



TITLE OF THE ABSTRACT

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HEALTHCARE SYSTEM



- Healthcare sector
- Pharmaceutical sector
- Dentistry sector
- Public Health sector

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OBJECTIVES OF HEALTHCARE SYSTEM

- Continuous improvement of population health.
- High responsibility for the needs and requests of citizens / patients,
- Fair funding (support and protection of citizens, especially the poorest from the financial burden of spending on diseases)

COMPETITION IN THE HEALTH SYSTEM

- there is no purpose to profit
- Principle of complementarity and cooperation aiming at the highest quality service for the patient related to:
 - Quality of health care
 - costs
 - standards
 - Applied technology
 - Waiting time
 - Ethics and deontology



The public sector is irreplaceable and necessary in terms of:



- Hospitals and university centers as clinical-diagnostic centers but also as pedagogical centers
- Training, continuing education for doctors and medical staff.
- Providing all medical services (even unprofitable ones).

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HISTROY OF THE ALBANIAN HEALTH SYSTEM



- It is relatively new and closely related to political developments (1912).
- We find the beginnings of the real S.SH during the period of Zog.
- 1945 - 1992 Semashko Model = FREE Healthcare
- centralization of competencies.
- important developments in infrastructure as well as in the results achieved for a better health of the population.
- stopped private initiative in providing health services

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START OF THE PRIVATE SECTOR

- The political changes of 1992 brought changes of S.SH as well
- The MIX system with prominent features of the BISMARCK model was introduced.
- Private initiatives in healthcare were allowed, and the first steps were taken to create a legal basis for allowing private initiatives and equal opportunities in the market.
- 1994 The pharmaceutical and dental sectors were privatized
- 1994 the law on health insurance is adopted
- 1995 HII is created

THE IMPORTANCE OF THE PRIVATE SECTOR IN HEALTH SYSTEMS

- The private sector plays an increasingly important role in low- and middle-income health systems.
- Public sector institutions often lack the skills and competencies to engage with non-public actors.
- A high level of out-of-pocket direct payments for private health care is often the cause of catastrophic health expenditures.
- When public sector health systems are weak and poorly funded, as in the case of Albania, patients and service providers may experience corrupt and underpaid phenomena.
- Despite the challenges, the private sector often undertakes initiatives which the public sector deems inappropriate and inefficient by providing a poor quality service.
- The role of this sector is complementary to the public system which meets the needs of the population for health services.

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PURPOSE OF THE STUDY

- Identification of the role of the private sector of S.SH in:
 - A. development of specific health services,
 - B. ncreasing the quality of health care in the areas it operates,
 - C. problems that he encounters during the development of his activity,
 - D. opportunities and challenges for the development of this sector by guaranteeing equality in the market

OBJECTIVES

- ❑ Analysis of the legal framework and other regulatory practices implicating the private health sector.
- ❑ Finding opportunities for this sector to interact with the public sector in favor of patients.
- ❑ The study should serve as an opportunity for policy makers of the Albanian health system for appropriate interventions in the relevant legislation.
- ❑ Promoting a debate between the actors of the Albanian health system and the patient community.

METODOLOGY

- The study is based on the research of literature, legal basis and data related to the organization, governance, management of the health system and the aspects that imply it.
- This paper presents an analytical framework for conceiving the functioning of the governance of the health system and the role of government in the context of expanded private service delivery and funding. Governance is increasingly recognized by the World Health Organization and other global and national actors, to be a core function at the heart of the health system, and a central part of their health sectors and development strategies.

RESULTS 1

- The performance of the pharmaceutical and dental sector, more effective both in terms of quality and access that patients have to them.
- Law No. 7870, dated 13.10.1994 "On Health Insurance in the Republic of Albania" government policy that recognizes as complementary the private sector, but also contracts it to perform a health service. Pharmacies and pharmaceutical agencies that until then were state-owned are now being privatized and contracted by the HII.
- Unlike the pharmaceutical sector, dentistry did not have such attention to health policies that regulate its activity.

RESULTS 2

- There is a cessation of rapid development in the private sector during the years of political and social unrest of the late 1990s.
- In the early 2000s there was an increasing tendency to increase the number of private medical clinics which offered single services according to different specialties to patients, concentrated mainly in large urban cities.
- After 2005, private hospitals began operating in the Albanian medical market. Currently there are 6 genuine hospital units, as well as a large number of clinics which are specialized according to specific hospital services.
- Concentrated in Tirana. But there are private institutions in every district.
- The role of private health institutions that provide services to patients every day and more is of great importance in the volume of procedures, medical visits, surgeries, examinations and laboratory tests, as well as in increasing the quality of these services.

RESULTS 3

- ❑ The private sector has invested a lot of money in our health system but has brought advanced technologies, which have consequently increased the quality of health service
- ❑ Law no. 10383, dated 24.2.2011 "On compulsory health care insurance in the Republic of Albania", as amended, created the opportunity for private institutions that provide health services to be contracted for certain needs by the compulsory health insurance fund .
- ❑ Since 2014, a number of health services as in table 1. private hospitals have been contracted to perform these services, due to the overload of public hospitals, increasing patient demand, and increasing the capacity of private hospitals to perform these services according to approved medical standards and protocols.



RESULTS 4



The last 5 years in the public and private sector relations are the forms of cooperation initiated by the Albanian government. Concession and public-private partnership in some services of the health system, mainly medical, have been realized during these years.

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SERVICE PACKAGES COVERED 100% BY COMPULSORY HEALTH INSURANCE FUND

NO	TYPE OF SERVICE
1.	DIALYSIS
2.	RENAL TRANSPLANTATION
3.	THERAPY OF ACUTE RENAL FAILURE
4.	PACEMAKER DEFINITIVE
5.	CORONARY ANGIOGRAPHY
6.	CORONARY ANGIOPLASTY
7.	VALVE INTERVENTIONS
8.	CONGENITAL INTEREVENTS
9.	CORONARY BY PASS
10.	COCHLEAR IMPLANT FOR CHILDREN WITH HEARING PROBLEMS

NUMBER OF PATIENTS TREATED WITH HEMODIALYSIS OVER THE YEARS

NO	YEAR	NUMBER OF PATIENTS TREATED WITH HEMODIALYSIS
1.	2007	60
2.	2013	734
3.	2015	880
4.	2017	1050
5.	2018	1250 (737 PRIVATE/ 143 PUBLIC)

HOSPITAL SERVICES PROVIDED WITH CONCESSION / PPP (PRIVATE PUBLIC PARTNERSHIP)

NO	PRIVATE PUBLIC PARTNERSHIP, TYPE OF SERVICE
1.	CHECK-UP
2.	STERILIZATION OF MEDICAL AND SURGICAL EQUIPMENT
3.	THE HEMODIALYSIS SERVICE
4.	TREATMENT OF HOSPITAL WASTES
5.	LABORATORY EXAMINATIONS IN MEDICAL LABORATORIES IN PUBLIC HOSPITALS



PUBLIC AND PRIVATE SECTOR COOPERATION TOOLS



PUBLIC AND PRIVATE SECTOR COOPERATION TOOLS		
PROTECTING PUBLIC INTEREST	Cooperation with the private sector	Learning from each other's experience
ENSURE GOOD GOVERNANCE	Increase interventions in order to improve the quality	Dissolution of the best practices of the respective sectors in favor of the patient's interest
ENSURE LAW ENFORCEMENT	Reduce fragmentation and reach synergies	
TO SET THE GOALS OF HEALTH POLICIES	To increase co-operation by creating a coalition between the two sectors	
TO PROVIDE A HEALTHCARE SERVICE (ACCESS TO THE HEALTH SYSTEM AND ITS QUALITY GUARANTEED)	Establish bodies that mediate and facilitate policy progress with common goals.	

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FORMS OF PUBLIC AND PRIVATE SECTOR ENGAGEMENT

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STRENGTHEN CURRENT LEGISLATION	Increase in the contribution of compulsory health insurance	Health system (public and private sector)
APPLYING QUALITY STANDARDS FOR HEALTH SERVICES	Extending public money financing from the mandatory health insurance scheme to private operators	The private sector of the health system (dental sector, pharmaceutical sector, primary private health care sector, private hospital care operators)
STRENGTHENING TRANSPARENCY AND PUBLIC INFORMATION	Increasing the schemes that fund the healthcare infrastructure	Health system (public and private sector)
STRENGTHENING THE ROLE OF THE PATIENT AND HIS RIGHTS	Application of the co-payment principle (to be recognized the right to use health insurances and to private operators)	Private healthcare providers
	Public-Private Partnership	Services by specification (those not provided by public operators, or in case of overload)
	Inclusion of other private and public health insurance funds	All public and private operators

PLATFORM FOR AN EFFECTIVE APPROACH OF PRIVATE AND PUBLIC SECTOR COOPERATION



1. Platform for effective public-private cooperation
2. Joint initiatives
3. National strategic plans and technical policy documents
4. Health Information Management Systems
5. National system of transparency related to health
6. Annual performance reports
7. Improvement and unification of treatment protocols
8. Health insurance of patients from bad medical practices (insured doctor)
9. Strengthen audit practices on insurance schemes for their private sector.

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CONCLUSIONS 1

- The private sector has developed relatively late compared to the political, economic, and social development circumstances as a whole.
- The health system sectors that have been privatized since the early 1990s (when possible) have performed much better than the public sector over the two decades of their operation.



CONCLUSIONS 2



- ❑ To increase the cooperation between public and private operators, as well as to create space for the expansion of the activity of health operators for services that are in high demand by patients, as well as specific services for which the state is not interested in developing them. .
- ❑ The Ministry of Health over the years has not responded over the years to the pace of development of the private health sector through legal acts or regulations which regulate, specify, outline their activity not only as institutions that provide health services, but also forms of cooperation with institutions. other public, as well as responding to patient requests

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CONCLUSIONS 3

- Increase the transparency of private health operators to the public in relation to the capacity they have, as well as the quality of service they provide.
- Examine the possibility of increasing compulsory health contributions by expanding the compulsory health insurance scheme with other services that are not currently offered, but also by extending it to other private operators. It should also be considered the possibility of entering the health insurance market of funds that manage other public health contributions or increase cooperation with private health insurance funds.

CONCLUSIONS 4

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