



TITLE OF THE ABSTRCT

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HEALTHCARE SYSTEM



Healthcare sector



Pharmaceutical sector



Dentistry sector



Public Health sector













□ 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)





















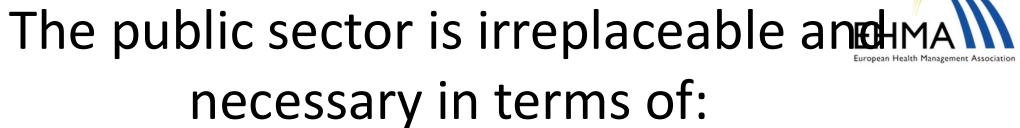
COMPETITION IN THE HEALTH SYSTEM



- 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

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- 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).











- 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























- The political changes of 1992 brought changes of S.SH as well
- The MIX system with prominent features of the BISMARK 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.















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

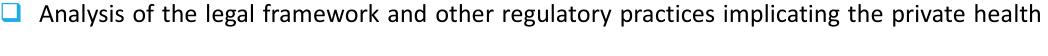


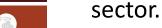




OBJECTIVES









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.
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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



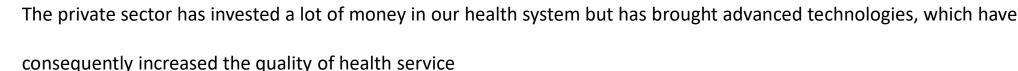
- There is a cessation of rapid development in the private sector during the years of political and social unrest of the late 1990s.
- In the early 2000s there was an increasing tendency to increase the number of private medical clinics which offered single services according to different specialties 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.

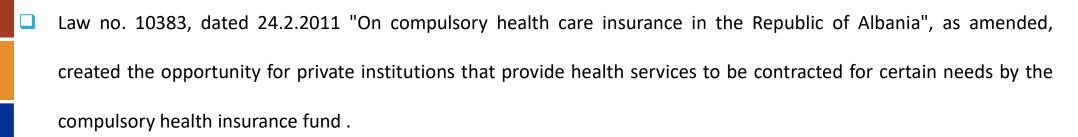
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Since 2014, a number of health services as in table 1. private hospitals have been contracted to perform these services, due to the overload of public hospitals, increasing patient demand, and increasing the capacity of private hospitals to perform these services according to approved medical standards and protocols.















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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.















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) |









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| 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. | | | |

















FORMS OF PUBLIC AND PRIVATE SECTOR ENGAGEMENT



| FORMS OF PUBLIC AND PRIVATE SECTOR ENGAGEMENT | | | | |
|--|--|---|--|--|
| 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.















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

















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.















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CONCLUSIONS 4



- 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.
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THANK YOU

FOR YOUR

ATTENTION!