

Draft
Health System Strategy
2007 to 2013

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Table of Contents

INTRODUCTION	4
Purpose.....	4
Scope.....	4
Organization of the Sector	5
Structure of the document	6
I OVERVIEW	7
I.1 International Environment	7
I.2 Domestic Environment	7
II VISION AND STRATEGIC PRIORITIES	9
II.1 Ministry of Health Vision.....	9
II.2 Strategic Priorities 2007-2013	9
II.2.1 Increasing the capacity to manage services and facilities in an efficient way	9
II.2.2 Increasing access to effective health services	10
II.2.3 Improving health system financing	10
II.2.4 Improving health system governance.....	10
III POLICIES	12
III.1 Increasing the capacity to manage services and facilities in an efficient way.....	12
III.1.1 Introducing a new public-private mix and innovative organisational schemes	12
III.1.2 Improving facility and clinical management	12
III.1.3 Improving health services management training	13
III.2 Increasing access to effective health services.....	13
III.2.1 Reducing financial, geographic and cultural barriers	13
III.2.2 Articulating a network of services able to ensure continuity of care.....	14
III.2.3 Providing widespread free essential public health services	14
III.2.4 Providing solid pharmaceutical coverage	14
III.3 Improving health system financing	15
III.3.1 Increasing pre-paid coverage	15
III.3.2 Reducing informal money flows in the system.....	16
III.3.3 Improving resource allocation by a single strategic purchaser	16
III.4 Improving health system governance	17
III.4.1 Strengthening the MoH capacity to develop policy, strategies and planning	17
III.4.2 Regulating better.....	17
III.4.3 Improving transparency and accountability	17
IV IMPLEMENTATION AND RESOURCE IMPLICATIONS	19
IV.1 Current allocations for health programmes	19

IV.2. Budgetary estimation for the strategy implementation	20
IV.3. Managing strategy implementation.....	25
V ACCOUNTABILITY, MONITORING AND EVALUATION	27
V.1 Monitoring health system strategy implementation	27
V.1.1 Increase the capacity to manage services and facilities in an efficient way.....	27
V.1.2 Increasing access to effective health services	28
V.1.3 Improving health system financing.....	28
V.1.4 Improving health system governance.....	29
V.2 Accountability	29
Annex I. MTBP Programmes of the MoH.....	30
Annex II. List of activities and task by strategic priority, goal and policy.....	35
Annex III. References	46

INTRODUCTION

Purpose

Under the Albania's Integrated Planning System, (IPS) the National Strategy for Development and Integration (NSDI) will emerge as a synthesis of a comprehensive set of sector- and crosscutting-strategies. This paper is the sector strategy covering the health system. The Ministry of Health (MoH) is in charge of designing and coordinating the health system strategic plan which addresses:

- Improving access to services and protecting the population from abuses and harmful practices
- Strengthening governance and stewardship
 - o regulatory and enforcement issues,
 - o adapting the system to the new economic, social and epidemiologic reality of Albania
- Strengthening managerial capacity in
 - o personal and non-personal service delivery
 - o service delivery facilities and institutions
 - o human resources issues,
- Strengthening financial protection for the population
 - o ensuring financial sufficiency while protecting the poor, and
 - o allocating resource, including purchasing of services.

This health system strategy is intended to reflect:

- The Government Program;
- Sector-related issues having an impact on the European and Euro-Atlantic integration, namely on the implementation of the Stabilization and Association Agreement and the NATO Membership Action Plan;
- The main lines of the Long-Term Strategy for the Development of the Albanian Health System paper (LTHSD) developed by the Ministry of Health approved by the Council of Ministers in 2004 and endorsed by the current Government, updated to the new context.

This health system strategy should have long-term objectives with specific measures that can really be taken forward in the next few years within the context of the Medium Term Budget Program, in terms of the available resource plans for departmental programs.

Scope

This Strategy covers the role of the Government of Albania (GoA) in improving the performance of the health system towards achieving the priorities stated in section II.

The previous Long Term Strategy for the Health System Development used a functional structure for presenting its objectives -that is, the strategy presented specific objectives related to the 4 main health system functions, namely Service Provision, Financing, Resource Development and Stewardship.

Service Provision includes:

- Organisation of service delivery (personal services such as PHC, specialised health care and pharmaceutical services, and non-personal services such as community services, etc);
- Management of service delivery facilities and structures;
- Efficiency-enhancing measures in service production.

Financing includes:

- Fund raising;
- Risks and resources pooling;

- Resource allocation and services purchasing.

Resource Development includes:

- Generation and management of physical resources (such as buildings, equipment, etc);
- Development of the right technologies, including pharmaceuticals;
- Training of human resources for health and continuous capacity building.

Stewardship includes:

- Strategic Policy Making and Governance of the system;
- Regulation of implementable and enforceable policies;
- Intelligence building for decision-making and accountability.

The current strategy has been built using a bottom-up approach, involving many stakeholders and starting from challenges to arrive to solutions. Given that some health system problems sometimes require policies affecting more than one health system function, and in order to match NSDI and IPS requirements, this strategy will not be explicitly structured along health system functions as the preceding one, but along broad strategic priorities.

Organization of the Sector

The Health System in Albania involves a number of structures, organisations and stakeholders. The here-described organisational design is currently being redefined in the Health Care Law under preparation, with the Ministry of Health acting as leader and coordinator.

Mention must be made that the MoH remains the major funder and provider of health care services in Albania. Although the ministry has been partly reorganized it continues to assume the lead role in most areas of health care and it devotes most of its efforts to health care administration, rather than to policy and planning. Health directorates are organized in a hospital directorate and a PHC directorate, and are administered primarily through the Ministry of Health district bureaucracy.

When the 12 regional prefectures were created in 1993, some administrative authority was shifted to those prefectures from the centre. Each prefecture comprises an average of three districts, and each district is responsible for administering district hospitals and polyclinics, specialist hospitals (such as tuberculosis hospitals) and PHC centres. The 1993 Law on Local Government, which regulates the election and powers of local authorities, shifted some responsibility for PHC to rural areas.

The local government authorities of all 315 rural communes now own their PHC facilities and are thus partly responsible for PHC. The Ministry of Finance gives to them earmarked grants for equipping, maintaining, operating and upgrading PHC centres and posts, as well as for paying some staff salaries. In urban areas, the MoH district offices still own and administer such services.

Under the MoH, the responsibility for health protection -particularly the prevention and control of infectious diseases and the national vaccination programme-, environmental health and the monitoring of drinking water and air quality is with the Institute for Public Health. It works at the ground level mainly through the district public health services.

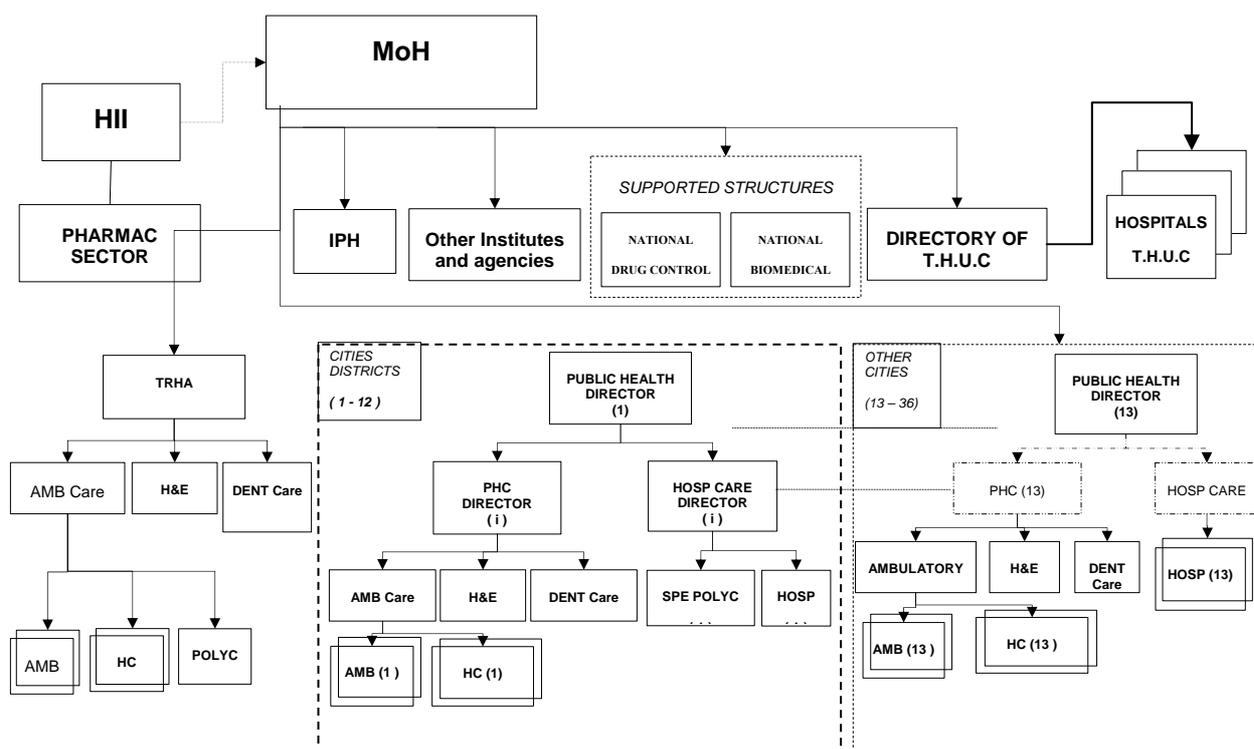
In 1995 a social health insurance was created. The corresponding national statutory fund and purchasing authority, the Health Insurance Institute (HII), was granted autonomy as a quasi-governmental body. The HII is formally accountable only to the Parliament.

In the Tirana Prefecture, which includes two districts, a decentralisation initiative stronger than that of districts has been piloted since 2000. The Tirana Regional Health Authority (TRHA) is responsible

for planning and managing primary health care services and public health programmes. A regional health board has been set up and is responsible for endorsing the proposed regional policies, plans and budgets.

The following picture illustrates the Albanian health system organisational structure:

Organisational structure of the Albanian Health System



Note: HII (Health Insurance Institute), IPH (Institute of Public Health), AMB (Ambulatory), H&E (Hygiene and Epidemiology), DENT (Dental), HC (Health Centres), POLYC (Polyclinic), SPE (Specialised), HOSP (Hospital)

Structure of the document

After this introductory section,

- The first section gives an overview of the health system environment at international and national level summarising its main challenges,
- Then the vision, mission and strategic priorities and of the health system are presented (section II).
- Later on, policies for accomplishing the stated objectives are proposed (Section III), and
- Implementation and resource implications are estimated (section IV).
- Section V proposes an accountability, monitoring and evaluation framework for implementing the health system strategy.
- Finally, information on the MoH budget programmes content and objectives can be found in Annex I, the further development of activities into tasks is provided in Annex II and the main references used to build this strategy are given in Annex III.

I OVERVIEW

I.1 International Environment

In the following years the pursuit of integration in the European Union and the NATO represents the main challenge at international level for Albania. Doubtless, the former will have a major influence in the health system. Even if health barely appears explicitly as a part of the *Acquis Communautaire* requirements for the EU, there are a number of chapters that include issues with an impact on the health system, in particular chapters 1 (Free Movement of Goods), 3 (Free Movement of Services), 7 (Agriculture), 13 (Social Policy and Employment), and 23 (Consumer Protection). Moreover, Article 152 of the 1997 Amsterdam Treaty obliges the EU constantly to take measures towards improving public health and ensuring a high level of health protection in all policies and activities.

At a different level, Albania also needs to make substantial progress in many areas related to the UN-sponsored Millenium Development Goals (MDGs), a number of which it will miss should corrective action not be immediately started.

Thus it can be said that for Albania the international environment is a highly challenging one, in which a sustained effort will be required. This strategy provides a framework for making such sustained effort.

I.2 Domestic Environment

Overall there is sufficient available documentation providing a clear diagnosis of the state the Albanian health system is in, describing it in detail and revealing critical problems. They have been produced by a number of institutions and authors, mostly from the International and donor community and will not be repeated here. The relevant references used for the production of this strategy are listed in Annex II.

As most Eastern European Countries after the fall of their communist regimes, the old health system structures in Albania were not able to face the new democratic situation and suffered from:

- Over-dimensioned and non-efficient health care delivery network;
- Inability to mobilise the required funds and inefficient resource allocation;
- Lack of managerial capacity;
- Loss of actual control over the service providers;
- High increase of informal payments.

The existing service provision infrastructure suffered further serious deterioration during the civil unrest of the late 1990s.

Besides focusing on re-establishing service delivery, the government attempted to overcome the health system weaknesses through several reform processes. Those different reforms pursued changes in the financing system, a reduction of the excess capacity of the provision network, some decentralization and the introduction of some private initiative in the delivery of health care. However, the reforms only had a partial impact and progress has been limited, with little or no major improvements perceived by the population.

Fortunately enough, the political and economic transitions have not had a lasting negative impact on health outcomes and now most population health indicators have improved to levels comparable to pre-transition years. An accelerated demographic and epidemiological transition has taken place. Albania faces a changing context with an increasing incidence of non-communicable diseases,

remaining infectious diseases that still need to be managed and an infant, under-five and maternal mortality still among the highest in the European region. It must be noted however that data from different sources differ and some health outcomes indicators, especially infant and maternal mortality as well as healthy life expectancy do not compare well with the levels observed in other South East European countries (*Albania Health Sector Note*, Report No. 32612 – AL. World Bank, 2006).

The Long Term Strategy for the Development of the Albanian Health System Document (LTHSD) developed in 2004 by the Ministry of Health pointed in the right direction, but now needs to be updated and adapted to the new context created by the preparation of the National Strategy for Development and Integration. Issues as access to services, quality, financial sustainability, efficiency and professionals' motivation and competency call for specific attention.

II VISION AND STRATEGIC PRIORITIES

II.1 Ministry of Health Vision

The MoH, according to the 2004 Long Term Strategy for the Development of the Albanian Health System, has a vision of “a health system capable of offering basic health services that are easily accessible, of acceptable quality and efficient in their delivery”. Such vision is still perfectly valid. However, the health system’s mission statement has to be slightly refined:

“To improve the health of the population by providing responsive services and financial protection against the catastrophic costs of disease”

The MoH thus commits itself to undertaking a deep reform of the current health system according to the experience gained during implementation of the previous reform processes. Some adjustments in the basic organisational, managerial and financial mechanism are needed.

II.2 Strategic Priorities 2007-2013

Following a broad consultation process, the Ministry of Health is organising its strategy around the following four priorities:

1. Increasing the capacity to manage services and facilities in an efficient way
2. Increasing access to effective health services
3. Improving health system financing
4. Improving health system governance

These strategic priorities are defined more accurately by means of specific goals. A brief rationale plus a definition of the corresponding objectives in each of the four strategic priority areas follows.

II.2.1 Increasing the capacity to manage services and facilities in an efficient way

In order to improve efficiency, maximise productivity in service production and rationalise the use of scarce resources the existing managerial capacity must be reinforced at all levels of the health system. Specific goals within this priority are:

- a. Introducing a new public-private mix and innovative organisational schemes. Carefully developed private initiative within the health system (not amounting to complete privatisation) will promote quality, efficiency and dynamic responses to a number of current challenges that rigid public structures alone cannot overcome. Also, introducing selected private sector managerial schemes within publicly owned facilities is expected to boost productivity in the public sector.
- b. Improving facility and clinical management at all levels. Improving efficiency calls for better and more efficient management of service delivery facilities and of the clinical pathways used to address patients’ treatments.
- c. Improving health services management training. A training effort is needed to improve the managerial skills and competencies of decision makers and to strengthen capacities among the staff in key positions of the health system.

II.2.2 Increasing access to effective health services

The low utilisation of health services in Albania calls for developing specific access-improving measures, with emphasis on the poor and on people living in rural regions. Increased access will be achieved through the following goals:

- a. Reducing financial, geographic and cultural barriers. All three kinds of barriers deter against effective service utilisation. There should be a set of services that people clearly identifies as being entitled to receive for free and which are affordable for the country. A geographically- and population-wise balanced distribution of services should also be deployed throughout Albania.
- b. Articulating a network of services able to ensure continuity of care. When planning and developing the above network of services, a clear articulation among the different levels of care will need to be achieved in order to ensure continuity in the chain of care. A solid Primary Health Care including Emergency Services should act as the gatekeeper of the health system.
- c. Providing widespread free essential public health services. Essential community (public health) services need to be delivered to the entire population and permanently kept updated as a basic element to maintain and improve health status.
- d. Providing solid pharmaceutical coverage. Drugs play an important role in any health care delivery scheme. Access to a basic list of essential quality pharmaceuticals is needed at affordable prices for the population.

II.2.3 Improving health system financing

Both the level of public funding and the efficiency of public expenditure must be increased in order to improve health system fairness and sustainability. Too big a share of the current financial flows is paid at the moment of use, which precludes from insuring –i.e. financially protecting- people. Resource allocation must also be greatly improved. The following goals will be pursued:

- a. Increasing pre-paid coverage. Funds- pooling is the only way to protect the weakest sectors of the population, regardless of their ability to pay. Efforts are required to transform direct, out of pocket payment into regular pre-payments entitling people to receive health care when necessary. The money-collecting mechanisms should be consolidated in a way as transparent as possible.
- b. Reducing informal money flows. The above priority must go in parallel with a strong reduction of informal payments. Informal payments are the greatest barrier to access health care services for the poorer segments of the population in Albania. They also represent a big share of money flows that remain out of managerial control and thus escape any efficiency improving policy. Under-the-table money needs to be converted into clear financial flows, which will require both strong monitoring schemes and incentives for both health professionals and patients.
- c. Improving resource allocation by a single strategic purchaser. More efficient use of resources can be achieved by providing the right incentives to stakeholders in the context of strategic purchasing. A single purchaser will efficiently concentrate on balancing all public resource allocation decisions (among geographical locations, levels of service provision, service delivery institutions, pharmaceuticals, etc.) under a single authority, while exploiting economies of scale.

II.2.4 Improving health system governance

The MoH needs to improve its role in effectively governing the health sector in the new context of functions separation, institutional specialisation and greater freedom of choice. A focus on reform

implementation (as compared to direct health services management) might also have a positive impact on the health of the population. Three goals will be pursued:

- a. Strengthening the Ministry of Health's capacity to develop policies, strategies and planning at national level. As the institution in charge of leading all resources and institutions producing health actions in Albania, the MoH needs to refine its functional profile. It should improve its capacity to provide policy leadership, leaving direct health service provision activities for others.
- b. Regulating better. A clearer and more enforceable regulatory framework is needed to guarantee that the rights of all stakeholders are respected when addressing issues such as responsiveness to citizens, entitlement to specific services, privatization, the role of professional organisations, labour legislation for health professionals, etc.
- c. Improving transparency and accountability. A critical element in the governance of the health system is the capacity to monitor and evaluate its performance. Information on clinical and non-clinical outcomes needs to be regularly provided to the different stakeholders in a climate of transparency and accountability. This will increase the feeling of ownership by the population.

III POLICIES

This section now presents the key lines of activity (policies) intended to achieve the above-mentioned health system strategy goals and objectives over the next seven years. Also, for each strategic priority, a table is shown with the timeframe for implementing the policies.

Two time phases are considered:

- A first phase lasting about two years in which urgent issues will be addressed. Solid results must be achieved, so that all stakeholders can perceive visible improvements;
- A second phase lasting five years is intended to deepen the strategic developments. While most measures from the first phase will be maintained, new policies will be also implemented as necessary.

Whenever a policy reaches beyond the first phase it will also be written as such in the second part of the table below. More detailed policies might be adjusted as the process develops. A thorough development of the proposed policies into detailed activities and tasks with specific responsible actors is included in Section IV and will take place further once the MoH would have approved and endorsed this strategy.

III.1 Increasing the capacity to manage services and facilities in an efficient way

Improving management at all health system levels will require addressing three major areas:

III.1.1 Introducing a new public-private mix and innovative organisational schemes

- a. *Promoting privatisation in the production of specific services in primary health care and hospital care.* Private delivery of selected clinical health care services (e.g. some diagnostic services) and non-clinic (e.g. catering, laundry, etc) will be promoted both in the PHC and hospital care sectors.
- b. *Piloting the transformation of two medium-sized hospitals into corporations.* As a summary of innovative management, the conversion of two medium-sized hospitals into private companies owned by the public sector will be piloted. The lessons learnt in such piloting will be crucial for further strategic developments in Albania.

III.1.2 Improving facility and clinical management

- a. *Reviewing the job description of the general manager in public institutions (as opposed to the current figure of medical director).* Public health care delivery institutions need professional managers to maximise results. Separating them from medical directors will improve mutual specialisation, resource management and clinical quality.
- b. *Standardising operational norms and procedures for managing facilities.* Health care delivery institutions require clearly standardised, modern operational procedures. As mechanisms for ensuring smooth running of the facility by describing posts and assigning workloads, those standardised procedures will be critical elements in the search for efficiency gains.
- c. *Promoting clinical management guidelines and protocols, linked to financial incentives.* An important part of quality in health care comes from good clinical management. Guidelines and protocols accepted by the international community are crucial in that regard. Continuous

training will be combined with financial incentives. Specific attention will also be paid to the links with EU-related Bologna Process on higher medical education.

III.1.3 Improving health services management training

- a. *Designing a training programme for health services managers in collaboration with the donor community.* Collaboration with the donor community to design and implement a robust training programme for health services managers will be sought. Links will be developed with the several international projects devoted to professionals' training in Albania.
- b. *Sending (at least) 4 persons currently working in managerial positions per year abroad for them to receive training in health services management at internationally recognised public health school, up to at least 20 in 5 years.* While a solid health services management training programme is put in place in the country, key staff within Albanian health care will be sent abroad to receive training in internationally recognised public health schools.

As explained, the above proposals will be divided in two phases in terms of timing, as follows:

INCREASING THE CAPACITY TO MANAGE SERVICES AND FACILITIES IN AN EFFICIENT WAY	Introducing a new public-private mix and innovative organisational schemes	Improving facility and clinical management	Improving health services management training
2007-8	Promote privatisation in the production of specific services in primary health care and hospital care Pilot the transformation of two medium-sized hospitals into corporations	Review the job description of general manager in public institutions (as opposed to the current figure of medical director) Standardise operational norms and procedures for facilities management Promote clinical management guidelines and protocols, linked to financial incentives	Design a training programme for health services managers in collaboration with the donor community Send abroad 4 persons currently working in managerial positions per year to receive training in health services management at internationally recognised public health schools, up to 20
2009-13	Promote privatisation in the production of specific services in primary health care and hospital care	Standardise operational norms and procedures for facilities management Promote clinical management guidelines and protocols, linked to financial incentives	Send abroad 4 persons currently working in managerial positions per year to receive training in health services management at internationally recognised public health schools, up to 20

III.2 Increasing access to effective health services

Increasing access to health care services will be effected through the following policies:

III.2.1 Reducing financial, geographic and cultural barriers

- a. *Defining a basic package of services (including personal and non-personal services) to be provided to all the population for free.* A set of services to be provided free at the point of

delivery to every Albanian citizen will be defined. Information campaigns will be conducted in order to make the population aware of their entitlements.

- b. *Building a monitoring system to ensure the delivery of the basic package, including the creation of an inspectorate force.* An inspectorate will be mandated to monitor implementation of the essential package of services. Emphasis will be put on ensuring effective service utilisation by the poorest segments of the population.
- c. *Reviewing the general map of accessibility to health services, with special emphasis on infrastructures; proposing specific measures for improving geographic accessibility.* Internal population migration calls for an in-depth review of the accessibility to service delivery. Specific attention will be paid to people living in distant villages and under-served areas.

III.2.2 Articulating a network of services able to ensure continuity of care

- a. *Redesigning the PHC services map in the light of the privatization proposal.* The current approach to PHC infrastructure will be adapted to the above-mentioned service privatization proposal. A network of publicly owned PHC facilities worth refurbishing will be upgraded in order to ensure proper conditions for medical practice (e.g. adequate space, running water, heating, etc) in all of them. At the same time, legal space to private ownership of premises will be given upon condition that access by the public should be not diminished.
- b. *Redesigning the hospital map in line with the results of the above proposed innovative organisational schemes.* Introducing efficient management and related innovations will obviously have an impact on the current network of secondary and tertiary health care delivery institutions (e.g. economies of scale, balanced workloads, affordable unit costs, etc.). The hospital map will be redesigned in both geographical and functional terms accordingly. Paramount attention will be paid to protecting accessibility.
- c. *Defining the referral criteria to be used within the health system between PHC and specialised care for public and private institutions.* Clear referral criteria among health care levels will be defined to ensure the maximum possible benefit to patients when using services. Such criteria will be compulsory for public and private providers including Emergency Services and Ambulances in aspects related to quality, efficiency and effectiveness of care.

III.2.3 Providing widespread free essential public health services

- a. *Implementing a multi-year essential public health services programme (in connection with the above-mentioned basic package).* International experience shows that in order to ensure good health results at country level some essential public health services must reach all the population. A well defined package of vaccination, surveillance, screening and other services will be made available to all through the appropriate structures (PHC, district and local public health services, hospitals...).

III.2.4 Providing solid pharmaceutical coverage

- a. *Reviewing the current entitlements in order to ensure equitable and rational criteria in pharmaceuticals coverage.* Access at affordable prices to a basic list of good quality pharmaceuticals needs to be ensured for the highest possible population numbers. Emphasis must be placed on covering those with higher levels of poverty, since pharmaceutical expenditure is a key contributor to catastrophic costs for poor households. The former needs to be made compatible with the financial sustainability of the system.

The time-related deployment of the above policies is presented next.

INCREASING ACCESS TO EFFECTIVE HEALTH SERVICES	Reducing financial, geographic and cultural barriers	Articulating a network of services to ensure continuity of care	Providing widespread free essential public health services	Providing solid pharmaceutical coverage
2007-8	<p>Define a basic package of services (including personal and non-personal services) to be provided to all the population for free</p> <p>Build a monitoring system to ensure the delivery of the basic package, including the creation of an inspectorate force</p> <p>Reviewing the general map of accessibility to health services, with special emphasis on infrastructures; proposing specific measures for improving geographic accessibility.</p>	<p>Define the referral criteria to be used within the health system between PHC and specialised care for public and private institutions</p> <p>Redesign the PHC services map in the light of the privatization proposal</p> <p>Redesign the hospital map in line with the results of the above proposed innovative organisational schemes</p>	<p>Implement a multi-year essential public health services programme (in connection with the basic package mentioned above)</p>	<p>Review the current entitlements in order to ensure equitable and rational criteria in pharmaceuticals coverage</p>
2009-13	<p>Build a monitoring system to ensure the delivery of the basic package, including the creation of an inspectorate force</p>	<p>Redesign the hospital map in line with the results of the above proposed innovative organisational schemes</p>	<p>Implement a multi-year essential public health services programme (in connection with the basic package mentioned above)</p>	

III.3 Improving health system financing

Improving the financial protection that a robust health system financing provides will require addressing the following elements:

III.3.1 Increasing pre-paid coverage

- a. *Studying the most cost-effective option for creating a single pool of public resources in health.* The most cost-effective institutional option for putting earmarking payroll contributions to health together with the general tax revenues will be selected. In such decision issues such as capacity to collect and pool resources as well as transaction costs will be taken into account. Extreme attention will be taken to protecting the weakest sectors of the population, regardless of their ability to pay (i.e. diminishing the current catastrophic costs of health care for the poorer segments of the population).

- b. *Increasing compliance with payroll contribution laws.* The MoH and the Ministry of Finance will jointly implement specific measures to increase compliance with health insurance contributions. The prepayment base of health services' coverage will be increased by engaging self-employees and people involved in the grey economy; public campaigns will be made to increase compliance with tax duties.

III.3.2 Reducing informal money flows in the system

- a. *Establishing monitoring mechanisms to control informal payments.* Negotiations with the medical profession will be held in order to incorporate professional leaders into a joint effort to minimise under-the-table payments. A monitoring system for properly assessing informal money flows and for controlling the impact of policies directed to reduce them will be set up.
- b. *Establishing incentive mechanisms in the reduction of direct payments.* Transferring informal money to clear financial flows in the system –i.e. significantly reducing informal payments– will be easier if professional incentives are set up. A twofold approach will be followed:
- first, giving a new impetus to ethics in professional practice,
 - second, correcting within the affordable resources the low payment base in the public health sector and developing transparent financial incentive schemes.

III.3.3 Improving resource allocation by a single strategic purchaser

- a. *Strengthening the role of the HII as a strategic single purchaser.* The role of the HII as the only public purchasing agency will be strengthened. It will manage the single pool of resources for health and be made responsible for resource allocation. The corresponding accountability-increasing measures will also be implemented.
- b. *Including selected private providers in a mixed market under clear regulatory conditions.* In line with the above-mentioned privatisation approaches, efficiency in resource allocation will also be pursued by introducing some degree of competition and contracting services in a mixed market scheme. The public purchaser will thus contract specific clinical and non-clinical services to private providers. Attention will be paid to setting up a transparent regulatory framework with the contracting conditions open to public scrutiny.

The time-related deployment of the above policies will be as follows:

IMPROVING HEALTH SYSTEM FINANCING	Increasing pre-paid coverage	Reducing informal money flows in the system	Improving resource allocation by a single strategic purchaser
2007-8	Study the most cost-effective option for creating a single pool of public resources in health	Establish monitoring mechanisms to control informal payments	Strengthen the role of the HII as a strategic single purchaser
	Increase compliance with payroll contribution laws	Establish incentive mechanisms in the reduction of direct payments	Include selected private providers in a mixed market under clear regulatory conditions
2009-13	Increase compliance with payroll contribution laws	Establish monitoring mechanisms to control informal payments	Strengthen the role of the HII as a strategic single purchaser
		Establish incentive mechanisms in the reduction of direct payments	Include selected private providers in a mixed market under clear regulatory conditions

III.4 Improving health system governance

Improving health system stewardship will require work in three major areas:

III.4.1 Strengthening the MoH capacity to develop policy, strategies and planning

- a. Producing the required key policies and strategies as per the objectives of the reform.* The detailed policies and strategies outlined in this document will be produced by the MoH and taken to Parliament for endorsement, whenever required. Careful attention will be paid to the Albanian legislative tradition and other contextual factors.
- b. Building capacities in policy-making and planning.* Intensive training programmes will be developed and implemented to strengthen policy-making and planning capacities within the MoH. All available National resources will be mobilised; in addition, such activities will be organised in collaboration with the donor community whenever feasible.
- c. Reforming the MoH with emphasis on the policy making function.* The current dysfunctional organisational architecture of the MoH will be re-structured to optimise its performance in the policy-making and leadership arenas. In contrast activities related to other functions (e.g. hospital management) will be substantially downsized if not altogether removed.

III.4.2 Regulating better

- a. Regulating the effective implementation of the basic package.* The services included within the basic package and the flanking measures for effectively implementing it will be adequately defined and regulated (content specifications, boundaries, agents, conditions for delivery, etc). This includes the use of a law if necessary to ensure stability and avoid continuous changes, as well as determining legal mechanisms to modify the basic package.
- b. Regulating contractual aspects of the strategic purchaser.* Linked to the above, a comprehensive set of regulations will be established in relation to contracting with the public purchaser. Eligibility conditions will be clearly determined to produce fair competition among providers, including public and private whenever adequate. Contracts with the public purchaser will be made available to the public for scrutiny.
- c. Regulating all other aspects of the reform.* Many of the policy lines presented in this paper will require reviewing and adjusting the current regulatory framework (e.g. incentive/sanctioning schemes to fight informal payments -in collaboration with other Ministries if necessary), efficiency-gaining changes in the legal nature of public hospital corporations and management boards, pharmaceutical entitlements, role of the MoH, etc.). The necessary regulations will be issued.

III.4.3 Improving transparency and accountability

- a. Developing an affordable information system in line with the policies above.* In order to support and monitor the development of the above policies, a robust information system will be built. Such system will avoid pure IT-driven solutions, be affordable and focus on key objectives (that is, decision making and accountability in the case of public policy development and output maximising in the case of facility management).
- b. Ensuring the regular production and dissemination of a core group of performance indicators by thematic areas and facilities.* The above-mentioned information system will generate a

core group of performance indicators (PIs) to promote transparency and accountability in key thematic areas. PIs will be progressively extended to all health care facilities and will also have a role in the contractual sphere.

- c. *Creating the structures and mechanisms for patient complaints.* Health services customers - the weakest part of the health system- will be protected by regulation of sufficiently high level. Particular attention will be provided to allowing patients' feedback in case of dissatisfaction with the services received. Responsive structures and transparent protocols will be established for managing patients' complaints, including clear charters with the rights and duties of service users, unified forms, maximum response times, etc.

The time-related deployment of the above policies is as follows:

IMPROVING HEALTH SYSTEM GOVERNANCE	Strengthening the MoH capacity to develop policy, strategies and planning	Regulating better	Improving transparency and accountability
2007-8	Produce the required key policies and strategies as per the objectives of the reform Build capacities in policy-making and planning Reform the MoH with emphasis on the policy making function	Regulate the effective implementation of the basic package Regulate contractual aspects of the strategic purchaser Regulate all other aspects of the reform	Develop an affordable information system in line with the policies above Ensure the regular production and dissemination of a core group of performance indicators by thematic areas and facilities Create the structures and mechanisms for patient complaints
2009-13	Produce the required key policies and strategies as per the objectives of the reform Build capacities in policy-making and planning Reform the MoH with emphasis on the policy making function	Regulate all other aspects of the reform	Develop an affordable information system in line with the policies above Ensure the regular production and dissemination of a core group of performance indicators by thematic areas and facilities.

IV IMPLEMENTATION AND RESOURCE IMPLICATIONS

This section now addresses implementation issues and the resources needed for achieving the strategy's goals. The NSDI instructions for preparing sector strategies call for a Strategy Budget and Integration Working Group to be set up in each ministry. Such working group is requested among other things to associate the budgetary programmes allocated to each ministry within the 2007-2009 Medium-Term Budget Programme (MTBP) to the strategic priorities, goals and activities of each sector strategy. It is understood that doing so will reveal whether or not there will be a solid enough funding base for strategy implementation during the MTBP period.

As stated by the Ministry of Finance, the Medium-Term Budget Programme documents provide an analysis of public spending in Albania and set out the key parameters and priorities for the subsequent development of the annual budget. They also provide the mechanisms through which the priority measures identified in the national strategies get integrated into the budgetary process.

The current 2007-2009 MTBP was approved before this strategic paper was developed and thus does not reflect its priorities. The MoH budget programmes are broad service provision-oriented statements divided by levels of care and by health system function.

Since, as explained in the introduction, the policies proposed in this health system strategy sometimes affect more than one level of service or function, the matching of programmes and objectives can only be done tentatively and with caution. In order to present the available resources and at the same time give an estimation of the required resources the section is organised as follows:

- first the broad resource allocations for MoH programmes and other sources are presented;
- a draft estimation of the resources needed for implementing the activities derived from the proposed policies within this strategic paper is made; and
- some issues to be further developed by the people in charge of implementing the strategy work plan are suggested.

IV.1 Current allocations for health programmes

The following table shows the resources (in million Leks) allocated to the MoH in each budget programme in the 2007-2009 MTPB (MoF 2006). More detailed information on the MoH budget programmes content and objectives can be found in Annex I.

Budgetary Expenditure in MTBP Programmes for the MoH (in million Leks)

Programs of Ministry Expenditure	MTBP 2007	MTBP 2008	MTBP 2009
Total State Budget Funds for MoH	28 579	33 193	38 498
Planning, Management and Administration	307	340	376
Primary Health Care	13 178	14 866	16 816
Hospital Care	14 334	16 708	19 660
Public Health	760	1 279	1 646

Source: *Programi Buxhetor Afatmesem 2007-2009*, Ministry of Finance 2006.

The following table now shows the available resources by types of expenditure -salaries, other recurrent, and capital- within each budget programme of the MoH for 2007:

Budget programme	Wages	Other recurrent costs	Capital transfers and investments
Total budget for MoH	42.64%	23.29%	34.07%
Planning, Management and Administration	45.60%	25.08%	29.32%
Primary Health Care	40.94%	8.30%	50.76%
Hospital Care	42.36%	32.04%	25.60%
Public Health	65.79%	26.32%	7.89%

Source: *Programi Buxhetor Afatmesem 2007-2009*, Ministry of Finance 2006.

In principle, such distribution is expected to remain within similar ranges for 2008 and 2009.

Extra-Budgetary Funds have been estimated as Lek 4 913 000 000 for 2007, Lek 5 257 000 000 for 2008, and Lek 5 888 000 000 for 2009 (MoH 2006).

Donors' funds have been estimated through an aggregated projection of the resources that have been flowing into the health system during 2005/6. These funds mean an average disbursement of US\$ 10 million per annum (in line with the 2005/6 figures) with the addition of another US\$ 15 million from the HSMP projected in the project's disbursement schedule: Lek 1 520 000 000 in 2007, Lek 1 710 000 000 in 2008 and 1 229 000 000 in 2009.

IV.2. Budgetary estimation for the strategy implementation

The policy lines proposed within each strategic priority area have been further developed as groups of activities and tasks. They can now be associated to programmes in the MTBP in order to estimate resource needs and availability in the mid-term.

Some groups of activities have an impact on more than one "level of care" (as per the ministerial structure) and so it is expected that the corresponding programmes will contribute to funding them. The next table shows the list of strategic priorities, goals, policies and activities, as well as the MTBP programme(s) that should provide resources for them. Further development of activities into tasks is provided in Annex II for the sake of space.

	MoH MTBP			
	PM&A	PHC	HC	PH
STR. PRIORITY 1: INCREASE THE CAPACITY TO MANAGE SERVICES AND FACILITIES IN AN EFFICIENT WAY				
□ Goal 1: Introduce a new public-private mix and innovative organisational schemes				
P1• Promote privatisation in the production of specific services in primary health care and hospital care				
(A1) Study the current map of PHC centres	<input type="checkbox"/>	<input type="checkbox"/>		
(A2) Define the network of PHC centres to be maintained.	<input type="checkbox"/>	<input type="checkbox"/>		
(A3) Study the current hospitals map.	<input type="checkbox"/>		<input type="checkbox"/>	
(A4) Selection of PHC centres susceptible to offer privatised services.	<input type="checkbox"/>	<input type="checkbox"/>		
(A5) Definition of procedures and start up of PHC services privatisation.	<input type="checkbox"/>	<input type="checkbox"/>		
(A6) Selection of hospitals delivering services susceptible to be privatised.	<input type="checkbox"/>		<input type="checkbox"/>	
(A7) Definition of procedures and start up of hospitals service delivery privatisation.	<input type="checkbox"/>		<input type="checkbox"/>	
P 2• Pilot the transformation of two medium-sized hospitals into corporations				
(A8) Establishment of selection criteria.	<input type="checkbox"/>		<input type="checkbox"/>	
(A9) Selection of pilot hospitals.	<input type="checkbox"/>		<input type="checkbox"/>	
(A10) Establishment of the new operating framework.	<input type="checkbox"/>		<input type="checkbox"/>	
(A11) Start up of the new management system.	<input type="checkbox"/>		<input type="checkbox"/>	
□ Goal 2: Improve facility and clinical management				
P 1• Review the job description of general manager in public institutions (as opposed to the current figure of medical director)				
(A12) Establishment of standard organisational structure models in health care facilities.		<input type="checkbox"/>	<input type="checkbox"/>	
(A13) Description of job positions according to the standard organisational structures defined above.		<input type="checkbox"/>	<input type="checkbox"/>	
P 2• Standardise operational norms and procedures for managing facilities				
(A14) Development of the administrative procedures guidelines.		<input type="checkbox"/>	<input type="checkbox"/>	
(A15) Development of staff management guidelines.		<input type="checkbox"/>	<input type="checkbox"/>	
(A16) Development of health information procedures.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P 3• Promote clinical management guidelines and protocols, linked to financial incentives				
(A17) Establishment of selection criteria of diseases whose clinical guidelines must be build up.		<input type="checkbox"/>	<input type="checkbox"/>	
(A18) Classification of procedures susceptible to guidelines building.		<input type="checkbox"/>	<input type="checkbox"/>	
(A19) Study of incentive criteria.		<input type="checkbox"/>	<input type="checkbox"/>	
(A20) Integration of the incentive scheme in the general framework of incentives of the health system.		<input type="checkbox"/>	<input type="checkbox"/>	
□ Goal 3: Improve health services management training				
P 1• Design of a training programme for health services managers in collaboration with the donor community				
(A21) Development of training modules structure and contents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A22) Courses planning and scheduling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A23) Selection of venues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A24) Establishment of assistants eligibility criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(A25) Training programmes marketing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P 2• Send persons working in managerial positions abroad for them to receive training in internationally recognised schools				
(A26) Build up a training grant programme.			<input type="checkbox"/>	
(A27) Training grants call and award.			<input type="checkbox"/>	
STRATEGIC PRIORITY 2: INCREASE ACCESS TO EFFECTIVE HEALTH SERVICES				
<input type="checkbox"/> Goal 1: Reduce financial, geographic and cultural barriers				
P 1• Define a basic package of services (including personal and non-personal services) to be provided to all the population for free				
(A28) Economic assessment of alternatives.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A29) Economic impact assessment on households.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A30) Determination of necessary flanking services.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A31) Approval and deployment process.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A32) Re-assessment and results-based adjustments.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P 2• Build a monitoring system to ensure the delivery of the basic package, including the creation of an inspectorate force				
(A33) Labour relations for the inspectorate force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A34) Establishment of the protocols on inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A35) Sizing of the inspectorate teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A36) Service delivery monitoring and quality control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P 3• Review accessibility with special emphasis on infrastructures & propose measures for improving geographic accessibility				
(A37) Location decision of PHC centres.		<input type="checkbox"/>		
(A38) Location decision of specialised ambulatory care centres.		<input type="checkbox"/>		
(A39) Location decision of hospitals.			<input type="checkbox"/>	
(A40) Building up of the national health coverage map.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Goal 2: Articulate a network of services able to ensure continuity of care				
P 1• Define referral criteria to be used within the health system between PHC and specialised care for public and private institutions				
(A41) Establishment of minimum criteria for service delivery.		<input type="checkbox"/>	<input type="checkbox"/>	
(A42) Establishment of referral criteria.		<input type="checkbox"/>	<input type="checkbox"/>	
(A43) Establishment of control mechanisms.		<input type="checkbox"/>	<input type="checkbox"/>	
P 2• Redesign the PHC services map in the light of the privatization proposal				
(A1) Study the current PHC centres map	<input type="checkbox"/>	<input type="checkbox"/>		
(A2) Define the network of PHC centres to be maintained.	<input type="checkbox"/>	<input type="checkbox"/>		
(A4) Selection of PHC centres susceptible to offer privatised services.	<input type="checkbox"/>	<input type="checkbox"/>		
(A5) Definition of procedures and start up of PHC services privatisation.	<input type="checkbox"/>	<input type="checkbox"/>		
P 3• Redesign the hospital map in line with the results of the above proposed innovative organisational schemes				
(A3) Study the current hospitals map.	<input type="checkbox"/>		<input type="checkbox"/>	
(A6) Selection of hospitals delivering services susceptible to be privatised.	<input type="checkbox"/>		<input type="checkbox"/>	
(A7) Definition of procedures and start up of hospitals service delivery privatisation.	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> Goal 3: Provide widespread free essential public health services				

P 1• Implement a multi-year essential PH services programme (in connection with the basic package mentioned above)				
(A44) Permanent programme for services delivery.				<input type="checkbox"/>
(A45) Programme of specific activities in the field of Public Health.				<input type="checkbox"/>
(A46) Programme of recommendations for infrastructure priorities.				<input type="checkbox"/>
<input type="checkbox"/> Goal 4: Provide solid pharmaceutical coverage				
P 1• Review the current entitlements in order to ensure equitable and rational criteria in pharmaceuticals coverage				
(A47) Analysis of pharmaceuticals acquisition, import and sale processes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A48) Study on pharmaceuticals consumption.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A49) Regulation proposal.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRATEGIC PRIORITY 3: IMPROVE HEALTH SYSTEM FINANCING (INC. MINIMISING INFORMAL MONEY FLOWS)				
<input type="checkbox"/> Goal 1: Increase pre-paid coverage				
P 1• Study the most cost-effective option for creating a single pool of public resources in health				
(A50) Analysis of effective tax collection by activity segments	<input type="checkbox"/>			
(A51) Complementary financing based on co-payment.	<input type="checkbox"/>			
P 2• Increase compliance with payroll contribution laws				
(A52) Establishment of joint work programs with MoF.	<input type="checkbox"/>			
<input type="checkbox"/> Goal 2: Reduce informal money flows in the system				
P 1• Establish monitoring mechanisms to control informal payments				
(A36) Service delivery monitoring and quality control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A53) Study on co-payment, assessing its use as service-production-oriented incentive mechanisms at facility level.		<input type="checkbox"/>	<input type="checkbox"/>	
(A54) Inclusion of users as active stakeholders in controlling informal payments.		<input type="checkbox"/>	<input type="checkbox"/>	
P 2• Establishing incentive mechanisms in the reduction of direct payments				
(A55) Set up of an advisory Commission with Professional Organisations' representatives.	<input type="checkbox"/>			
(A56) Establishment of pilot programmes collaborating with professional organisations' ethics workgroups.	<input type="checkbox"/>			
<input type="checkbox"/> Goal 3: Improve resource allocation by a single strategic purchaser				
P 1• Strengthen the role of the HII as a strategic single purchaser				
(A57) Gradual detachment of MoH in the direct management of Health Care Services.	<input type="checkbox"/>			
(A26) Build up a training grant programme.	<input type="checkbox"/>			
(A27) Training grants call and award.	<input type="checkbox"/>			
P 2• Include selected private providers in a mixed market under clear regulatory conditions				
(A58) Establish accreditation criteria for service providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(A59) Define service production susceptible to be privatised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(A60) Draw up a preliminary programme for contracting services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STRAT. PRIORITY 4: IMPROVE HEALTH SYSTEM GOVERNANCE				
<input type="checkbox"/> Goal 1: Strengthen the Ministry of Health's capacity to develop policy, strategies and national health sector planning				
P 1• Produce the key policies and strategies as per the objectives of the reform				
(A61) Set up of a board for management and implementation of the health system reform.	<input type="checkbox"/>			

(A62) Set up of a Technical Office within the MoH.	<input type="checkbox"/>			
(A63) Set up of a Directorate-General of Pharmacy and Medical Devices.	<input type="checkbox"/>			
P 2• Build capacities the Ministry of Health in policy-making and planning				
(A64) Build up of a Training Programme on Health Policies and Systems.	<input type="checkbox"/>			
(A27) Training grants call and award.	<input type="checkbox"/>			
P 3• Reform the Ministry of Health with emphasis on the policy making function				
(A65) Set up of a Permanent Monitoring Committee MoH - Donors.	<input type="checkbox"/>			
(A66) Set up of a liaison office with the PM Office.	<input type="checkbox"/>			
(A67) Set up of a liaison office with the MoF.	<input type="checkbox"/>			
<input type="checkbox"/> Goal 2: Regulate better				
P 1• Regulate the effective implementation of the basic package				
(A68) Legal formalisation of activities 4,5,6,7,31 outputs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P 2• Regulate contractual aspects of the strategic purchaser				
(A69) Legal formalisation of activities 8,10,41,49 outputs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P 3• Regulate all other aspects of the reform				
(A70) Legal formalisation of activities 33, 34 outputs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Goal 3: Improve transparency, accountability and responsiveness				
P 1• Develop an affordable information system in line with the policies above				
(A71) Definition of the management information system (MIS) project.	<input type="checkbox"/>			
(A72) Development/Acquisition, deployment and commissioning of the MIS (hardware and software).	<input type="checkbox"/>			
(A73) Design and implementation of training programmes for MIS utilisation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P 2• Ensure the regular production and dissemination of a core group of performance indicators by thematic areas and facilities				
(A74) Set up of an Information Office.	<input type="checkbox"/>			
(A75) Systematic bulletin to be produced.	<input type="checkbox"/>			
P 3• Create the structures and mechanisms for patient complaints				
(A76) Set up of the customer service office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A77) Build up of customer services procedures in health care facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV.3. Managing strategy implementation

As indicated, this strategy will still be developed into detailed operational plans which will refine activities and tasks and will assign responsibilities for performing each task. It is in that context where resources will be allocated, the output structure will be further developed and the budget programmes will be elaborated by the Strategy Budget and Integration Working Group. Annex II includes a first approach to the break up of activities into tasks.

Teams

Stable working groups will be needed in order to manage those tasks, which need to be grouped in homogeneous slots so that specialisation can be achieved without having to depend too much on other teams. By their very nature the tasks should be well defined, easily identifiable and amenable to clear assessment in terms of the resources and time needed to accomplish them. This will in turn allow a reasonably straightforward follow up and evaluation as well as coordination in the pursuit of reform. Four teams are the minimum required for implementing the strategy in Albania, each with a clearly defined mandate, as follows:

- a) Working Group on Leadership and Coordination of the Health System Reform Process. It has to be made out by a reduced number of high-level officers in the health sector (not necessarily within the MoH only) who should jointly cover most areas of knowledge in the health field. They should enjoy formal authority to put in place as many changes as necessary. Legal change implementation should be a particular area of concern for this group -perhaps supported by some external sub-team as long as the working group would be kept fully updated about normative development, especially if Parliamentary approval were requested. A member from within the MoH should be kept responsible of monitoring progress in full detail.
- b) Working Group on Technical Reform Aspects. A working group will be in charge of the technical aspects of reform design. This means applying the necessary analysis in order to ensure the best available choices in the fields of PHC, hospital care and public health. A solid endowment in terms of service planning, human resources management, health economics, epidemiology, etc. is needed.
- c) Working Group on Infrastructure and Logistics. The situation of the health care infrastructure needs to be permanently updated if investments are to be efficiently managed money- and duration-wise. The works of this Working Group cannot guarantee the success of reform but it might really make it fail if failure to meet the deadlines would become the rule. Importantly, this working group should also assess issues of ownership of physical assets necessary for any privatisation strategy.
- d) Working Group on Teaching Activities. The main responsibility of this group is setting the bases for building the necessary human resources capacity in the country. Its short-term activities will be indispensable in the first two years of reform, given that no other alternative would be available. In the mid- to long-run, staff training and development programmes are the main guarantee that the health system will renew its capacities.

Contrary to the first one, the latter three groups should be made out of members with exclusive full-time commitment as working group member for at least two years. In other words, their only jobs will be related to reforming the health system of Albania. After a reasonable period, the staff involved will little by little be re-inserted into the renewed units in the MoH.

Time-related aspects in the development of activities

The activities and tasks included in Annex II must be implemented according to a carefully planned timing, one of the key tools at the disposal of the above-mentioned Working Group on Leadership and Coordination. After having studied those activities and tasks as well as their inter-dependences, three time-related parameters are critical in any implementation: the sequence, the moment and the duration of each task. A Gantt's Chart should be produced with clear specifications determining them.

The sequence of events is perhaps the most tactical of the three parameters, in the sense that it reflects the preferred rationale of the planners for the overall implementation (what comes first, what comes next, etc). Only after setting up the different teams and balancing the different courses of action with each other will it be possible to construct fully implementable work plans (the implementation of which will produce more usable information about strategic priorities, policies and the full cost of pursuing them).

Extra resources

The policy objectives and expected outputs proposed in this Health System Strategy paper need to be linked to the MTBP programmes' outputs and resources. A previous section outlined the resource allocation items that will be available in the medium term. Further assessment of the health system resources is needed and better information on current costs (especially of the detailed tasks required for implementing the strategy) than currently available must be obtained.

It is worth now mentioning that additional funds will most likely be needed. This is so in view of the expenses derived from setting up financial incentives to get health professionals on board, from the likely increased patients' expectations as health care services get more utilised, from investments in information systems and from the expenses in staff training and development.

The foreseen transfer of informal, under-the-table payments to pre-paid funds, if effective, could be a significant source of additional funds for the system. However, an increase in patients' access and use of services will probably absorb most of such new "formal" funds raised from a successful implementation of the third strategic priority.

It is assumed that those additional costs will be funded through new resources -either domestic or foreign- and through reallocation of existing resources from areas of low strategic value to areas of high strategic value. Improved management and resource allocation at different levels of the health system might also be able to generate a certain financial cushion. The necessary investments will only be known to any meaningful greater detail as the definite operational planning exercise for implementing the strategy progresses in the coming weeks and months. The people in charge of implementing the strategy will have to deal with issues such as

- reviewing the actual current costs and prioritising activities using credible and transparent measurements;
- analysing potential tradeoffs between alternative policy options;
- considering various funding scenarios based on the macro-economic projections provided by the Council of Ministers and through discussions with donors, and
- deciding on how policies and targets might be revised if additional resources become available.

V ACCOUNTABILITY, MONITORING AND EVALUATION

For the health system strategy to be successful, the progress of its implementation needs to be measured and directly connected with the accountability framework established by the Prime Minister's Office through the National Strategy for Development and Integration. This section does so and outlines the relevant indicators.

V.1 Monitoring health system strategy implementation

The implementation of the health system strategy requires a set of indicators specifically tailored to the Albanian reform.

Next is an overview of the proposed indicators (in a table after each goal and the corresponding policies) for monitoring the implementation of the four strategic priorities. In due course, the implementation work plan(s) will have to determine the measurement mechanisms, the standard and target values for each indicator, the information sources to be used, the procedures for constructing them and the assignments to each of the working groups.

V.1.1 Increase the capacity to manage services and facilities in an efficient way

<i>Goal</i>	<i>Policy</i>	<i>Indicator</i>
Introducing a new public-private mix and innovative organizational schemes	<i>Promoting privatisation in the production of specific services in primary health care and hospital care</i>	Targeted proportions by types of services privatised as per official statement by target date.
	<i>Piloting the transformation of two medium-sized hospitals into corporations</i>	Corporations fully operational as per the new regulations by target date...
Improving facility and clinical management	<i>Reviewing the job description of the general manager in public institutions (as opposed to the current figure of medical director)</i>	X % of posts positively assessed as per the new job description by target date
	<i>Standardising operational norms and procedures for managing facilities</i>	Manual of standardised operations for hospitals and PHC centres in operation as per plan
	<i>Promoting clinical management guidelines and protocols, linked to financial incentives.</i>	Guidelines for X processes approved and enforced with proper follow up as per plan
Improving health services management training	<i>Designing a training programme for health services managers in collaboration with the donor community.</i>	Training programme in operation by target date
	<i>Sending (at least) 4 persons currently working in managerial positions per year abroad for them to receive training in health services management at internationally recognised public health school, up to at least 20 in 5 years.</i>	Foreign management training programme in operation as per schedule until completion

V.1.2 Increasing access to effective health services

<i>Goal</i>	<i>Policy</i>	<i>Indicator</i>
Reducing financial, geographic and cultural barriers	<i>Defining a basic package of services (including personal and non-personal services) to be provided to all the population for free</i>	Basic package in operation by target date
	<i>Building a monitoring system to ensure the delivery of the basic package, including the creation of an inspectorate force.</i>	Monitoring system in operation as per plan
	<i>Reviewing the general map of accessibility to health services, with special emphasis on infrastructures; proposing specific measures for improving geographic accessibility</i>	Revision and proposals done as per plan
Articulating a network of services able to ensure continuity of care	<i>Redesigning the PHC services map in the light of the privatization proposal.</i>	New PHC map designed and implementation accomplished as per plan
	<i>Redesigning the hospital map in line with the results of the above proposed innovative organisational schemes</i>	New hospitals map designed and implementation accomplished as per plan
	<i>Defining the referral criteria to be used within the health system between PHC and specialised care for public and private institutions.</i>	Referral criteria defined, disseminated and effectively enforced
Providing widespread free essential public health services	<i>Implementing a multi-year essential public health services programme (in connection with the basic package mentioned above).</i>	Public health programme implemented as per plan
Providing solid pharmaceutical coverage	<i>Reviewing the current entitlements in order to ensure equitable and rational criteria in pharmaceuticals coverage</i>	Reviewed set of criteria implemented and in operation by target date

V.1.3 Improving health system financing

<i>Goal</i>	<i>Policy</i>	<i>Indicator</i>
Increasing pre-paid coverage	<i>Studying the most cost-effective option for creating a single pool of public resources in health.</i>	Single pool implemented as per recommended option
	<i>Increasing compliance with payroll contribution laws</i>	Payroll tax compliance rates improved as per plan
Reducing informal money flows in the system	<i>Establishing monitoring mechanisms to control informal payments</i>	Mechanisms to control informal payments designed and in operation as per plan
	<i>Establishing incentive mechanisms in the reduction of direct payments</i>	Professional organisations involved in the reduction of under-the-table payments as per plan
Improving resource allocation by a single strategic purchaser	<i>Strengthening the role of the HII as a strategic single purchaser</i>	Proportion of services purchased by the HII effectively increased as per plan
	<i>Including selected private providers in a mixed market under clear regulatory conditions</i>	Targeted proportion of services purchased by the single purchaser delivered by private providers

V.1.4 Improving health system governance

<i>Goal</i>	<i>Policy</i>	<i>Indicator</i>
Strengthening the MoH capacity to develop policy, strategies and planning	<i>Producing the required key policies and strategies as per the objectives of the reform</i>	Key policies produced and implemented as per plan
	<i>Building capacities in policy-making and planning</i>	Capacity building programmes in operation as per plan
	<i>Reforming the MoH with emphasis on the policy making function</i>	New organisational structure of the MoH in place as per targeted date
Regulating better	<i>Regulating the effective implementation of the basic package</i>	Regulation in place and enforced as per plan
	<i>Regulating contractual aspects of the strategic purchaser</i>	Regulation in place and enforced
	<i>Regulating all other aspects of the reform</i>	Regulation in place and enforced as per plan
Improving transparency and accountability	<i>Developing an affordable information system in line with the policies above</i>	Information system in operation as per plan
	<i>Ensuring the regular production and dissemination of a core group of performance indicators by thematic areas and facilities</i>	Performance indicators implemented as per plan
	<i>Creating the structures and mechanisms for patient complaints</i>	Patient complaint mechanisms in operation as per plan

V.2 Accountability

The National Strategy for Development and Integration quotes accountability as one of its guiding principles. The MoH's commitment to being accountable is expressed in particular through the objective "*improving transparency and accountability*" in its operation and through the several policies calling for monitoring systems to provide transparent information to the different stakeholders.

Once approved by the Parliament, it is intended that this strategy (and its operational plan) will be broadly disseminated offering the Albanian society a tool with which to assess the Government's performance in progressing towards the desired goals and objectives.

ANNEX I. MTBP PROGRAMMES OF THE MOH

The 2007-2009 Medium-Term Budget Programme (MoF 2006) provides a comprehensive analysis of public spending and sets out the key parameters and priorities for the subsequent development of the annual budget. It also provides the mechanism through which the priority measures identified in the national strategy papers are expected to be integrated into the budget process. Thus, the MTBP reflects the priorities of the previous strategy paper (MoH 2004), re: the Long-Term Strategy for the Development of the Albanian Health System (LTHSD) developed by the Ministry of Health approved by Parliament in 2004.

The 2007-2009 MTBP states that the policies of the MoH are directed towards achieving the following long-term goals:

- Developing a complete and modern legal framework, with an adequate health financing and human resources management able to respond to needs of health system, including a complete information system at all levels of the system.
- Placing the patient in the center of the system and strengthening his role.
- Improving access to primary health service and provision the services according to established norms and standards.
- Developing the current model of hospital management till 2015, which implies developed systems of clinical and financial information as well as setting-up monitoring system which will measure the hospital performance and will allow hospital accreditation; providing missing services.
- Providing vaccines and immunization with mandatory vaccines according to established standards, decreasing the number of some waterborne infections as a result of infective disease surveillance and monitoring the drinking water, and strengthening the public health labs completely by 2015.

These goals are organized along four expenditure programmes:

- Planning, management, administration
- Primary health services
- Secondary care services
- Public Health

As indicated in the main text, the following table shows the resources (in million Leks) allocated to each budget programme.

Programs of Ministry Expenditure	MTBP 2007	MTBP 2008	MTBP 2009
Total State Budget Funds for MoH	28 579	33 193	38 498
Planning, Management and Administration	307	340	376
Primary Health Care Services	13 178	14 866	16 816
Secondary Care Services	14 334	16 708	19 660
Public Health	760	1 279	1 646

Source: *Programi Buxhetor Afatmesem 2007-2009*, Ministry of Finance 2006.

In the MTBP paper, for each of the above budgetary programmes, policy objectives and expected outputs are identified. They have been grouped for each annual budget exercise in the next four tables:

	2007	2008	2009
Planning, Management and Administration	1% of professional health staff trained in the Continuous Professional Training Centre	Activity monitoring of RHA of regions (qark) based on health standards. At least one representative from the office for patients' protection included in the decision-making process of RHA board	Personnel distribution/ placement in institutions according to categories and defined number in final national plan
	3 % of needs for medical equipment fulfilled	5% of other staff trained in continuous professional development centre	10% of other staff trained in continuous professional development centre. Implementation of mid-term plan of legislation approximation
	2 % of needs for furniture and office equipments	Piloting of standard , supervising and accreditation procedures in three hospitals	3 % of needs for medical equipments fulfilled
	2 % of reconstructed environments (premises) needs fulfilled	3 % of needs for medical equipments fulfilled	2% of needs for furniture and office equipment fulfilled
	2 new building projects for MoH	2 new building projects for MoH	2 new building projects for MoH
	2 projects supported with local contributions	2% of needs for furniture and office equipment fulfilled	2% of needs for furniture and office equipment fulfilled
	Managing of sectoral policy in MoH	2 % of reconstructed environments (premises) needs fulfilled	
	Implementation of short-term plan for adapting Albanian legislation to that of EU	2 projects supported with local contributions	2 projects supported with local contributions
	New categorization for nurse services established	Sector policy management in MoH	
	20% of MoH professional staff re-trained	Monitoring RHA (qark) based on health standards started. At least one representative from patients' protection office appointed in every RHA board	Sector policy management in MoH
	Information system for human resources established	Implementation of mid-term plan for adapting Albanian legislation to that of EU	Monitoring of RHA activities of regions based on health standards
	Strategy for expanding performance assessment of hospitals through respective indicators finished	Planning and categorizing of human resources at national level in health sector established	

	2007	2008	2009
Primary Health Care Services	Training of family doctors in 5 regions (qarqe)	Family doctors training in 5 other regions	Training of family doctor in 2 remaining regions
	Trained doctors for family planning	Trained doctors for family planning	Trained doctors for family planning
	10 % of needs for medical equipment fulfilled	10 % of needs for medical equipment fulfilled	10 % of needs for medical equipment fulfilled
	5% of needs for furniture and office equipment fulfilled	5% of needs for furniture and office equipment fulfilled	5% of needs for furniture and office equipment fulfilled
	10% of villages covered with ambulances	10% of villages covered with ambulances	10% of villages covered with ambulances
	10% of Health Centres with medical equipments	10% of Health Centres with medical equipments	10% of Health Centres with medical equipments
	4.500.000 visits performed by PHC units	4 900 000 visits performed by PHC units	5 400 000 visits performed by PHC units
	5 rehabilitated polyclinics	5 rehabilitated polyclinics	5 rehabilitated polyclinics
	4% of the total infrastructure of public stomatologic service improved	4% of the total infrastructure of public stomatologic service improved	4% of the total infrastructure of public stomatologic service improved
	State budget increased by 10% for ensuring contraceptives in public services of family planning	State budget increased by 10% for ensuring contraceptives in public services of family planning	State budget increased by 10% for ensuring contraceptives in public services of family planning
	7% of population covered with preventive service	7% of population covered with preventive service	7% of population covered with preventive service
	49 000 obstetrical visits performed by women's consultancies	54 000 obstetrical visits performed by women's consultancies	59 000 obstetrical visits performed by women's consultancies
	935 000 visits performed in children aged 0-6 years consultancy	1 010 000 visits in children aged 0-6 years consultancy	1 100 000 visits in children aged 0-6 years consultancy
	275 000 children up to 18 years treated in stomatologic service	303 000 children under 18 treated in stomatologic service	330 000 children under 18 treated in stomatologic service
	15 % of needs for reconstructed environments fulfilled	15 % of needs for reconstructed environments fulfilled	15 % of needs for reconstructed environments fulfilled
	10 % of health insurance financing from the state budget	10 % of health insurance financing from the state budget	10 % of health insurance financing from the state budget
	200 000 contributors to health insurance scheme	210 000 contributors to the health insurance scheme	220 000 contributors to the health insurance scheme
	2 projects supported with VAT and customs duties funds	2 projects supported with VAT and customs duties funds	2 projects supported with VAT and customs duties funds
	Information system in PHC for 5 regions finished	Information system in PHC for 5 regions finished	Information system in PHC for 5 regions finished
	Health information system in city of Berat set-up	Health information system in city of Berat set-up	Health information system in city of Berat set-up

	2007	2008	2009
Secondary Care Services	Improving human resources and financial management at the university hospital in Tirana	Improving human resource and financial management in regional hospitals	Treatment of kidney disease through kidney transplants
	15 staff trainings of MoH and other institutions	15 staff trainings of MoH and other institutions	Improving human resources and financial management in city hospitals
	Doubling of diagnostic and therapeutic (number of interventions) procedures for coronary heart diseases	5 % of needs for medical equipment for hospitals fulfilled	15 staff trainings of MoH and other institutions
	Improving the living conditions in psychiatric hospitals and occupational treatment of the sick people	5 % of needs for furniture and office equipments fulfilled	5 % of needs for medical equipment for hospitals fulfilled
	Hospital equipments and infrastructure maintained	15 people trained and workshops organized	5 % of needs for furniture and office equipments fulfilled
	Supportive services in hospitals of the country ensured	Fulfilling 80% of the drug needs for oncology, haematology service, according to the scheme approved by WHO	15 people trained and workshops organized
	5 % of medical equipment needs for hospitals fulfilled	New haemodialysis centre in place with 5 machines. Purchasing & installing 6 incinerators in selected hospitals	Fulfilling 90% the drug needs for oncology, haematology service, according to the scheme approved by WHO
	5 % of furniture and office equipment needs fulfilled	Fulfilling 100% the needs for safe blood	Fulfilling 100% the needs for safe blood
	15 people trained and workshops organized	Fulfilling 100% the needs for medicaments and treatment materials in all hospitals of the country	Fulfilling 100% the needs for medicaments and treatment materials in all hospitals of the country
	Fulfilling 70% of the drug needs for oncology services, haematology, according to the scheme approved by WHO	68 250 treated patients in surgery service	71 600 patients treated in surgery service
	20% more treated patients with haemodialysis with all components	57 750 treated patients in paediatrics service	66 600 patients treated in paediatrics service
	Fulfilling 100% the needs for safe blood	76 650 treated patients in obstetric-gynaecology service	80 480 patients treated in obstetric-gynaecologic service
	Fulfilling 100% of medicaments and treatment materials needs in all hospitals of the country	84 000 treated patients in pathology service	88 200 patients treated in pathology service
	Establishing three supportive houses with 10 beds for the mental health sick people in the framework of de-institutionalization of Psychiatric Hospitals	14 needs for reconstructed environments fulfilled	14 needs for reconstructed environments fulfilled
	65 000 treated patients in Surgery service	Elbasan, Gramsh & Librazhd hosp. reconstructed (Italian G)	
	55 000 treated patients in paediatrics service	Kavaja hospital rehabilitated	Elbasan, Gramsh & Librazhd hosp. reconstructed (Italian G)
	73 000 treated patients in obstetric- gynaecologic service	New hospital in Durres	Kavaja hospital rehabilitated
	80 000 treated patients in internal medicine service	1 clinic of internal diseases rehabilitated	New hospital in Durres
	15 needs for reconstructed environments fulfilled	Kavaja hospital rehab. (Islamic Bank and OPEC) finalized	1 clinic of internal diseases rehabilitated
	Shkoder hospital rehabilitation and construction finalized	Project for internal diseases in HUC hospital (CEB) finalized	Kavaja hospital rehab. (Islamic Bank and OPEC) finalized
	Elbasan, Gramsh & Librazhd hospital reconstructed (Italian Government)	3 projects supported with local contributions	Project for internal diseases in HUC hospital (CEB) finalized
	Kavaja hospital rehabilitated	5 projects supported with VAT and customs duties funds	3 projects supported with local contributions
	New hospital in Durres. Cost 300 million lek		5 projects supported with VAT and customs duties funds
	1 clinic of internal diseases rehabilitated		
	Kavaja hospital rehab. and construction finalized		
	Project for internal infectious diseases hospital in HUC finalized		
	4 projects supported with local contributions		
	5 projects supported with VAT and customs duties funds		

	2007	2008	2009
Public Health	10 % of needs for medical equipment fulfilled	10 % of medical equipment needs fulfilled	10 % of needs for medical equipments fulfilled
	7 % of needs for furniture and office equipments	7% of needs for furniture and office equipment fulfilled	7% of needs for furniture and office equipment fulfilled
	Guidelines of epidemiologic investigation outbreak prepared	8% of epidemiologists, sanitary inspectors and public health professionals professionally built in respective fields	Public health labs in 12 regions with standards developed
	10% of epidemiologists, sanitary inspectors and public health professionals professionally trained in respective fields	10% of equipments of cold-chain improved	8% of epidemiologists, sanitary inspectors and public health professionals professionally raised in respective fields
	Expanding vaccination with a new vaccine (haemophilus influenza)	50 000 vaccinated children	50 000 vaccinated children
	50 000 vaccinated children	120 detected cases of HIV/AIDS	130 detected cases of HIV/AIDS
	120 detected cases of HIV/AIDS	24 environmental controls (water, air, etc)	24 environmental controls (water, air, etc)
	24 environmental controls (water, air, etc)	15 promoting activities a year	15 promoting activities a year
	15 promoting activities a year	8 % of needs for reconstructed environments fulfilled	8 % of needs for reconstructed environments fulfilled
	8 % of needs for reconstructed environments fulfilled	7 microbiologic labs maintained	7 microbiologic labs maintained
	7 microbiologic labs maintained	Report of certain diseases, proportion of cities which report in time and with high quality increased with 10% a year.	Reporting certain diseases improved. Proportion of districts which report timely and with high quality increased with 10% a year
	List of environmental health indicators prepared	62 400 epidemiologic situation surveys performed	62 400 epidemiologic situation surveys performed
	Reporting of certain diseases improved. Proportion of districts reporting timely and with high quality increased 10% per year.	1 summary report of public health indicators	1 summary report of public health indicators
	62 400 epidemiologic situation surveys performed		
	1 summary report of public health indicators		

ANNEX II. List of activities and task by strategic priority, goal and policy

STRATEGIC PRIORITY 1: INCREASE THE CAPACITY TO MANAGE SERVICES AND FACILITIES IN AN EFFICIENT WAY

G1. INTRODUCE A NEW PUBLIC-PRIVATE MIX AND INNOVATIVE ORGANISATIONAL SCHEMES

P1 • Promote privatisation in the production of specific services in primary health care and hospital care

(Activity: 1) Study the current PHC centres map

T1 Location. Access. Premises. Services and Supplies.

T2 Assets. Equipment.

T3 Human resources.

T4 Operational situation.

T5 Legal status. Premises' appraisal.

(Activity: 2) Define the network of PHC centres to be maintained.

T1 Establishment of minimum criteria (41).

T2 Enforcement of criteria.

T3 Exceptional situations analysis.

T4 PHC network proposal.

T5 Approval.

(Activity: 3) Study the current hospitals map.

T1 Location. Access. Premises. Services and supplies.

T2 Material assets. Equipment.

T3 Human resources.

T4 Operational situation.

T5 Legal status. Premises' appraisal.

(Activity: 4) Selection of PHC centres susceptible to offer privatised services.

T1 Establishment of selection criteria: portfolio of services, location, population, etc.

T2 Enforcement of criteria.

T3 Proposal of services to privatise in selected PHC centres.

T4 Approval.

(Activity: 5) Definition of procedures and start up of PHC services privatisation.

T1 Definition of legal entity to be adopted by eligible applicants.

T2 Establishment of conditions for usage of premises.

T3 Establishment of service delivery procedures.

T4 Definition of PHC services portfolio and centres' grouping strategy.

T5 Selection and public procurement procedures.

T6 Establishment of monitoring and control system.

T7 Contracts award and public procurement.

(Activity: 6) Selection of services delivering hospitals susceptible to be privatised.

T1 Establishment of selection criteria: portfolio of services, location, population, etc.

T2 Enforcement of criteria.

T3 Proposal of services to be privatised in selected hospitals.

T4 Approval.

(Activity: 7) Definition of procedures and start up of hospitals service delivery privatisation.

T1 Definition of legal entity to be adopted by eligible applicants.

T2 Establishment of conditions for premises usage.

T3 Establishment of service delivery procedures.

T4 Definition of specialised services portfolio and hospitals' grouping strategy.

- T5 Selection and public procurement procedures.
- T6 Establishment of monitoring and control system.
- T7 Contracts award and public procurement.

P2 • Pilot the transformation of two medium-sized hospitals into corporations

(Activity: 8) Establishment of selection criteria.

- T1 Conditions regarding location, surface, premise, services and supplies, equipment, etc.
- T2 Analysis of reforms options according to operating conditions.
- T3 Legal status. Premises appraisal.
- T4 Proposal.
- T5 Approval.

(Activity: 9) Selection of pilot hospitals.

- T1 Enforcement of criteria. Short list formulation.
- T2 Short list approval.
- T3 Assessment of impact on users
- T4 Assessment of impact on professional organisations and opinion leaders.
- T5 Study of the HR re-arrangement.
- T6 Selection of pilot hospitals.

(Activity: 10) Establishment of the new operating framework.

- T1 Legal rearrangements.
- T2 Writing and approval of legal articles of association for the new entities.
- T3 Writing and approval of the contract-programmes.
- T4 Appointment criteria for members of the new corporations' management board.

(Activity: 11) Start up of the new management system.

- T1 Set up of the new corporations.
- T2 Selection of management boards' members
- T3 Appointment of new managers.

G.2. IMPROVE FACILITY AND CLINICAL MANAGEMENT

P1 • Review the job description of general manager in public institutions (as opposed to the current figure of medical director)

(Activity: 12) Establishment of models for standard organisational structure in health care facilities.

- T1 Current situation assessment.
- T2 Comparative study. Proposal.
- T3 Approval.

(Activity: 13) Job descriptions according to the above defined standard organisational structures.

- T1 Management board definition: members and functions.
- T2 Executive management.
- T3 Financial-economic, Human Resources, General Services Departments.
- T4 Medical, Nursing, Clinical Procedures and Surgical Procedures Departments.

P2 • Standardise operational norms and procedures for managing facilities

(Activity: 14) Development of the administrative procedures guidelines.

- T1 Current procedures analysis, re: budgeting, current costs management, investments.
- T2 Compared study. Proposal.
- T3 Approval.

(Activity: 15) Development of staff management guidelines.

- T1 Review of the legal employment relationships. Boundaries of the civil servants' status.
- T2 Selection. Training, re: Internal regulations and employment relationships.
- T3 Proposal. Transitional arrangements. Acquired rights.
- T4 Approval.

(Activity: 16) Development of health information procedures.

- T1 Analysis of current procedures re: Admission. Visits. Prescriptions. Discharges.
- T2 Comparative study. Proposal.
- T3 Approval.

P3 • Promote clinical management guidelines and protocols, linked to financial incentives

(Activity: 17) Selection criteria for diseases whose clinical guidelines must be build up.

T1 Assessment of incidence and prevalence.

T2 Estimated cost of treatment.

T3 Priorities establishment according to the impact on the system and attended population.

(Activity: 18) Classification of procedures amenable to guidelines building.

T1 Analysis of diagnostic clinical procedures.

T2 Analysis of therapeutic clinical procedures.

T3 Analysis of caring procedures.

T4 Priorities establishment according to the impact on the system and affected health professionals.

(Activity: 19) Study of incentives

T1 Assessment of minimum effective amounts.

T2 Selection of issues amenable to incentives.

T3 Study of the process of changing the current payment schemes.

T4 Assessment of alternative options in connection with the set up of the regulatory body.

T5 Monitoring and control procedures.

(Activity: 20) Integration of the new incentive scheme in the general framework of incentives of the health system.

T1 Ensure financing.

T2 Progressive enforcement of incentive management; procedures and rules.

T3 Establishment of effective control of adherence to guidelines.

T4 Start up of the incentive payment scheme.

G.3 IMPROVE HEALTH SERVICES MANAGEMENT TRAINING

P1 • Design of a training programme for health services managers in collaboration with the donor community

(Activity: 21) Development of training modules; structure and contents.

T1 Basic module: Management, Information and Communication, Health Economics, Health Law.

Design of intermediate module: Planning and Management, Information Systems, Human

T2 Resources, Quality, Economics, Law.

Design of advanced management module: Health Management, Nursing Management, Laundry,

T3 Cleaning, Catering and General Services, Economics, Ethics.

(Activity: 22) Courses planning and scheduling.

T1 Choice of Faculty staff.

T2 Courses programming; content.

T3 Courses programming; dates, duration.

T4 Financing arrangements. outright grants for assistants.

(Activity: 23) Selection of venues.

T1 Location, availability and flanking services.

T2 Establishment of collaboration requirements.

(Activity: 24) Establishment of assistant; eligibility criteria.

T1 Minimum required training.

T2 Financial conditions. Grants. Selection criteria. Post-training Benefits.

T3 Participants' progress monitoring. Attendance and proficiency certificate.

(Activity: 25) Training programmes marketing.

T1 Identification of target groups. Segmentation.

T2 Establishment of communication channels for each segment.

T3 Collaboration with financing entities to create long-term loans available to participants.

T4 Conduct campaigns by channel and segment.

P2 • Send (at least) 4 persons currently working in managerial positions per year abroad for them to receive training in health services management at at internationally recognised public health school, up to at least 20 in 5 years

(Activity: 26) Build up a training grant programme.

- T1 Selection of international schools and training programmes.
- T2 Fund raising for grants.
- T3 Establishment of monitoring and outcome control mechanisms.
- T4 Design of repatriation career plans.
- (Activity: 27) Training grants call and award.
- T1 Establishment of minimum required conditions.
- T2 Identification of target job positions/professionals.
- T3 Establishment of contacts to motivate potential candidates.
- T4 Establishment of contingency plans for temporary job replacement.
- T5 Post-training career plans. Commitments to be endorsed.
- T6 Grants award. Commitment formalisation.

STRATEGIC PRIORITY 2: INCREASE ACCESS TO EFFECTIVE HEALTH SERVICES

G.1 REDUCE FINANCIAL, GEOGRAPHIC AND CULTURAL BARRIERS

P1• Define a basic package of services (including personal and non-personal services) to be provided to all the population for free

(Activity: 28) Economic assessment of alternatives.

- T1 Services analysis: PHC. Specialised Care. Hospital Care. Pharmacy.
Cost analysis of basic packages in the light of: Home care. New PHC network. New hospital network.
- T2 network.
- T3 Alternatives assessment according to impact on users: short-term and medium-term.
List of basic package alternatives assessed and expected to be undertaken in the short and medium term.
- T4 medium term.

(Activity: 29) Economic impact assessment on households.

- T1 Population segmentation according to income levels.
- T2 Study of health costs impact on each segment.
- T3 Assessment of each segment's relative weight in health system utilisation.
Conduct opinion surveys among health system's users. Current utilisation vs. Expected new basic package utilisation.
- T4 basic package utilisation.

(Activity: 30) Determination of necessary flanking services.

- T1 Information services and customer services.
- T2 Access to premises mobility services.
- T3 General services, Laundry, Cleaning and Catering .

(Activity: 31) Approval and deployment process.

- T1 Approval of the basic package and service delivery map by facility.
- T2 Enforcement plan by region.
- T3 User information campaign. National. Regional.
- T4 Regional monitoring and information campaigns according to their implementation processes.

(Activity: 32) Re-assessment and results-based adjustments.

- T1 Results monitoring and assessment. Immediate impact (3 months). Settling (6 months).
- T2 Conduct user opinion surveys.
- T3 Results assessment, compared to expected utilisation results.
- T4 Adjustments implementation. Results and Adjustments public information campaign.

P2 • Build a monitoring system to ensure the delivery of the basic package, including the creation of an inspectorate force

(Activity: 33) Labour relations for the inspectorate force.

- T1 Definition of the legal framework for inspectorate development.
- T2 Eligibility conditions for the inspectorate workforce.
- T3 Inspectorate internal regulations. Incompatibilities regulation. Disciplinary regulation.
- T4 Accountability and functional structures. Reporting criteria.

(Activity: 34) Establishment of the protocols on inspection.

T1 Selection criteria for units/services to be inspected.

T2 Classification by type of services.

T3 Protocols development. General and specific application rules.

(Activity: 35) Sizing of the inspectorate teams.

T1 Establishment of minimum compulsory monitoring criteria. Other criteria.

T2 Workload assessment by type of health care service. Inspection routes.

T3 Description of job positions of inspection officers.

T4 Description of inspection teams.

(Activity: 36) Service delivery monitoring and quality control.

T1 Analysis of data produced by regular information systems.

T2 Analysis of data directly gathered by customer services.

T3 User satisfaction survey. Non-user groups study.

T4 Systematic official internal reports from service delivery units: PHC, hospitals.

T5 Systematic official reports from institutions and corporations related to the health system.

P3 • Review the general map of accessibility to health services, with special emphasis on infrastructures and propose specific measures for improving geographic accessibility

(Activity: 37) Location decision of PHC centres.

T1 Population coverage analysis. By municipalities (Bashki 65). By communes (Komuna 309).

T2 Complementary accessibility services for isolated hamlets (Fshatra 3020).

T3 Location proposal for PHC centres. Direct coverage map.

T4 Proposal on complementary accessibility services. Total coverage map.

T5 Approval.

(Activity: 38) Location decision of specialised ambulatory care centres.

T1 Population coverage analysis. By municipalities (Bashki 65).

T2 Specific cases analysis.

T3 PHC and secondary care coordination mechanisms. Sizing analysis according to referral criteria.

T4 Location proposal for specialised ambulatory care centres. Direct coverage map.

T5 Proposal on complementary accessibility mechanisms. Total coverage map.

T6 Approval.

(Activity: 39) Location decision of hospitals.

T1 Population coverage analysis. By Prefectures (qarqet 12)

T2 Specific cases analysis. Tirana. Emergency medical services.

Coordination mechanisms with PHC and secondary care. Sizing analysis according to admission criteria.

T3 admission criteria.

T4 Location proposal for hospitals. Direct coverage map.

T5 Proposal on complementary accessibility mechanisms. Total coverage map.

T6 Approval.

(Activity: 40) Building up of the national health coverage map.

T1 Integration of primary, secondary and tertiary care location maps.

T2 Integration of complementary accessibility services.

T3 Build up of the national map for emergency medical services.

T4 Build up of the national map for hospital care by specialty.

G.2. ARTICULATE A NETWORK OF SERVICES ABLE TO ENSURE CONTINUITY OF CARE

P1 • Define the referral criteria to be used within the health system between PHC and specialised care for public and private institutions

(Activity: 41) Establishment of minimum criteria for service delivery.

T1 Accessibility conditions. Facilities. Services and supplies.

T2 Material assets. Equipment.

T3 Human resources.

T4 Operating conditions.

(Activity: 42) Establishment of referral criteria.

- T1 Geographic and economic criteria.
- T2 Clinical criteria.
- T3 Other.

(Activity: 43) Establishment of control mechanisms.

- T1 Integration of private providers/facilities under the inspection control (35) (36).

P2 • Redesign the PHC services map in the light of the privatization proposal

(Activity: 1) Study the current PHC centres map

- T1 Location. Access. Premises. Services and supplies.
- T2 Assets. Equipment.
- T3 Human resources.
- T4 Operating conditions.
- T5 Legal status. Premises appraisal.

(Activity: 2) Define the network of PHC centres to be maintained.

- T1 Establishment of minimum criteria (41).
- T2 Enforcement of criteria.
- T3 Exceptional situations analysis.
- T4 PHC network proposal.
- T5 Approval.

(Activity: 4) Selection of PHC centres susceptible to offer privatised services.

- T1 Establishment of selection criteria: portfolio of services, location, population, etc.
- T2 Enforcement of criteria.
- T3 Proposal of services to privatise in selected PHC centres.
- T4 Approval.

(Activity: 5) Definition of procedures and start up of PHC services privatisation.

- T1 Definition of legal entity to be adopted by eligible applicants.
- T2 Establishment of premises usage conditions.
- T3 Establishment of service delivery procedures.
- T4 Definition of PHC services portfolio and centres' grouping strategy.
- T5 Selection and public procurement procedures.
- T6 Establishment of the monitoring and control system.
- T7 Contracts award and public procurement.

P3 • Redesign the hospital map in line with the results of the above proposed innovative organisational schemes

(Activity: 3) Study the current hospitals map.

- T1 Location. Access. Premises. Services and supplies.
- T2 Material assets. Equipment.
- T3 Human resources.
- T4 Operating conditions.
- T5 Legal status. Premises appraisal.

(Activity: 6) Selection of hospitals delivering services susceptible to be privatised.

- T1 Establishment of selection criteria: portfolio of services, location, population, etc.
- T2 Enforcement of criteria.
- T3 Proposal of services to privatise in selected hospitals.
- T4 Approval.

(Activity: 7) Definition of procedures and start up of hospitals service delivery privatisation.

- T1 Definition of legal entity to be adopted by eligible applicants.
- T2 Establishment of premises usage conditions.
- T3 Establishment of service delivery procedures.
- T4 Definition of specialised services portfolio and hospitals' grouping strategy.
- T5 Selection and public procurement procedures.
- T6 Establishment of the monitoring and control system.
- T7 Contracts award and public procurement.

G.3. PROVIDE WIDESPREAD FREE ESSENTIAL PUBLIC HEALTH SERVICES

P1 • Implement a multi-year essential public health services programme (in connection with the basic package mentioned above)

(Activity: 44) Permanent programme for services delivery.

T1 Basic services included in the basic package.

T2 Services grouping according to delivery frequency.

T3 Annual costs assessment. Near and Mid-Term Projections.

(Activity: 45) Programme of specific activities in the field of Public Health.

T1 Situation analysis in connection with International Organisations recommendations.

T2 Public health actions inclusion criteria according to the evolution of health indicators.

T3 Budgetary estimation and scheduling.

(Activity: 46) Programme of recommendations for infrastructure priorities.

T1 Public health impact analysis of the current infrastructure situation.

T2 Analysis of (budgeted) public investments in infrastructures in the near and mid-term.

T3 Study of alternative options. Reasoned-out argument of possible improvements.

G.4. PROVIDE SOLID PHARMACEUTICAL COVERAGE

P1 • Review the current entitlements in order to ensure equitable and rational criteria in pharmaceuticals coverage

(Activity: 47) Analysis of pharmaceuticals acquisition, import and sale processes.

T1 Supplier companies analysis. Products. Markets.

T2 Import companies analysis. Products. National distribution networks.

T3 Supply to publicly owned facilities. Retail trade.

(Activity: 48) Study on pharmaceuticals consumption.

T1 Amount by manufacturer. Amount by wholesaler. Generics.

T2 Analysis of utilisation in publicly owned facilities.

T3 Analysis of prescription in the public sector.

(Activity: 49) Regulation proposal.

T1 Monitoring and control systems: Imports, distribution, sale (wholesale and retail).

T2 Legislative proposal. Set up of a regulatory body. Central Prices Commission.

T3 Regulatory framework on pharmaceutical consumption in the public sector.

STRATEGIC PRIORITY 3: IMPROVE HEALTH SYSTEM FINANCING (Activity: INCLUDING MINIMISING INFORMAL MONEY FLOWS)

G.1. INCREASE PRE-PAID COVERAGE

P1 • Study the most cost-effective option for creating a single pool of public resources in health

(Activity: 50) Analysis of effective tax collection by activity segments

Segmentation of labour market by segments Public, Self Employed, Business, Underground

T1 Economy.

T2 Analysis of the activity segments that generate the greatest demand of health care services.

T3 Study of the collection methods foreseen by the MoF. Direct estimate. Estimate by module.

(Activity: 51) Complementary financing based on co-payment.

T1 Study of the amount susceptible to be collected via co-payment.

T2 Study of alternatives to co-payment.

T3 Use of co-payment as a first step to reduce irregular payments in service delivery.

P2 • Increase compliance with payroll contribution laws

(Activity: 52) Establishment of joint work programs with MoF.

T1 Perform population and health services demand evolution studies.

T2 Economic projection of changes in health care spending: Short and mid-term analysis.

T3 Costs assessment against users' demand satisfaction.

T4 Accountability: results achieved through earmarked donations.

T5 Draw up of new fund raising proposals to donors according to programmes needs.

G.2. REDUCE INFORMAL MONEY FLOWS IN THE SYSTEM

P1 • Establish monitoring mechanisms to control informal payments

(Activity: 36) Service delivery monitoring and quality control.

T1 Analysis of data produced by regular information systems.

T2 Analysis of data directly gathered by customer services.

T3 User satisfaction survey. Non-user groups study.

T4 Systematic official internal reports from service delivery units: PHC, hospitals.

T5 Systematic official reports from institutions and corporations related to the health system.

(Activity: 53) Study on co-payment, assessing its use as service-production-oriented incentive mechanisms at facility level.

T1 Establishment of co-payment share/fees: In medical services. In hotel and general services.

T2 Decide on criteria for including co-payment revenues in facilities' accounting.

T3 Establishment of criteria for including co-payment revenues in the service-production-based incentive scheme.

(Activity: 54) Inclusion of users as active stakeholders in controlling informal payments.

T1 Users information campaigns.

T2 Issue official receipts against co-payments. Build up mechanisms to enforce users to request receipts.

T3 One-on-one exit interviews with users. Direct payments made.

T4 Promote the use of customer services and complaints mechanisms.

P2 • Establishing incentive mechanisms in the reduction of direct payments

(Activity: 55) Set up of an advisory Commission with Professional Organisations' representatives.

T1 Selection of organisations to be included in the commission.

T2 Decide on areas to be discussed.

T3 Draw up the internal regulation of the commission.

T4 Formalisation process. Contact with professional organisations. Negotiation.

(Activity: 56) Establishment of pilot programmes collaborating with professional organisations' ethics workgroups.

T1 Collaboration in post-graduate training programmes.

T2 Consultation with professional organisations when drawing up MoH or HII public tenders.

T3 Establishment of joint programmes to eradicate malpractice.

G.3. IMPROVE RESOURCE ALLOCATION BY A SINGLE STRATEGIC PURCHASER

P1 • Strengthen the role of the HII as a strategic single purchaser

(Activity: 57) Gradual detachment of MoH in the direct management of Health Care Services.

T1 Gradual decentralization of health management in connection with the progress of the reforms.

T2 Establishment of milestones: In policy making (MoH), in management performance (HII).

T3 Planning the process of transferring management from MoH to HII. Ensure milestones achievement by both institutions.

T4 Transfer of managerial responsibilities to the HII as per the plan.

(Activity: 26) Build up a training grant programme.

T1 Selection of international schools and training programmes.

T2 Fund raising for grants.

T3 Establishment of monitoring and outcome control mechanisms.

T4 Design of post-graduate career plans.

(Activity: 27) Training grants call and award.

T1 Establishment of minimum required conditions.

T2 Identification of target job positions/professionals.

T3 Establishment of contacts to motivate potential candidates.

T4 Establishment of contingency plans for temporary job replacement.

T5 Post-training career plans. Commitments to be endorsed.

T6 Grants award. Commitment formalisation.

P2 • Include selected private providers in a mixed market under clear regulatory conditions

(Activity: 58) Establish accreditation criteria for service providers.

Current situation analysis. Individual providers. Professional associations. Health care T1 corporations.

T2 Alternatives assessment. Promotion of formalisation of specific legal entities.

T3 Establishment of minimum criteria by services portfolio.

T4 Establishment of the range of service production volume to be contracted.

(Activity: 59) Define service production susceptible to be privatised.

T1 Classification by portfolio of services. General services. Clinical services.

T2 Groups of Facilities. Groups of batches. Look for feasibility in non-profitable cases.

T3 Costs assessment of non privatised necessary services. Assessment of alternatives.

Establishment of a strategy to achieve the appropriate public-private mix for the expected T4 coverage.

(Activity: 60) Draw up a preliminary programme for contracting services.

T1 Definition of independent batches.

T2 Scheduling of public tenders and awards as per the strategy above (59).

T3 Establishment of a funds gathering plan to face contracting periods.

T4 Execute adaptation programmes as needed.

STRATEGIC PRIORITY 4: IMPROVE HEALTH SYSTEM GOVERNANCE

G.1. STRENGTHEN THE MINISTRY OF HEALTH'S CAPACITY TO DEVELOP POLICY, STRATEGIES AND NATIONAL HEALTH SECTOR PLANNING

P1 • Produce the key policies and strategies as per the objectives of the reform

(Activity: 61) Set up of a board for management and implementation of the health system reform.

T1 Board goals and responsibilities statement. Health reform goals.

T2 Selection of senior members of other institutions to be included as board members (ex-officio).

T3 Guarantee access to all available information. Authority. Managerial capacity.

Appointment of members. Acceptance. Formation. Start up. Short-term and Mid-term work T4 plan.

(Activity: 62) Set up of a Technical Office within the MoH.

T1 Office goals and responsibilities statement. Inclusion in the MoH organisational structure.

T2 Description of job positions within the Office. Personnel search and selection.

Professional capacity reinforcement. Complementary training. Establish links with international T3 institutions for ensuring use of up-to-date procedures.

Appointment of members. Acceptance. Formation. Start up. Short-term and Mid-term work T4 plan.

(Activity: 63) Set up of a Directorate-General of Pharmacy and Medical Devices.

Directorate-general goals and responsibilities statement. Inclusion in the MoH organisational T1 structure

T2 Description of job positions within the Directorate. Personnel search and selection.

Professional capacity reinforcement. Complementary training. Establish links with international T3 institutions for ensuring use of up-to-date procedures.

Appointment of members. Acceptance. Formation. Start up. Short-term and Mid-term work T4 plan

P2 • Build capacities the Ministry of Health in policy-making and planning

(Activity: 64) Build up of a Training Programme on Health Policies and Systems.

T1 Schools and programmes selection.

T2 Fund raising for grants creation.

T3 Establishment of monitoring and outcome control mechanisms.

T4 Design of post-graduate career plans.

(Activity: 27) Training grants call and award.

- T1 Establishment of minimum required conditions.
- T2 Identification of target job positions/professionals.
- T3 Establishment of contacts to motivate potential candidates.
- T4 Establishment of contingency plans for temporary job replacement.
- T5 Post-training career plans. Commitments to be endorsed.
- T6 Grants award. Commitment formalisation.

P3 • Reform the Ministry of Health with emphasis on the policy making function

(Activity: 65) Set up of a Permanent Monitoring Committee MoH - Donors.

- T1 Committee goals and responsibilities statement.
- T2 Selection of senior members to be included as committee members. Liaison offices (66) y (67)
- T3 Formal invitation to all donors to propose their representatives in the committee.
Appointment of members. Acceptance. Formation. Start up. Short-term and Mid-term meeting
- T4 plan.

(Activity: 66) Set up of a liaison office with the PM Office.

Liaison officer objectives and responsibilities statement. Inclusion in the MoH organisational

- T1 structure.
- T2 Description of job positions within the liaison office. Search and selection. Appointment.
- T3 Description of procedures to follow for working in close contact with the PM Office.
- T4 Start up of the liaison office. Short-term and Mid-term work plan.

(Activity: 67) Set up of a liaison office with the MoF.

Liaison officer objectives and responsibilities statement. Inclusion in the MoH organisational

- T1 structure.
- T2 Description of job positions within the liaison office. Search and selection. Appointment.
- T3 Description of procedures to follow for working in close contact with the MoF.
- T4 Start up of the liaison office. Short-term and Mid-term work plan.

G.2. REGULATE BETTER

P1 • Regulate the effective implementation of the basic package

(Activity: 68) Legal formalisation of activities 4,5,6,7,31 outputs.

Establishment of the process and scheduling for appropriate debate and approval of legislative

- T1 reforms.
- T2 Appointment of speaker in charge of monitoring the process.
- T3 Legal and technical assessment of proposed amendments.
- T4 Process iteration until final formulation.

P2 • Regulate contractual aspects of the strategic purchaser

(Activity: 69) Legal formalisation of activities 8,10,41,49 outputs

Establishment of the process and scheduling for appropriate debate and approval of legislative

- T1 reforms.
- T2 Appointment of speaker in charge of monitoring the process.
- T3 Legal and technical assessment of proposed amendments.
- T4 Process iteration until final formulation.

P3 • Regulate all other aspects of the reform

(Activity: 70) Legal formalisation of activities 33, 34 outputs

Establishment of the process and scheduling for appropriate debate and approval of legislative

- T1 reforms.
- T2 Appointment of speaker in charge of monitoring the process.
- T3 Legal and technical assessment of proposed amendments.
- T4 Process iteration until final formulation.

G.3. IMPROVE TRANSPARENCY, ACCOUNTABILITY AND RESPONSIVENESS

P1 • Develop an affordable information system in line with the policies above

(Activity: 71) Definition of the management information system (Activity: MIS) project.

- T1 Identification of the relevant information groups to be managed.

T2 Identification of the set of available/foreseeable/reliable information sources.

T3 Prioritise information groups based on availability/need.

T4 Design of the functional requirements to be fulfilled by the MIS.

(Activity: 72) Development/Acquisition, deployment and commissioning of the MIS (Activity: hardware and software).

Analysis of MIS solutions in the market. Decide on acquiring/developing the solution. Estimate

T1 budget.

T2 Design of the technical requirements.

T3 Decide on outsourced/internal development

T4 Project approval.

Public tender preparation. Technical requirement draw up. Establishment of required milestones.

T6 Public tender offer. Analysis of bids. Offer analysis. Awarding.

T7 Development and deployment monitoring. Short and mid-term objectives.

(Activity: 73) Design and implementation of training programmes for MIS utilisation.

T1 Selection of the teaching programme and staff.

T2 Scheduling (dates and duration).

T3 Set up of a permanent helpdesk. Planning of "in situ" support.

Financing agreements. Establishment of collaboration proposal with training and support

T4 provider corporation.

P2 • Ensure the regular production and dissemination of a core group of performance indicators by thematic areas and facilities

(Activity: 74) Set up of an Information Office.

T1 Office goals and responsibilities statement. Inclusion in the MoH organisational structure.

T2 Description of job positions within the office. Search and selection.

Appointment of members. Acceptance. Formation. Start up. Short-term and Mid-term meeting

T3 plan.

T4 Establishment of communication channels with national and international institutions.

(Activity: 75) Systematic bulletin to be produced.

T1 Bulletin mission statement. Identification of target readers.

T2 Establishment of a network of regular collaborators. Individuals. Institutions.

Bulletin layout. Definition of the bulletin structure: regular and special sections. Advertisement:

T3 Limitations and specific conditions.

T4 Search for advertisers. Sponsors. Collaborators.

P3 • Create the structures and mechanisms for patient complaints

(Activity: 76) Set up of the customer service office.

T1 Office goals and responsibilities statement. Physical location.

T2 Definition of users channels. Description of answering procedures.

T3 Description of job positions within the office. Search and selection.

Appointment of members. Acceptance. Formation. Start up. Short-term and Mid-term meeting

T4 plan.

(Activity: 77) Build up of customer services procedures in health care facilities.

T1 Appointment of responsible unit for customer services in each facility.

T2 Receipt, management and response procedures. Immediate/ centralised response criteria.

Establishment of monitoring and control procedures for ensuring response and adherence to its

T3 resolution.

T4 Activity evolution analysis as a complementary measure to quality control.

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