



Global Advanced Research Journal of Management and Business Studies (ISSN: 2315-5086) Vol. 3(3) pp. 126-135, March, 2014
Available online <http://garj.org/garjmbs/index.htm>
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Full Length Research Paper

The new health insurance reforming in Albania, as a new vision of the health care system under EU standards

Ma. Zamira Sinaj¹ and Alba Robert Dumi²

¹PhD Candidate, Administration Department & Health Care Hospital, Vlora Region, Albania, Corresponding author:
z.sinaj@yahoo.com

²Prof Assoc Dr, Dean of Graduated School, Management and Administration Department, Economy Faculty, University "Ismail Qemali" of Vlora, L Pavaresia, Sheshi: Skele, Vlora, Albania, Tel: +35533222288 Corresponding author:
alba.besi12@gmail.com

Accepted 12 March 2014

In this paper research we want to present the new low reforming in health care system in Albania. Like any robust reform process, we face significant challenges across a spectrum of efforts. Designing country strategies was more time and labor intensive than originally anticipated, particularly because a large number of partners were engaged in the process to determine tough trade-offs. The Albanian Health sector is in the continuing transformation in the function of the realization of the proper standards. To realize the reform in this sector and to help the decision makers in their decision is necessary to have the right information on the source of the financing of health sector, on the destination of the expenditure in this sector and their control. "The establishment of the National Health Service is an integral part of the new Government program and it is also the fairest intervention intended to upgrade the system of service financing at the levels required by providers and recipients of health services. We are present in this paper research an overview of the health sector reforms, which is defined as the priority sector in the Albanian Strategy for the social and economic development.

Keywords: Albanian strategy, Health sector, National service, Performance

INTRODUCTION

Public services and public areas

The Albanian Health sector is in the continuing transformation in the function of the realization of the

proper standards. To realize the reform in this sector and to help the decision makers in their decision is necessary to have the right information on the source of the financing of health sector, on the destination of the

expenditure in this sector and their control. "The establishment of the National Health Service is an integral part of the new Government program and it is also the fairest intervention intended to upgrade the system of service financing at the levels required by providers and recipients of health services. Albania, one of the smallest countries in Eastern Europe, has experienced a period of transition marked by sharp economic swings and periods of civil strife. The early phases of decentralization witnessed the transfer of political autonomy, limited administrative and fiscal authority to local governments, inadequate legislation outlining central/local responsibilities, scarce financial resources and developing ITC projects to manage touristic services. In January 2006, the government promulgated a national Strategy for the Decentralization and the Local Autonomy which included laws to strengthen the autonomy of local governments and increase their capacity to manage local infrastructure and services. The Albania Government has in its focus issues related to tourism. The concept of behavioral complexity implies that a more holistic examination of a manager's leadership performance should be conducted than is done in more traditional leadership research approaches. Future leadership research needs to take serious Van Fleet and Yukl's (1986) assertion that upward and lateral influence can be as important as downward influence to the accomplishment of an organization's mission (in Bass,1990, p.908). in addition, future leadership research should not only use "more sophisticated evaluations of the interactional processes of leaders...with subordinates...peers and superiors" (Bass, 1990, p.880), but also more sophisticated evaluations of the interactional processes of leaders as members of cross-functional, cross-departmental, cross-company, and cross-national teams. This paper revisits the role of targeted transfers in poor countries in the light of the new theories on the social costs of uninsured risks and unmitigated inequalities. Recognizing that the policy implications depend crucially on whether there is good empirical evidence to support the theoretical arguments, the bulk of the first half of the paper discusses the evidence.

Health care reform and health care financing

The multidisciplinary health reform focuses on improving governance and capacity building to ensure effective management of health services and institutions, health system financing, public access to quality health service

and expansion of public protection services. An achievement to be noted is the placement of the family physician at the centre of the system and its functioning at three levels: primary, secondary and tertiary system. Other key developments are the continuous strengthening of the financial and managerial autonomy of Primary Health Care Centre's, the clear definition of the service package and treatment protocols, and increased infrastructure investment. Consequently, the average daily visits per family physician increased to 9.3 in 2011 compared to 5.7 before the autonomy was granted. The Health Insurance Institute has strengthened its role as the sole purchaser of health services through inclusion of the public hospital service in the health insurance scheme (January 2009) and increasing the number of reimbursable medicaments and contribution payers by strengthening the referral system and public information (*National Strategy for Development and Integration 2014-2020, internet link*)

The new residents and their associated activities will require a variety of services pro-vided by the areas public and private institutions. A social impact assessment must determine the quantity and variety of anticipated needs. The goods and services most commonly included in a social evaluation are open space and parks; cultural and recreation facilities; education; health care; special care for the elderly, the disabled, the indigent and preschool-age children; police and fire protection; and a variety of administrative support functions. The optimum amount of resources that would be required for the satisfaction of needs is based on either planning standards, which are guidelines established by professional organizations and government agencies, or service levels, which are observed national (or regional) average amounts of resources expended per capita or some unit of size. Service resources are objective indicators of the level of resources available for the satisfaction of society's needs. For example, the number of physicians, dentists, acute-care hospital beds, and psychiatric care hospital beds are indicators of the level of health care resources. Square feet of parkland, picnic areas, tot lots, etc., are indicators of facilities for recreation needs.

The Economics of Public Health Care Reform in Advanced as an administration reform

Strategic priorities and objectives in Albanian reforming strategy consist: Increase access to effective health services are an important indicator wich:

1. Improve the health services infrastructure and

distribution mapping: Review territorial distribution of public health centres, including specialized outpatient health care centres; Review the map of hospitals in order to deliver a necessary number of standardised services in terms of infrastructure and health technology; Define the service packages offered at hospital level so that future investments are channelled in hospital infrastructure;

2. Establish and operate an emergency system through a unified emergency system and standardised emergency units in hospitals;

3. Centralise blood processing and quality control in 3 centres having modern equipment used to check for infective agents according to the latest transfusion practices.

The Economics of Public Health Care Reform in Advanced and Emerging Economies Public administration reform is another key priority of the Opinion. The adoption in May of the Civil Service Law, one of the measures required for obtaining candidate status, was a major step towards de-politicising public administration. The law, entering into force in October, is essential for building a professional, effective and merit-based public administration. It aims to create a consistent legal framework comprising state administration, independent institutions and local government units. It provides a clear classification of civil servants, formally establishes a top-level management civil servants corps and provides the basis for a transparent recruitment and promotion system. (USAID, *Albanian Reform 2013*, pp 13)

Literature Review and Hypotheses

Considerable investments were made to reconfigure and rationalise hospital services, seeking to strengthen and modernise regional hospitals and transform municipal hospitals into daily hospital or health centres that offer integrated emergency and outpatient services. 14 emergency units were provided modern equipment. A new hospital was built in Kavaja, as well as hospital complexes in Tirana, Shkodra and Elbasan. Particular importance was paid to the fight against corruptive acts in the health care system, strengthening monitoring and evaluation, formal adoption and advocacy of the Charter of Patients' Rights, and bringing corruption perpetrators before the justice. (MOH Albania 2013 Journal)

Challenges in this sector include: protect and improve public health through reachable and equal services for all; establish a qualitatively new health service; provide services with standards comparable to the EU countries, for all Albanian citizens; reform financial mechanisms and

tools which ensure efficient financial coverage of the rising costs in the health system. (*National Strategy for Development and Integration 2014-2020*, internet link)

The law abrogates existing legislation without providing the necessary transitory provisions until its implementing legislation enters into force; the government approved in September 2013 technical amendments to avoid this legal vacuum. Timely adoption of the secondary legislation compliant with the principles of the law and proper implementation is essential. The Law on General Administrative Procedures is still pending. (*Commission working document, Albania Brusel 2014*)

The development experiences in USA and long term care needs

The term **health insurance** is commonly used in the United States to describe any program that helps pay for medical expenses, whether through privately purchased insurance, social insurance or a social welfare program funded by the government.^[1] Synonyms for this usage include "health coverage," "health care coverage" and "health benefits."

Assessing the current accessibility of public services

- What is the present level of services in the community?
- What is the current distribution of services in the community (to social groups or to neighborhoods)?
- What are the anticipated needs and accessibility to services of the future population?
- Are there organizational or coordination problems currently being encountered by service organizations or agencies?
- May such problems be encountered in future service delivery? If so, what are they?
- What are the implications of future service and facility requirements and revenue sources on tax levels, net fiscal balance and service quality?

In a more technical sense, the term is used to describe any form of insurance that provides protection against the costs of medical services. This usage includes private insurance and social insurance programs such as Medicare, which pools resources and spreads the financial risk associated with major medical expenses across the entire population to protect everyone, as well as social welfare programs such as Medicaid and the State Children's Health Insurance Program, which provide assistance to people who cannot afford health coverage.

The share of Americans with health insurance has been

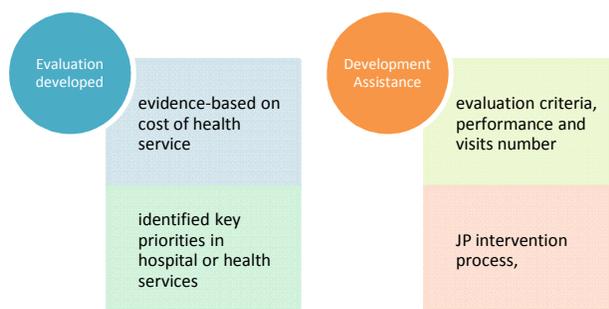


Table 1. Source: Dumi, A.(2013, November). Albania and EU reforming in economy and public Administration, MJERSS Roma Italy Vol.5.No 3, pp 234

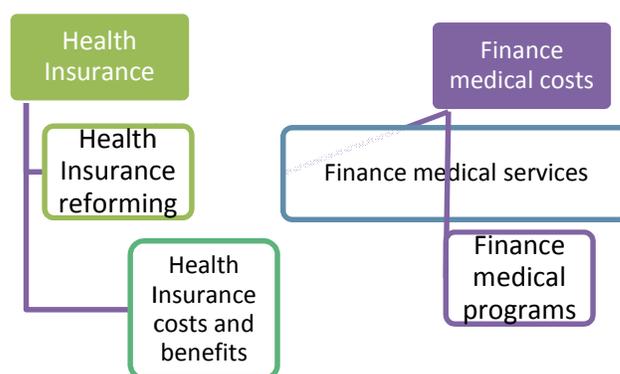


Table 2: Source: State Children's Health Insurance Program, internet link, www.health&benefits.dc 2013, Callon A.

steadily declining since at least 2000. As of 2010 just fewer than 84% of Americans had some form of health insurance, which meant that more than 49 million people went without coverage for at least part of the year. Declining rates of coverage and underinsurance are largely attributable to rising insurance costs and high unemployment. As the pool of people with private health insurance has shrunk, Americans are increasingly reliant on public insurance. Public programs now cover 31% of the population and are responsible for 44% of health care spending. Public insurance programs tend to cover more vulnerable people with greater health care needs. (Internet link, 2012)

The quality health service and referral criteria

Improve the quality of services through improved clinical

and institutional management are covering these steps: Establish innovative organizational schemes and a new public-private partnership, reorganize the management and financing of public hospital and outpatient centre's aiming to increase their autonomy, determine the referral criteria between primary health care and specialized care in public and private health institutions, based on the service quality and the patient's right to choose the doctor. Improve clinical and administrative management of health institutions at all levels through: 1. Standardized norms and procedures for the management of institutions; 2. Basic and continuous education and of health services managers; 3. Promotion of guides and clinical management protocols, along with financial incentives; 4. Structuring the institutional and national information systems in order to improve monitoring and management of institutions; 5. Creation of spaces required for the efficient use of income. (*National*

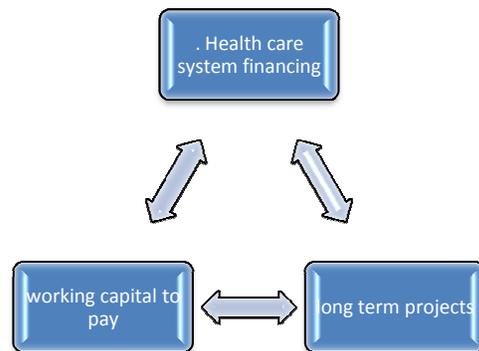


Table 3. Dumi, A.(2013, March). The democratic movement in Albania, pp 345, MJERSS Roma Italy Vol.1.No 2, pp 134-136

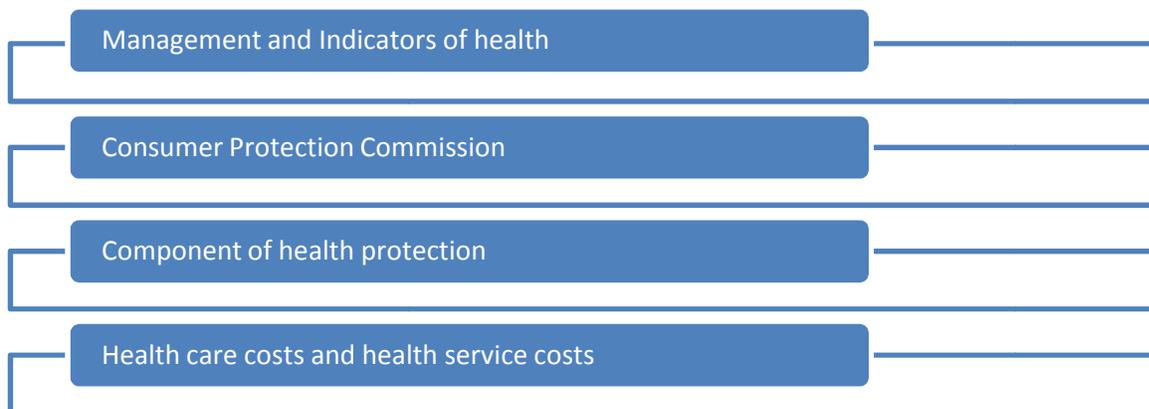


Table 4. Source: Dumi Alba European Health for All Database, May, 2010, JERM Journal USA, ISKSH Fokus Magazine nr 14 year 2011, pp12 15 17

Strategy for Development and Integration 2014-2020, internet link)

On the other hand, this transparency will create facilities for decision-makers to predict the costs more easily, which as you probably know are too much unpredictable. (Kodiss 2011) This package was the result of the cooperation of HII with MOH and with the technical assistance of USAID, sanctions all the services, that the patient gets from the Primary Healthcare Centers, that the patient gets from the Primary Healthcare Centers, where an important and very detailed part goes for the services provided by the family doctor for the prevention, identification or diagnosis and treatment of the patient with mental health disease. (Hoering, Uwe. 2002)

Albanian health system and categories of patients suffering from chronic diseases

Thirdly, as the health sector is the largest user of the workforce, negotiations with doctors and medical staff are still a very important element, in order that they are paid according to the services provided to the patient. We should think about improving the actual legislation with regard to the profession safety in the long term. Thus, last year, three cases (2 in Vlora and 1 in Lushnja city) have burdened the budgets of hospitals and consequently the service to the patient by Lek over 31 million, something that is directly related to profession safety. This problem may become a Boomerang, if we

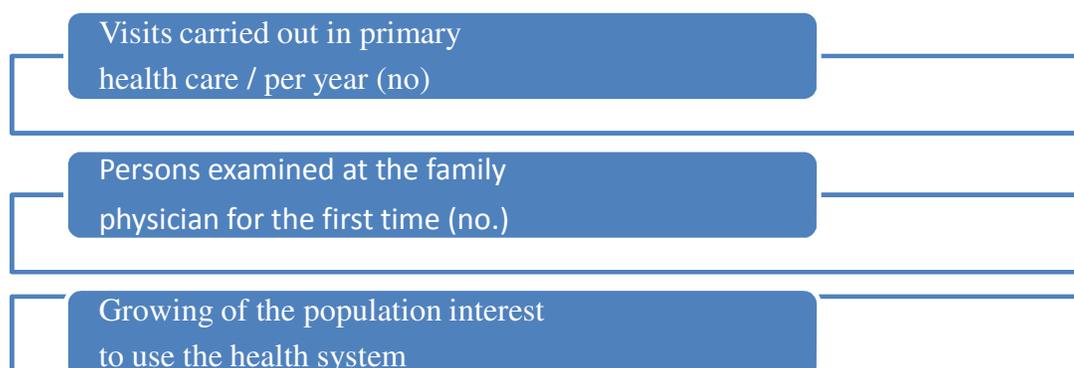


Table 5. Data analyze on 2006-2010 years indicators of the health services utilization through health insurance scheme

don't make the relevant legal arrangements to prevent it. So, this reform may be defined as one that is travel toward a health service, where all have access and feel safe in it and with it and all the staff providing this service feel proud. This trip can be neither short, nor easy, but it is an urgent one. Let's continue to walk on our path with the belief that we are behaving according to the present and future expectations. 36 % of the interviewed patients were over 60 years old and 36% were 41 - 59 years old. It came out from this interviews that people over 41 years old, about 72%, were the greatest users of the health services in primary health care, as this is the most vulnerable age of the population.

Health costs and health coverage in Albania

Health care costs have been growing rapidly in the past several decades. Since 1970, total real per capita health spending has increased fourfold, while spending as a share of GDP has increased from 6 percent to 12 percent in advanced economies. In emerging economies, total health spending has increased from below 3 percent of GDP to 5 percent. These increases have put great fiscal pressure on governments and financial pressure on households and businesses.

The gradual transformation of HII into a National Health Service and the fact that National Health Service will be the only payer of health services in the country occupied an important place in Albania. The effective implementation of the new Law on Compulsory Health Care Insurance, as well as the future of national health reform efforts, will depend strongly on the future success of HII. The Albanian Household is the major financier of

health sector 60% of total health expenditures (THE) with the Government of Albania share providing approximately 34%. Most important, we have to continue prioritizing our people—the greatest resource we have—by systematically identifying opportunities for professional growth and development. While many Mentoring the Next Generation of USAID Leaders USAID's Bureau for Europe & Eurasia is bridging the gap between our past and future leaders through a formal mentoring program between Agency alumni and mission staff. Alumni were matched for dedicated coaching and mentoring with mid-level managers assuming new and higher-level responsibilities.

METHODOLOGY AND RESEARCH GOAL

Sample and Data Collection

When evaluations failed to meet the standard, the three most common concerns were: (1) evaluation teams received too many questions—especially questions that are too general and ill-defined—relative to the resources available for the evaluation, (2) the data collection and analysis methods were not appropriate to answer the evaluation questions, or (3) evaluation reports did not clearly demonstrate how evidence led to new findings and conclusions.

In addition to medical expense insurance, "health insurance" may also refer to insurance covering disability or long-term nursing or custodial care needs. Different health insurance provides different levels of financial protection and the scope of coverage can vary widely, with more than 40 percent of insured

individuals reporting that their plans do not adequately meet their needs as of 2007.^[2] USA, *State Children's Health Insurance Program, Internet link 2012 (The economics of public health care reform in advanced and emerging economies / editors, Benedict Clements, David Coady, and Sanjeev Gupta. – Washington, D.C)* The transformation of this institution into the single payer of health care services in the country will enable a better management of available financial resources, will promote the process of contracting with providers in order that services are offered based on service packages. Evaluation recommendations from a health care financing project in Albania were used to improve the follow on program by including the use of both public health and finance professionals and establishing a clearer performance-based system.

The attitudes community residents have toward development and the specific actions being proposed as well as their perceptions of community and personal well-being are important determinants of the social effects of a proposed action. Such attitudes are a reflection of the quality of life residents seek to enjoy and preserve, whether it be limiting growth in order to maintain the rural image of a small community; expanding the boundaries of the village; or providing a variety of housing choices to new, diverse residents and businesses. Changes in a community's social well-being can be determined by asking the individuals and representatives of groups or neighborhoods in the area to make explicit their perceptions and attitudes about the anticipated changes in the social environment. The financial contracts between HII and health centers were bided based on an established traditional process, consisting in a close cooperation with all stakeholders contributing in the primary health care. The process commenced with getting the opinions of all HIRD-s and health centers that have made contracts with these directories and as well as the viewpoints of other stakeholders in the health sector: Ministry of Health (Department of Public Health), Order of Physicians, Order of Nursing, associations and health services unions. (Borkan J 2010). The problems identified during monitoring and control of contract implementation during fiscal year 2011 served also as a source of information for improving the contract. (Bowman, L CroftsA 1991) During the process of developing 2012 contract with primary health care centers, a special attention was paid to elements that affect the consolidation of health center management, as a public entity responsible for serving the population that is registered next to it.

ANALYSES AND RESULTS

Thus, while the management of electronic registry of patients is now a reality in health centers, they will be also responsible for updating the data on the patients. Under such a situation, the process of transferring patients from one doctor to another, or from one HC to another will become more simple and easy for the patients. Reforms achievements in PHC wants: 1) More funds were allocated to the HC as a consequence of the improvement of their performance and quality indicators. 2) The HC have a better conceptions regarding the management of the allocated fund. 3) The level of autonomy of the HC has increased. The contracts with HC have improved and the Boards function. 1) There have been improvements in the collection of the secondary incomes and better possibilities to manage them by the HC. 2) Improvement of the information technology. 3) It is in process of implementation, supportive supervision, as a new methodology applied to help in solving the HC problems and improve their performance (Martín JJ. Crisis 2010)

MATERIAL AND METHODS

In this retrospective study are included 51 patients with ADPKD admitted in Service of Nephrology, UHC "Mother Teresa" during the period January 2008-July 2010. Is prepared a fold tip taken following data: age, gender, birthplace, residence, diagnosis, the basic disease complications, the examinations made, the cost for each examination in money (leke), treatment day and expenses for each medicament taken by patients. The diagnosis of ADPKD was based on household data for the presence of ADPKD and echo-graphic criteria. The Health Insurance Institute (HII) has made significant progress over the last 15 years to movetoward a single-payer model for the implementation of compulsory health insurance coverage inAlbania. This progress has been made in coordination with a national strategy for health reform bythe Government of Albania (GOA), the Ministry of Health (MOH), and other GOA and healthsector institutions. Increase of benefi ts for patients under drugs with higher reimbursement:The number of patients using deferasirox 250 mg tabl drug (treats thalassemia) was increased by about 50 more patients compared to 2007 (156 patients are currently treated) and reimbursement costs have risen by about 311 million lek / year or have tripled. Monthly cost of patients treatment amounts to 265

thousand new Lek / month. When imatinib 100 mg drug (treats myeloid chronic leukemia) entered Reimbursed Drugs List (LBR), the number of patients was increased by about 47, leading to an increase of 258 million lek of reimbursement costs / year.

Macroeconomic stability and influences in health care system

The imperfections in the health care market imply that governments must play an important role. However, there is no single model that delivers the best results across all countries. The pervasiveness of market failures and a desire to ensure that access to basic health care reflects need and not ability to pay have motivated extensive government involvement in this sector in advanced and emerging economies (Musgrove, 1996). The nature of government intervention (e.g., mandates, regulations, provision, and financing) has varied substantially across countries and over time, as has the level of public health spending.

(The economics of public health care reform in advanced and emerging economies / editors, Benedict Clements, David Coady, and Sanjeev Gupta. – Washington, D.C)

The cost of treatment of one patient amounts to 382 thousand new Lek / month. The number of patients using HBN 100UI-3 ml insuline in the form of pencil (treats diabetes mellitus) is increased of about 2,500 patients and their cost is now about 135 million lek. LBR includes about 12 types of insulin (4 human analogue +8) and the number of patients using these types have increased. The total of reimbursement expenses amounts to about 573 million lek. Patients often use combinations of two insulins according to their action, which have a monthly cost of Lek 4708-6425. Currently, about 15,000 patients that are insuline dependant are treated per month. Source: Isksh Albania, nr 19, 2012 International Monetary Fund, 2012. According to preliminary data, economic growth slowed to 1.6% in 2012 from 3.1% a year earlier. Financial constraints, low confidence among consumers and investors and the presence of spare production capacity held back private consumption and investment spending. Total gross fixed capital formation decreased by around 5% in 2012 compared with the previous year. Migrant workers' remittances increased slightly, by some 1.6% in 2012, but dropped by 33% on an annual basis in the first six months of 2013. Private consumption remained at low levels. *(Commission*

working document, Albania Brusel 2014) Net exports were the main contributor to economic growth, with foreign sales holding up while imports declined. After falling in four consecutive quarters, economic sentiment indicators started to climb in late 2012 and early 2013, but real GDP only grew by 1.7% in the first quarter of 2013 in annual terms, reflecting still sluggish domestic spending. Foreign demand continued to contribute positively to growth

The process of health reform and health insurance development has been supported by the United States Agency for International Development (USAID), the World Bank (WB), the European Union, and others. While the overall health reform efforts in Albania have perhaps evolved slower than envisioned, HII has pushed forward to develop and implement new reimbursement schemes for pharmaceuticals and primary health care (PHC) centers.

Today, Albanian work with field staff, expanding skills to increase local ownership of development results, enhancing local capacities to make The National Health Accounts 2003 estimate that Albania spent 43.8 billion Lek (USD 360 million) overall on the health sector and per capita expenditures of 13,983 Lek (USD 114.7). The total expenditure on health is 5.9 percent of the GDP and is significantly higher than previous estimates that had placed health care expenditures at 2.9% of GDP. This level of expenditure is more in line with middle income countries and is lower than the average for European neighbor's countries. These partnerships do not mean that we write blank checks to foreign governments. Assessments are used to identify specific institutions that will be good partners. In some cases, we may only partially use the partner's system in order to strengthen it while maintaining financial controls and mitigating risks. In Albania case study, we partnered directly with the Ministry of Health to build it into an institution capable of serving its people and sustaining results beyond our assistance.

Recently, HII has moved into payments to the secondary and tertiary hospital sector, ensuring that it will play an increasingly critical role in the health reform process in Albania. "The current situation concerning our insurance scheme, developments in financing the primary health care and hospital sectors, our future projects to improve the way of financing hospital services, etc. were displayed in this presentation. Our learning and evaluation team reviewed every incoming evaluation to ensure that it met the quality standards in our policy.

Data and indicators of economic investment of study

Given these findings, we need to increasingly focus on taking early action to improve the quality of our evaluations. Ultimately, the goal isn't to prove we're always successful. It's to help us learn and get better as an organization. HII representatives explained in their presentations the new policies of Albanian Government and HII for improving our health system; perspectives of changing the financing of the health scheme from based on contributions into the general taxation. In the area of consumer protection, with regard to horizontal aspects, the 2013-20 consumer protection and market surveillance strategy is awaiting adoption. Find following some results from the study carried out in primary health care centers: 1. Most of the participants, 97 or (93.7%) of total number of physicians provided correct responses about the level of HbA1c with a significant difference of ($P < 0.0001$) compared with other versions.

The level of responses is almost the same for both doctors who have a degree in family medicine as well as for those who do not have this degree, respectively, 40 (41.2%) and 47 (48.5%). 81 (83.5%) of them stated that they were trained for diabetes and 12 (12.4%) of them said that they are not trained. 3. The majority of the doctors, 68 % or (66.0%) of their total number provided correct answers on the notion of BMI with significant changes to other options of ($P < 0.0001$). The level of response is almost the same as for doctors with degree in family medicine and doctors that do not have this degree, respectively, 32 (47.1%) and 27 (39.7%). Source: *Isksh Albania Vol 2, 2013*

4. Most of the participants, 69 of the 103 doctors who responded or (69.0%) of them provided correct answers concerning the notion of lipidograma with a significant difference with other options of ($P < 0.0001$). Management of diabetes quality control in primary health care center. Distribution of participants by gender and age group 10- 24, 26-35 36-45 46-55 56-65

The Consumer Protection Commission (CPC) has held regular meetings and has handled complaints in the fields of university education, the electricity sector and telecommunications. A gap analysis on the alignment of Albanian legislation with the acquis in the field of consumer protection was finalised, including components on health protection. The CPC and the Consumer Protection Unit continued their consumer awareness activities. The online complaint handling system has not generated effective complaints due to the poor information provided to users. The analysis of data on the

performance of primary health care staff salaries for the period 2005-2012, shows that:

1. In 2012/2005, the salaries average growth for FP staff was about 182%, or the average monthly salary (salary + bonus) in 2012 was 71 thousand lek out of about 39.1 thousand lek in 2005, or in absolute value it is increased by about 31.8 thousand lek. About 1651 FPs have benefited from these increases. Increases according to the geographic location of the HCs: In central areas, where about 721 FPs, or 43.7% of the total number of FPs work, these increases amounted to 218%, which means that a FP currently receives an average gross salary of 64.5 thousand lek compared with 29.6 thousand lek they received in 2005. In lowland areas, where around 425 FPs, or about 25.7% of the total number of FPs work, these increases amounted to 180%, which means that in 2012 a FP received a gross salary of 72.7 thousand lek, from 40.3 thousand lek in 2005. In hilly areas, where 273 FPs or about 16.5% of the total number of FPs work, these increases amounted to 157%, which means that they are currently receiving an average monthly salary of 73.5 thousand lek. Information on the CPC official website is not regularly updated.

CONCLUSIONS

The Albania government will continue to implement its policy of incentives for health personnel salaries and in this context HII will calculate very soon the new salary increase for doctors and nurses at all levels of the health service, which is expected to enter into force in July 2012. Despite the fact that the growth of your payments is a long-term government policy, we need to review our costs and examine inefficiencies in the system. For example, it is necessary that both of us more deeply understand changes made to the patients' treatments for the same diagnosis. We have a situation, where this cost rate changes two folds from one region to another or from one doctor to another. As should be evident from the preceding discussion, socio-economic impact assessment is a complex, yet important aspect of development impact analysis. The various changes in the social environment and social well-being of a community that result from development may be significant, yet they are often subtle and not easy to quantify. However, this does not mean that socio-economic impact assessment should not be considered an essential component of the development impact assessment process.

The access to primary health care services and quality

of health services as perceived by patients are significantly upgraded; the barriers put in the way of identifying the insured persons to be supplied with health cards have been already removed; the monitoring of the health service provided by the family physician is strengthened; referring system and health services packages in primary health care service are successfully implemented. Other significant achievements in the primary health care sector are improvements with regard to relations between the medical staff and HC-s heads, transparency in decision making and budget spending and communication at all levels. All these are due to advantages of decentralization of the health system in primary health care sector.

It is important to bear in mind that while certain individuals or community groups may be active and forthcoming with input into the planning process, other community groups (e.g., low income or minority groups) that may be equally or even disproportionately affected by the proposed development may be less vocal in expressing concerns and interests. In situations where traditionally disempowered groups may be impacted by a development, it is important to make a concerted effort to involve them in the social impact assessment process.

Our investments helped expand access to basic services from only nine percent to 64 percent of the country, leading to the largest increase in life expectancy and largest decreases in maternal and child mortality of any country in the world in the last decade. The fact that we have an older population is not the only reason for the continuous increase of our costs, but also because all the people generally think that the most expensive service is the best service. The lack of capacity in healthcare management, low public spending and corruption has slowed down progress in the area of public health.

Primary healthcare lacks appropriate funding and human resources. The coverage of insurance-based care is still very low. The public hospital sector remains underdeveloped whereas the private sector is growing without proper regulation. The Ministry of Health signed a contract in January for the establishment of a National

Electronic Health Record (NEHR) system but the necessary financial resources still need to be secured. The draft e-health strategy has not yet been adopted.

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