

HEALTH MANAGEMENT MARKET IN ALBANIA AND PREMISES OF PHYSIOTHERAPY DEVELOPMENT

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Abstract

In conformity with actual healthcare situation in Albania, mostly referring to the low level of healthcare services as well as to broad issues pertaining to public health sector, in this paper is obtained a specific topic not yet explored from the Albanian researchers of the field, aiming to modestly help in the physiotherapy development within the country. Concretely the a/m work analyses the current situation of Albanian healthcare system focused on public and private healthcare centres typology emphasized with key health indicators trend compared within European and Euro-Area related statistics. On behalf of the discussion made the paper concludes on: policies and strategies needed to generally improve the services in healthcare sector; the expansion of financial resources, funding for public health and researches; strengthening the managerial capacity of healthcare institutions through the implementation of contemporary models in health management in order to establish the patient in the bottom of Albanian healthcare system. Obviously, is also believed that in respect to the above initiatives the national health system itself can benefit in finding a temporary equilibrium and why not search for a better one which enables the improvement of patient's life conditions by contemporary reaching its final goal.

Keywords: Healthcare services, Health system Management, Physiotherapeutic rehabilitation, Patient's life condition improvements, Healthcare centres typology

INTRODUCTION

Despite the continuous efforts made during the years of democratic transition for the improvement of health system in Albania, still remain lots to be done. Undoubtedly, part of framework complexity is that conditions evolved with the change of economic, political and social systems, as well as with Albanian's lifestyle. The latest mainly refers to daily citizen's

attitude regarding work, food and care conditions as treated Klein (1998). By this way, in a capitalist regime the rhythm of life essentially changed which also seems to have influenced in the cardiovascular and cancer diseases diagnosis frequency. Without considering here car and work accidents, domestic crime and violent acts which represent a significant and a constant concern for people. All these becomes a serious problem in rural areas where there's a great shortage of doctors, lack of emergency services and not rarely lack of healthcare basic premises because in some areas, there's also a lack of medical, diagnostic and curative equipment referring to Uruçi (2006). Correspondently, Albanian government is seriously engaged in applying stringent measures against corruption and important decisions are being taken for the medication market, improvement of services quality in hospitals and healthcare strengthening in the country. Whereas, the rehabilitation development represents a next step in the above mentioned system which of course should be resized under a healthcare multidimensional context given that there have born sporadic public and private related initiatives having in focus:

- Stroke;
- Spinal Cord Injury;
- Congenital Deformity;
- Amputation;
- Major Multiple Trauma;
- Fracture of Femur (Hip Fracture);
- Brain Injury;
- Neurological Disorders including Multiple Sclerosis, Motor Neuron Diseases;
- Polyneuropathy, Muscular Dystrophy, and Parkinson's disease;
- Burns;
- Active, Polyarticular Rheumatoid Arthritis, Psoriatic Arthritis, and Seronegative Arthropathies;
- Systemic Vasculidities with Joint Inflammation;
- Severe or Advanced Osteoarthritis or Degenerative Joint Disease;
- Medically Complex Conditions, etc with the main scope patient's life quality improvement.

Hence, on behalf of Uruçi, Mema and Sokoli (2011) study, giving the necessary service importance the investment in this field or alternatively its encouragement becomes an emergency for current health policies in improving the society life quality what in general favours also the premises for healthcare services enhancement in the country.

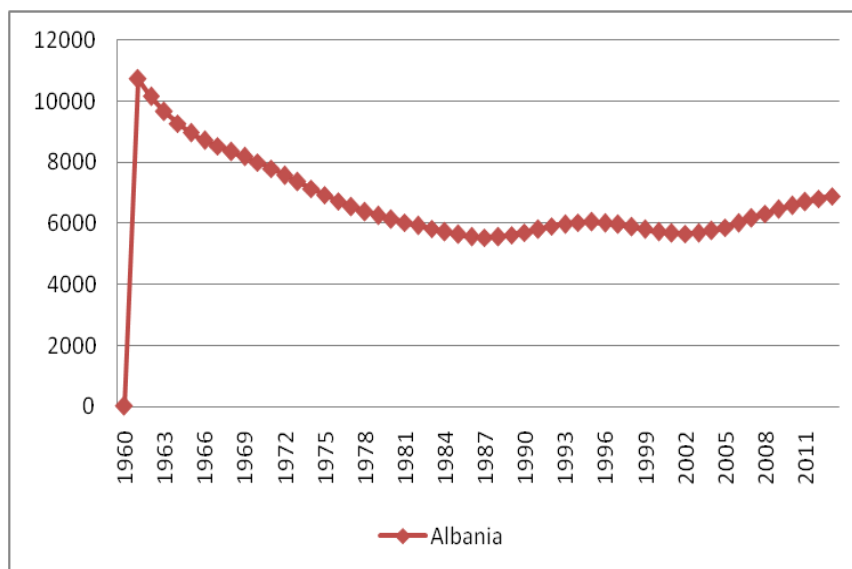
THE TYPOLOGY OF HEALTHCARE CENTRES IN ALBANIA

Actually in Albania, the healthcare system is organized through two main pillars that support these services which are divided in public and private in compliance with Mechanic (1995). Besides traditional public hospitals which are located in the main urban areas, private hospitals or private health centres have also spread rapidly almost in the last ten years. Another important factor in meeting the needs of patients is the private service offered by specialized domestic or foreign doctors (without considering if they are subject or not to taxes), who are rendering vital services to the people.

In addition, what come to the general attention is the poor quality of services in public hospitals and the high cost of services offered by private hospitals. But however, when people face an illness and an urgent need to receive treatment, they are not capable to choose where they should go to seek the appropriate treatment because starting from the diagnosis, the treatment in a given hospital or the purchase of medication related follows the spiritual, cultural and professional formation of the doctor which is also explained from Hysa (2004), by also referring to the increase of crude death rate in the country from 2003 (see Chart.1). Worth also mentioned that diseases death rate is higher in rural areas of the country while the one caused from car accidents is higher in urban areas referring to Ministry of Health Report (2013).

Due to these serious problems, simultaneously with the liberalization of health services the monitoring and control of services in this sector by state institutions has been more difficult and complicated in contradiction with Hope et al (1998) proposed schemes.

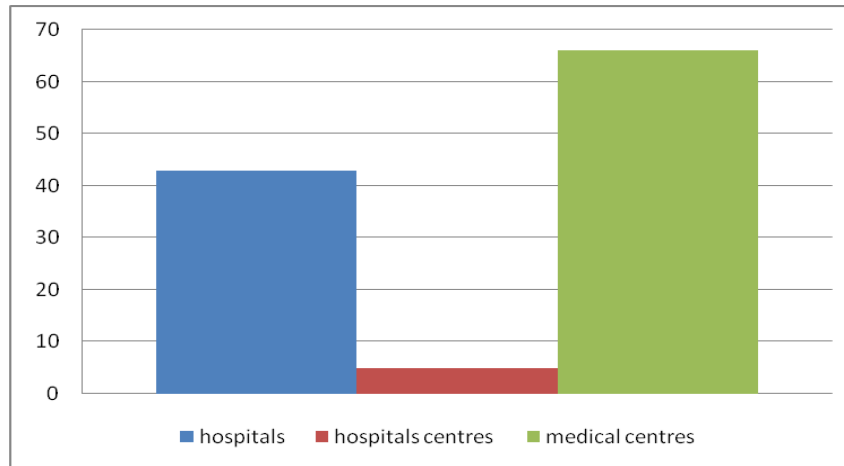
Chart 1: Death rate in Albania from 1960-2013



Source: Ministry of Health Report 2013

According to the specialists in the cases of patient's health damage or deaths reported by the media, these hospitals often offer poor quality services independently from the services costs or aren't neither present in the above mentioned areas especially the public ones referring to national registration centre statistics 2013 (see Chart.2).

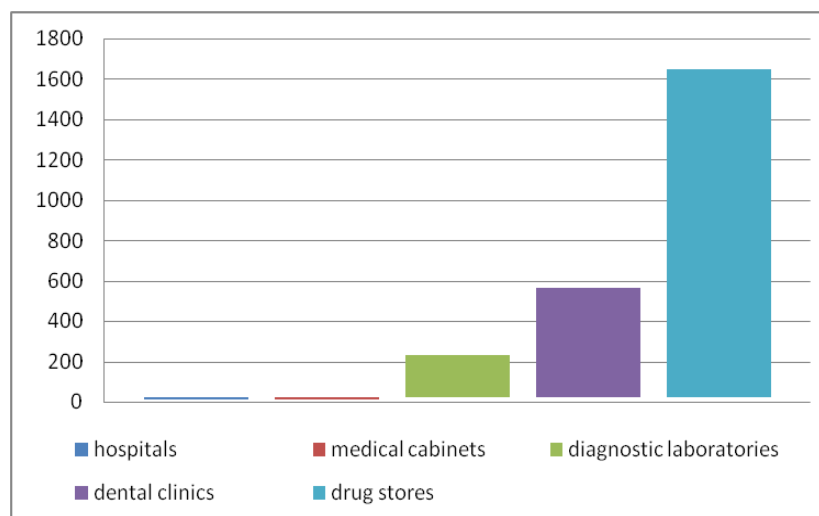
Chart 2: Public Healthcare Centres as of 2013



Source: Ministry of Health Report 2013

Meanwhile, private hospitals are mainly located in the city and suburbs of Tirana and respective units are located in Durres. In fact, here are encountered investments made by Albanian private businesses, foreign businesses and a mixture of both organized in hospitals, medical cabinets, diagnostic laboratories, dental clinics and drug stores (see Chart.3) according to Bakllamaja (2013).

Chart 3: Private Healthcare Centres as of 2013



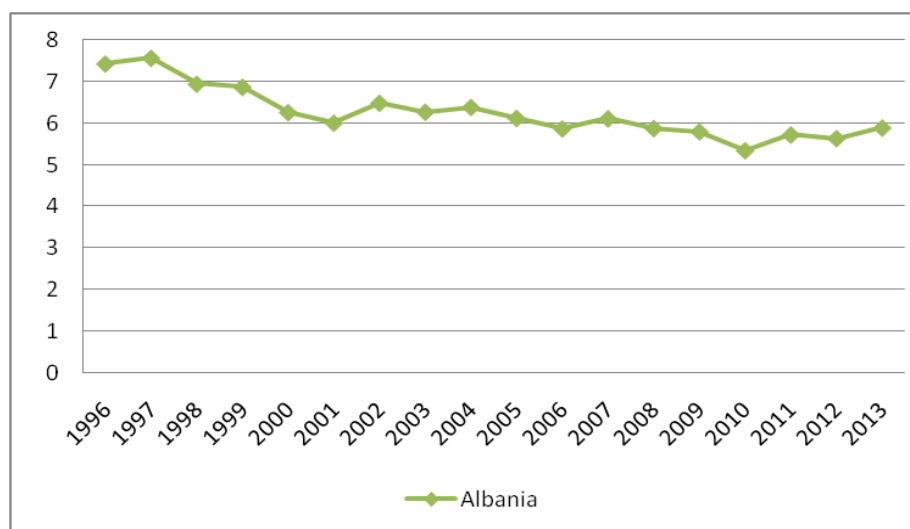
Source: Ministry of Health Report 2013

Which even though may be significantly increased in number for a small country like Albania still leave too much to be desired in terms of services games and quality of services that offer as concluded in Ministry of Health Report 2013.

COMPARATIVE STATISTICS OF KEY HEALTH INDICATORS

Albania has never lacked policies and strategies for the strengthening and constant improvement of services for the population. For nearly 50 years in a row, the communist propaganda had put the healthcare sector at the centre of attention, precisely at the centre of policies and strategies that the totalitarian state had drafted in decades as explained Hoffman (1997) referring to Czech medicine case. As a result, in the democratic period it was held a large debate about the healthcare offered to the population, but we must not forget that what's really important today is the real and concrete approach toward this problem. Despite that the expansion of healthcare service in city quarters or regions and especially in rural areas, leaves much to desire what is reflected also in health expenditures to country's GDP ratio (see Chart.4). The latest has declined from 1996-2001, than are evidenced alternated health expenditure figures toward GDP until 2010 and in the rest this key factor trend is increased.

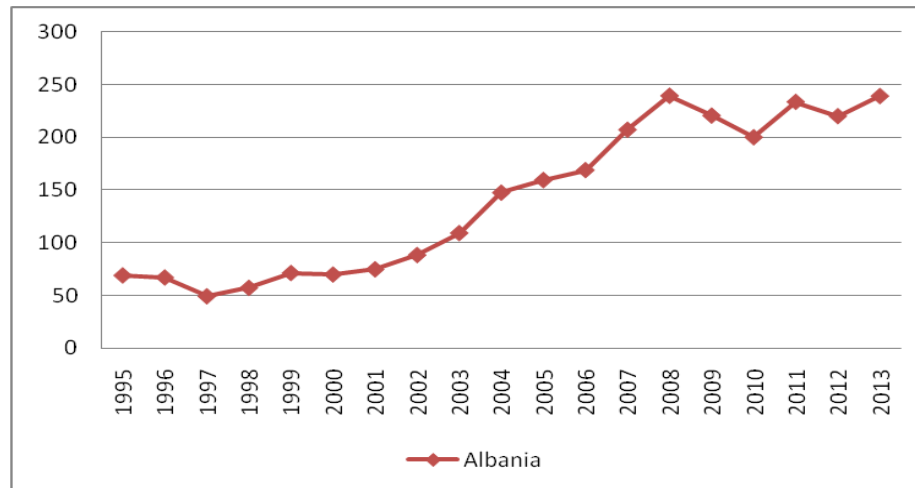
Chart 4: Health expenditure to GDP ratio trend from 1996-2013



Source: World Bank Data 2013

Although the expenditures per capita over the years have significantly increased (see Chart.5) against for emergency cases, difficult births need immediate intervention people from remote areas must travel for hours to receive hospital services.

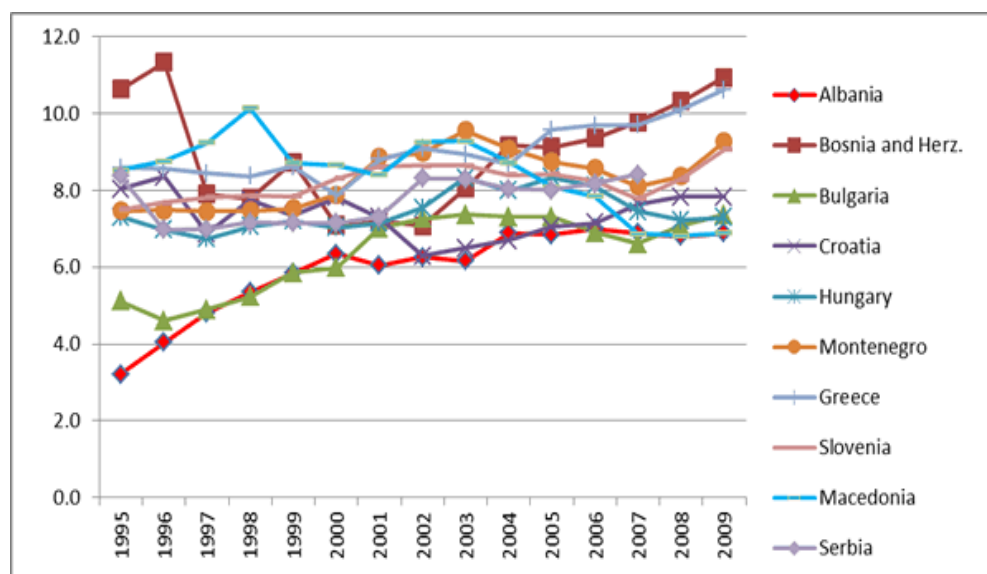
Chart 5: Health expenditure per capita trend from 1995-2013



Source: World Bank Data 2013

As concluded from Uruçi (2006) these situations has seriously made the life of these people difficult and in these circumstances, their only way out is to move to other bigger cities (which benefit the majority of health expenditures), without considering the other problems related to accommodation, employment, schooling, etc. Either referring to national health expenditures per capita as per World Bank Data Indicators (2009), Albania lags behind Macedonia, Serbia, Montenegro, Slovenia, Bosnia and Herzegovina, etc. (see Chart 6).

Chart 6: Health expenditure per capita per country from 1995-2009



Source: World Bank Data 2009

The health expenditure can also compared with total public expenditures and related statistics show that Albania maintains the lowest rate versus Euro-Area and Europe, and the same situation persists (see Tab.1) referring to hospitals, beds, doctors and nurses per 100.000 citizens by closely referring to World Bank Data 2013.

Table 1: Key health indicators in Albania, Europe and Euro-Area as of Dec 2013

Country	Hospitals per 100.000 citizens	Hospitals beds per 100.000 citizens	Doctors per 100.000 citizens	Nurses per 100.000 citizens	Health expenditures / GDP (%)	Health expenditures / Total public expenditures (%)
Albania	1.38	276	115	389.9	6.88	41
Europe	3.37	649	330	812	8.24	69
Euro-Area	2.67	529	330	824	9.76	75

Source: World Bank Data 2013

As previously mentioned the government health expenditure is increased over the years but as can be noted hospitals number is lower above 40% compared with the Europe ones and in the same level is presented the situation of beds per hospital. Meanwhile doctors' statistics per 100.000 citizens in the country compared with the Europe ones are lower and vice-versa occurs in nurses' data. The above differences with Europe can be well understood for Albania when under the same context are noticed differences between Europe and Euro-Area itself. From the other side what leads to the understanding that the above mentioned differences derive from the common will of public policies and their attitude toward healthcare by influencing respective health expenditures to GDP and total public expenditures as well as confirming Rao et al (1999) results .

HEALTHCARE STRATEGY AND PHYSIOTHERAPEUTIC CIRCUMSTANCES IN THE COUNTRY

Ten years ago, in April 2004, the Ministry of Health drafted the “Long term strategy of development in Albanian health system”, supported by the World Health Organization and funded by the International Department for Development in Great Britain and Italian government. In this important document, are treated the main problems in public healthcare mainly focused on determining illnesses involving a high risk and other aspects, as a result of which, we had a growth of the death rate on a national scale especially from 2003. Most of the deaths were caused by these sources:

- Hearth cardiovascular diseases and cancer;
- Traffic accidents;

- Domestic violence and social violence;
- Mental health problems-suicides, drug and alcohol related problems;
- Contagious diseases including HIV/AIDS, and other sexually transmitted diseases, etc.

But even today, these problems remain at the focus of attention by representing a great concern for the society. After drafting this strategy, the Albanian government, health institutions and Ministry of Health separately have drafted important documents which have guided the healthcare system in Albania initiating with the organization of campaigns to promote healthcare and create a new mentality over the life aiming to evoke society health first. Consequently, there have been valuable activities aiming at creating the necessary culture, especially in preventing road accidents, in preventing acts of violence in society and family. From the other hand, other efforts have been made to strengthen national capacities, by improving school education on public health and health management as well as pure guidelines were drafted in order to drive the work of local elected authorities in municipalities and communes in the country. And the principal ones determined were the following:

- Constant supply with clean drinking water of all inhabited areas of the country;
- The construction of sewage collection systems in the entire territory of the country;
- Collection of wastes in inhabited areas in special landfills, their treatment and processing;
- Planning and drafting of projects for the preservation of existing green areas and their growth based on special programs and studies;
- The holding of promotion and aggressive campaigns to protect environment, in the fight against the consequences of alcohol, drugs and tobacco use, etc.

As far as can be understood, worth mentioned that until now nothing was done on rehabilitation plan. By this way, the latter wasn't conceptualized even in an educative campaign level. Although the large proportion of incidents at work and road and not only need a specific rehabilitation protocol, so as to some extent it seems absurd, once public and private universities have established the physiotherapy faculty in response to their formative offer enrichment in the total absence of academic offer.

Meanwhile the physiotherapists in Albania belong to the nurse order and those sporadic cases which are part of the hospital's structure are equally rewarded with them. Being that the demand in country for such services from foreign citizens is growing, it gives flourishing chances to businesses of this nature mainly managed by foreign physiotherapists (Italian, Macedonian, Turkish etc) who also provide formative courses.

While an alternative market in this context is that of private hospitals, which after intervention implement a patient basic rehabilitation protocol even the number of physiotherapists respectively employed isn't high.

It was also noted that in the latter the number of conferences held in this regard with foreign experts in the field has significantly increased where spots out a large participation even from nurses who are willing to exploit market opportunities and conditions by learning different rehabilitation techniques.

Anyway initiatives of this nature represent a good portent for the rehabilitation services expansion and their own market development in the established EU standards by improving not only the patient's life quality but also offering employment opportunities for experts and students of the field.

CONCLUSIVE REMARKS

This article dealt with several problems of healthcare sector in Albania, concerning the treatment of patients with professionalism and responsibility which aren't only related to government or state institutions being that they affect the interests of entire society. As a consequence the main problems evidenced in the entire healthcare system refer to the:

- legal framework of health market in Albania and its miss-confrontation with EU laws;
- enlargement of financial sources and public funds related (which must be planned and realized following intensive consults with civil society);
- strengthening the managerial capacities of healthcare institutions decentralized from Ministry of Health financing schemes by contemporary creating healthcare management models and implementing in each Health Institution physiotherapeutic departments as are actually missing. Naturally that the implementation of the above steps will stimulate the physiotherapy development in the market but other supportive measures are needed, such as:
- the establishment of respective order;
- campaign launches for public awareness regarding the benefits of physiotherapeutic treatments and career opportunities in the country;
- financing special research programs in the field undertaken from public and private faculties;
- financing and accreditation of special physiotherapeutic courses handled by well known experts;
- replacement of doctors and nurses in the university auditoriums with physiotherapist in rehabilitation subjects and monitoring the matter;
- creating fiscal facilities in establishing these kind of businesses and finance opportunities from banks operating in the country;
- the creation of conditions for a parallel market development aiming employment opportunities (through the licensing of physiotherapeutic continuous formation companies, implementation of physiotherapist employment schemes at insurance companies and bio-engineers near the

sanitary structures or research centres for the construction and development of various prostheses).

With respect to the above initiatives the national health system itself can benefit in finding a temporary equilibrium and why not search for a better one which enables the improvement of patient's life conditions by also reaching its final goal.

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