



Health for All Programme in Albania (HAP)

Domain

Health

Duration

Phase 1: 01.01.2015 - 31.12.2018

Phase 2: 2018 - 2021

Swiss Contribution

Phase 1: CHF 10'000'000

Implementers

- Swiss Tropical and Public Health Institute (SwissTPH), Switzerland
- Terre des hommes, Albania
- Save the Children, Albania

Partners

- Ministry of Health
- Public Health Institutions
- University of Medicine
- Local and Regional Governments of Dibër and Fier
- Civil Society Organizations

Beneficiaries

- Health System
- General population, including vulnerable groups, in Dibër dhe Fier
- Health Institutions
- PHC services, doctors, nurses and health managers

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1. Context

■ Albania has the lowest health care budget per capita in the region with 228 USD, a very low figure when compared to Switzerland's 8,980 USD or Serbia's 561 USD. The referral system is dysfunctional with most patients bypassing the Primary Health Care (PHC) level and overcrowding the second and tertiary levels, i.e. hospitals. The development and strengthening of health promotion and PHC services, until recently largely neglected, has become a cornerstone of health reform, also in view of rising trends of Non-Communicable Diseases (NCDs). NCDs are the most prominent cause of mortality and morbidity in Albania together with deaths caused by accidents. Public healthcare is free under the social insurance coverage in Albania. However, bribes to medical staff for services are widespread and account for up to 60% of overall health expenditures.

■ Albania counts presently with about 20'000 health workers, including medical and nursing staff as well as pharmacists and dentists. Compared with other countries in the region, the overall density of doctors and nursing staff is below average, with an unequal rural-urban distribution. The number of doctors is 1.15 per 1000 people compared to Serbia's 2.84 doctors/1000 people. The professional qualifications of health workers – especially at the primary level - are often not up-to-date and below regional and EU standards. Health management skills have been overall neglected in the health education system, limiting leadership capacities at both central and health providers' levels.

■ The new intervention builds on SDC's past and present experience in Albania's health sector, where Switzerland's engagement dates back to 1993 with achievements such as the establishment of the High School of Nurses in the mid-90', support for a training program for managers in health planning from 2003 till 2006, and the set-up and support for a national continuous medical education system (CME) from 2007-2015. SDC conducted a health sector assessment in 2012, which identified the gaps in the sector and provided a sound basis for this programme.





2. Goals and Outputs

- The overall goal and expected impact of the program is as follows: The Albanian population, including the most vulnerable, benefit from better health thanks to improved primary health care services and health promotion activities.
- Expected outputs of this programme include:
 - The engagement of central government, donors and other relevant actors in the health system reform leads to better management and provision of services through qualified health professionals.
 - Citizens in target regions, especially the marginalized and vulnerable groups, have increased access to more decentralized, affordable, quality primary health services. More health conscious citizens contribute through increased participation towards a more accountable and responsive health system.

3. Implementation Strategy

- The programme follows a “health system strengthening” approach, whereby systemic weaknesses in health governance and financing are addressed and various players in the health system are supported both on the demand side (current and potential users of PHC services, vulnerable and poor groups, citizens and their participation and health literacy) and the supply side (PHC providers including health managers and health care professionals).
- The programme focus is on the Primary Health Care level for improving quality of care and access to health services especially for the poor and vulnerable in the regions of Dibër and Fier and local experiences gained through implementation will feed into the national health reform process.

Areas of Interventions are:

- Core reforms such as professional development/CME, health governance and financing are supported and carried forward.
- Decentralized management functions are promoted and strengthened.
- Health Management training activities within the Faculty of Public health is operational and fully equipped and staff has been trained.
- Key managers of the health system have been trained in health management, governance and financing issues.
- Capacities of health professionals at the primary level are increased through CME, benefitting in particular family medicine teams and nurses.
- Primary health infrastructure is upgraded and functional.
- Development of management capacities at the primary level is supported and the autonomy of local government units is fostered for a more efficient resource allocation and effective corruption prevention.
- Health promotion activities targeting PHC staff as well as communities, Civil Society actors, service users and disadvantaged groups are conducted and established as ongoing practice.
- Citizens' interaction with health institutions to enhance transparency and accountability mechanisms are fostered and institutionalized.

