the establishment of ITAP a little it is done for the training people in Health Care Administration and Management. The courses done by ITAP are focused more in Team work, Quality of Management and Communication with the Target audience: All levels of civil servants means only employment on the Ministries level.[13]

In Albania is not the university for education in Public administration. It is only the University of Economic with its branch in Business administration.

#### **IV. Overview of current education practices in the area of health care administration and management.**

##### ***IV.1 Background***

The indicators of quality and access within the education sector deteriorated during the first half of 1990-s as a result of the poor condition of the education provision. In a number of districts the level of illiteracy has increased. Rapid urbanization since 1991 has resulted in an acute shortage of available spaces in the already existing schools in Tirana. Consequently, the number of children that have not been able to enter in primary schools has risen. The inadequate funding from the state budget is the biggest problem facing the education sector. From 1994-1997, funding from the budget (Both the recurrent and capital) for the educational sector averaged 9% of total budget., compared with an average of 12% of OECD.

The education system is divided in three levels:

- a) Primary level (grade 1-8).
- b) Secondary level; (9-12).
- a) Post-secondary education the length of which depends on the major. e.g. Faculty of medicine lasts 6 years not including specialization, the Faculty of Economics lasts 4 years and so on.

Post-secondary education is provided by 8 universities. The quality of the latter is affected by:

- a) the poor conditions of the facilities .
- b) lack of furniture , equipment and teaching materials.

- c) There is also the need to complete a substantial program in the retraining of teaching professors and lectures to facilitate the introduction of new courses and curricula..

The government has embarked on the reform of higher education using assistance from direct links established with foreign universities and through EC and bilateral cooperation programs.

According to the Albanian Law “ *ON HIGHER EDUCATION IN THE REPUBLIC OF ALBANIA*” (article No 10) it is foreseen that: “The assessment of the quality of the post-secondary schools and academic accreditation is carried out by the Accrediting Agency and the Accrediting Council” Nevertheless the accreditation process in Albania is at an embryonic stage and there is much to be done for its implementation.[6]

#### ***IV.2 The other education practice on public health administration, planing and policy.***

It was in the first half of the century that real struggle for better public health began. During the century, the health and life expectancy of pepla improved dramatically, numerous public health campagnas and efforts took place, and the institutions for public health promotion and education, ie school of public health were founded [14] The London School of hygiene and Tropical Medicine was founded in the United Kingdom in 1899, and was the first school of Public health followed by the others schools in US such as Jon Hopkins and Harvard University SPH-s and than in Europe , Germany, Holland, Spain etc. At that time a lot have been done in public health issues.

Today , at the beginning of new millennium the school of public health in world are taking new challenges. There are developed the school in health mangers and administration in order to educate future experts on those fields as well as educated the leaders for different health institution .

Health education and training in Albania are developed by two main institutions, the Faculty of Medicine in Tirana University and Institute of Public Health . The mission of the Department of Public Health within the faculty of Medicine is based on the **Albanian Law “On Higher Education in the Republic Albania”No.8461, dated 02/25/1999** (article 2) which states that the mission/goal of high/post-secondary schools is:

- a)”... to establish, develop, protect and transmit knowledge through teaching and scientific research ..”
- b) “to train high cadres;
- c) “ to prepare new scientists”

DPH has improved its work in the following ways:

- a) Increasing the number of the subjects taught by the DPH staff (Health Education & Health Promotion, Health Economics; Health Management and Health Organization, Biostatistics & Demography; Non Infectious Diseases Epidemiology; Sociology and Psychology) and also the number of the staff members;
- b) Changing and completing the staff composition with non medical professional members (full time and also part time staff):
- c) Improving the quality of the staff and their teaching methodology and skills (through short term and long term trainings, including Master and Ph.D)

Department of Public Health is organized in three sections.

- a) Section of environmental and Health.
- b) Section of health information and biostatistics & demography

- c) Section of health economics and Health management.

This department has focused its learning process on

- a) Pre graduate students from the faculty of medicine providing them, among other things, with the basic knowledge about health economics and management .
- b) Short term and long term training course for Graduate student .
- c) Specialization of medical doctors in different public health specialized areas (epidemiology, Hygiene, Health education). The certificate awarded is “Specialist in Public Health” and the law acknowledges it as Master degree in Public Health.

The following table presents the number of graduate students as “Specialist in Public Health” trained at the Department of Public Health at the faculty of medicine. This certificate is almost equivalent with “Master degree”

**Table 6: Number of graduated (master degree in Public Health)**

Year	Men	Women	Total
1994-1997	5	7	
1996 - 1998	6	5	11
1998 - 2000	3	2	5
1999- 2001	3	6	9
2001 - 2003	5	4	9
Total	22	24	46

Until 1995 the programs for graduate students was 3 years, and the content was based more on the traditional school of hygiene. After the 1995 changes have been done regarding the content of curricula for pre-graduate and graduate programs, including new public health disciplines. (See Appendix1) [15] The ministry of health has recognized the Institute of Public Health as the institution for supporting the public health education of health care workers. The IPH has organized short courses for: Public health management, field epidemiology, HIV/AIDS/SST, reproductive health, drug demand reduction etc.. The most important 6-month course organized by IPH in collaboration with university of Montreal is: **“Training program in district health planning and management”** [16]. This program was financed by the World Bank for the first two years and the Swiss cooperation last year. Comprehensive list of training programs in public health management and administration organized by IPH & University of Montreal (Canada) is presented in details at Appendix 2

The general goal of the latter course was :

**Increase planning and management capacities at the district level, in support of more decentralized decision making processes and resources management within the public health system.**

During the period of 1999-2002 the total number of people trained was 75. Those people currently work at the Directorates of Public Health at the district level all over the country.[17]

Also a curriculum of short term training in health management for family doctors was organized with the family doctor department at the Faculty of medicine, IPH and Institute of health services in Romania. This is supported by AIHA organization with their center in Tirana city On the other hand,

the MoH, supported by external resources as WB , Phare, Soros foundation etc , have had the possibility of training people abroad in the areas of: Health policy, Financing health , Public Health etc. The most part of those human capacities are working at the Ministry level, Institute of public health as well as the DPH within the Faculty of Medicine.

### ***V.3 Discussion:***

Albania faces problems in its health Sector similar to the other countries in the region. Albania has a shortage of personnel with knowledge and technical skills in research, policy and planing, and health administration. There are no professionals, in areas of health economics or health management.

Reform of the system for health planing and management is in its early stage. The government has also recognized the need for decentralised mechanisms in health care reform. One approach of that policy is the model of Regional Authority of Tirana which is implemented as a Pilot Project supported by the World Bank, started in 2000. Developing those strategies in health care reforms and the other ones alike such as privatisation, the strategy for ensuring financial sustainability and more efficient management of financial resources as well as implementing new payment mechanisms within the scheme of the Institute of Health Insurance will need the strengthening of management capacities in order to accomplish their implementation.

However, in the last period a few of the changes undertaken focus on training people in public health administration for instance: the 6-month course organised by IPH funded by the World Bank in collaboration with the University of Montreal and the Swiss Cooperation. The certificate awarded is acknowledged by the Faculty of Medicine. It needs to be emphasized that no evaluation is available as of yet.

Regarding the learning programs, the development of their curricula for Heath economics and health management for pre and graduate students is done by the DPH. The teaching materials provided by DPH can be used only for the basic concepts in health administration, economics or management, nothing more elaborate than that. We need to emphasize that the teachers that cover those subjects within DPH , do not have any real training in Health administration or management.

There is a need to be more open minded in order to adapt new forms or approaches as far as the trainings in field of health management and administration in order to consolidate the capacities in key institutions like the Ministry of Health, Institute of public health, Institute of health insurance as well as those of the teachers in the Department of Public Health at the Faculty of Medicine.

Foreign technical assistance was and still is always present in helping us in the management reform, but we know that this foreign assistance will be effective only if it will be carried on by the Albanians themselves. So we must start to build long term capacities in the area of health administration and management and especially in leadership.

Giving more power to the regional and district level through the decentralization policy the health directories will continue to require continuously the human management capacities.

A New project supported by the SOROS foundation and with technical support from the OSI – ASPHER project has started the strategy for the establishment of the local School of Public Health which will help provide the capacities in health administration and management.

It is important that the faculty of economics with its branch of Business administration can help in

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collaboration with the new school of public health, also with the actual teaching professors at the DPH. However, for the present time there is no school in public health administration and management in Albania.

**Appendix 1 : Comprehensive list of academic programs in public health in Departement of Public health within Faculty of Medicine**

***1.1 Subjects taught in pre- rgraduate level are as follows:***

Ethics and Deontology	15 hours theory	7 hours seminars/practice
Sociology	15	7
Informatics	15	30
Psychology	15	30
Biostatistics	15	30
Environmental Hygiene	26	54
Health organization	13	14
Epidemiology (Non Inf.)	26	12
Health Economics	13	
Health Management	13	13
H. Education &H. Promotion	7	--

***1.2 Subjects taught in post graduated level during the 2 years course are as follows***

a)First year

Theory of Public Health,	8 hours lectures	16 supervised
Biostatistics	12 of 60 minutes	50 practices/seminars.
General Epidemiology	24	110
Medical Sociology	6	20
Health Education& Health Promotion	6	20
Survey and methods for research in PH	12	50
Environmental Epidemiology	8	30
Demography and Reproductive Health	4	20
Human Ecology	8	20
Environmental Engineering	7	20
Informatics	10	10

b) Second year

Clinics and Epidemiol. of Infect. Diseases	10	40
ST Diseases	4	50
Cardiovascular Diseases Epidemiology	12	50
Chronical Diseases Epidemiology	12	50
Occupational Health	12	50
Health Management	8	20
Health Economics	5	20
Health policy	5	20
Health Organization	8	40

Nutrition	13	20
Adolescence	6	12
Child and Mother's Health	7	30
Geryatria	3	15

**Appendix 2 : Comprehensive list of long term training course in field of public health management and administration organized by IPH & University of Montreal (Canada).**

This programs is composed in four blocks, and those blocks includes several modules. The summery of the program content can be presented as follows:

**Block 1- Public Health**

**Module 1.**

Introduction to Health, Basic concepts of health and essential facts from the History of public health. Duration 3 days

**Module 2.**

Health system Analysis Duration 5 days

**Module 3.**

Demographic and Health indicators Duration 2 days

**Module 4**

Basic Elements of Health promotion Duration 2 days

**Module 5**

Environmental Health Duration 2 days

**Module 6**

Basic concepts and tools in Health Duration 3 days

**Module7**

Reproductive Health, including Mother and Child health  
Nutrition, family planning and sexual Health Duration 4 days

**Module 8**

Surveillance and Prevention of communicable Duration 3 days

**Module 9**

Chronic Diseases with special importance for Public Health Duration 2 days

**Module 10**

Quantitative and Qualitative Methods Used in Public Health Duration 8 days

**Module 11**

Health legislation Duration 2 days

**Block 2 – Health planning**

**Module 1**

Introduction to health planing Duration 1 day

**Module 2**

Situation Analysis Duration 5 days

**Module 3**

Priorities and Objektives Duration 4 days

**Module 4**

Strategy Development and Programming Duration 4 days

**Module 5**

Monitoring and Evaluation Duration 5 days

**Block 3.- Health management**

**Module 1**

Financial Planing and management

Duration 10 days

**Module 2**

Information System Management

Duration 2 days

**Module 3**

Human Resources Management

Duration 10 days

**Module 4**

Logistics

Duration 5 days

**Block 4- Field exercises and final paper**

Duration 1 month

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