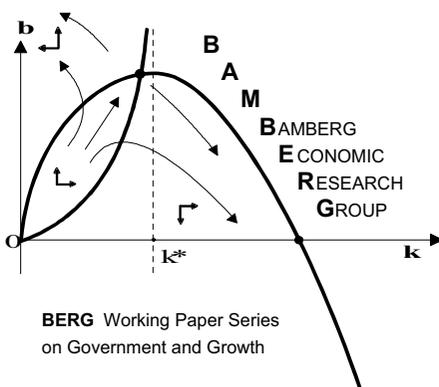


# Introducing National Health Accounts in Albania

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# Introducing National Health Accounts in Albania

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## Abstract

The health sector is defined as the priority sector in the Albanian Strategy for the social and economic development. The Albanian Health sector is in the continuing transformation in the function of the realization of the proper standards. To realize the reform in this sector and to help the decision makers in their decision is necessary to have the right information on the source of the financing of health sector, on the destination of the expenditure in this sector and their control.

Preparing the NHA in accordance with the International Standards in this field, should do possible and the comparability of the performance of the indicators of health sector with them of other country, so that the Albanian authorities and International organization which support the development of this sector in Albania, for the proper definition of the way and the funds necessary to develop this sector in Albania.

In this paper has been evidenced the actual problems of the development of the Health sector in Albania and are given some recommendation for the preparing of the NHA in Albania. The main recommendation include the necessity to build a technical body to collect and analyze data, to have an “steering committee” to interprets the results in terms of the policy implications, and refers of this results to the legislative body to enact and implement a policy in health sector development.

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# **Introducing National Health Accounts in Albania**

## **1 Introduction**

National Health Accounts (NHA) are an internationally accepted tool for collecting, cataloguing, and estimating financial flows through the health system regardless of the origin or destination of funds. NHA provide the necessary information to improve health system performance. To date, NHA have been conducted in more than 80 middle and low-income countries.

After the year 2000, NHA have become that 'light at the end of the tunnel' for the Health Public and Private sector all over the world. Given his intuition and persistence, the World Bank, the World Health Organization together with Ministries of Health all over the Globe has achieved a feat to remember. With the NHA, Governments have laid out a solid foundation for others following to manage and sustain. A comprehensive system detailing sources, Financing agents, providers and functions is now in place. With most of its development objectives achieved, it is safe to assert that all Health Financing data needs now is the ministry's determination to ensure that the remaining activities in producing a key national health financing policy are absorbed within.

The figures and estimates in the NHA reports are based essentially on surveys conducted, data collected and interviews by policy analysts, economists, and the staff and officials of the Ministries of Health, the Ministries of Finance and other stakeholders. Additionally more data is made available from interviewing public and private organization, institutions and consultancy agencies.

The system of National Health Accounts for OECD countries and the National Health Accounts Producer Guide developed by WHO, World Bank and other international partners (distributed in San Francisco in June 2003) was used in most countries and enables an international comparison of the country health system with the rest of the world.

## **2 National Health Accounts structure and framework**

### **2.1 National Health Accounts structure**

The NHA report is to be used as an information guide on the nature of health care expenditure and the system of health care providers existing in countries. The information presented provides further data needed by health care providers and governments in making policy and planning decisions to guide the development of the health sector.

As a summary National Health Accounts are designed as a powerful tool:

- To improve the capacity of decision makers to identify health system problems and opportunities for change and to develop and monitor reform strategies.
- To be used by analysts assigned to estimate the amount and characteristics of health spending, and for the senior health policymakers and planners.

### **2.2 The NHA Framework and contents**

Formatted in a standard set of tables, NHA methodology organizes, tabulates, and presents various aspects of a nation's health expenditures. This format is one that can be easily understood and interpreted by all policymakers. It measures the "financial pulse" of national health systems, by answering questions like:

- How is health care being financed?
- Who pays, how much, and for what types of services?
- How are resources for health and health care organized and managed?
- How are funds distributed across different providers and functions?
- Who benefits from health expenditure?

NHA are thus a way to organize, tabulate and present health system expenditure information. They provide an analytical framework consisting of three essential elements: First, it requires the calculation and presentation of national estimates through a "sources and uses matrix". Second, it allows for extensive disaggregating of the sources of spending beyond the general categories of "public" and "private". Third, it provides a systematic framework for defining uses according to several important classifications.

## **3 Albanian Health Care System**

### **3.1 The situation of the Health Care System in Albania**

The Government of Albania is the major provider of health care services in the country through a network of 51 general and districts hospitals, 564 health centers and 1582 MCH clinics called Health Posts. The public sector service, in terms of its distribution of skills, is reasonably balanced except for the number of specialists. The number of beds available (10,197) for a population of 3 million is high for a country like Albania. Overall there is a fairly low utilization of hospital beds (54%) and there appears to be a generally adequate hospital capacity to meet expected needs for the growing population in the short to medium term. The change in philosophy around health care delivery to a Family physician based health service would suggest that there will be specialist over-staffing in the short to medium term. Hospital bed occupancy rates are low and declining in the rural areas and at districts' level. Local Government own PHC facilities in the rural areas. In Urban areas, Health facilities are owned by the MOH.

As indicated in Table 1 total expenditure on health in Albania is 6.1% of the GDP, which is in the range of middle to high-income country. The proportion of government share is also high at 2% of GDP and private sources for around 4% of GDP. As we can observe, Albania lies in the middle of the European countries. Health Expenditures as a percentage of GDP is high compared to Eastern Europe and Central Asia (ECCA). Private sources exceed the average of the ECCA countries. In terms of expenditure on health care, Albania's spending on health is high compared to low income countries and also compared to its neighbors and to similar socio economic countries.

**Table 1: International comparison of health expenditures as a percentage of GDP**

Country / Region	GDP Per Capita	Health Expenditure	Health Expenditures As Percentage of GDP (early 1990s)		
	(US\$)	(per capita US\$)	Total	Public Sources	Private Sources
Albania	1,949	119	6.1	2.1	4
East Europe & Central Asia	1,600	120	5.5	4.5	1
Sub Saharan Africa	500	10	2.7	1.3	1.4
East Asia & Pacific	970	28	3.5	1.5	2
Middle East & N. Africa	5,608	54	4.8	2.6	2.1
South Asia	400	16	5	1.2	3.8
Latin America & Caribbean	3,000	138	7.2	2.9	4.3
OECD	24,930	1,827	8.3	6.5	1.8

Source: World Bank (2005)

### 3.2 Data Limitations in Albania

As with all new initiatives to establish baseline information on a national scale, there are inherent limitations in the completeness and validity of data with this NHA report. Most significant is:

- The lack of information from some government agencies on their spending on health related activities mainly due to difficulties in deciphering from their budgets actual spending on health related activities.
- Missing information on spending on overseas treatment in the main three host countries, Turkey, Greece and Italy. These missing ingredients are due to lack of information systems or sources of data.
- Gifts and Informal payments are also a major key information missing. In order to better estimate the size of the Informal payments we analyzed the LSMS Data for estimating actual global informal payments by the household. In addition to the analysis of the data provided by LSMS we also examined other studies mainly the Out-Of-Pocket payments and utilization of health care services in Albania – PHR plus (August 2004), the Progress Report 2003 on implementation of the national strategy for socio-economic development (April 2004), Health care system in transition (Vol. 4 No. 6 2002) and other recent studies. However, it is

clear that Informal payments by household are a major area of the Government of Albania that needs to be better abolished, controlled and regulated.

### **3.3 Health Care Financing**

Albania is one of the poorest countries in Europe. However, the Albanian population enjoys a reasonable long life expectancy, which seems paradoxical when one takes into consideration the country's low incomes, very limited health services and frequent outbreaks of infectious diseases.

The Albanian Household is the major financer of health sector 60% of total health expenditures (THE) with the Government of Albania share providing approximately 34%. The National Health Accounts 2003 estimate that Albania spent 43.8 billion Lek (USD 360 million) overall on the health sector and per capita expenditures of 13,983 Lek (USD 114.7). The total expenditure on health is 5.9 percent of the GDP and is significantly higher than previous estimates that had placed health care expenditures at 2.9% of GDP. This level of expenditure is more in line with middle income countries and is lower than the average for European neighbor's countries. The proportion of government budget allocated to health sector is a little over 7.5 percent. Public sources account for 34 percent, private sources for 62 percent of health care financing and international donors for the remaining 4 percent. The largest source of financing comes from households which represents 60 percent of total expenditures. In terms of expenditures, private pharmacies are the major provider of health services.

## 4 Main Findings

The main findings inferred from the three NHA matrices, are summarized below:

**Table 2: Summary NHA Statistics (2003)**

Population	3,135,000	
Total Health Expenditures	Lek 43,836,808,500	USD 359,612,867
Total Government Budget	Lek 201,152,000,000	USD 1,650,139,459
GDP Estimates for Albania	Lek 744,974,000,000	USD 6,111,353,568
GDP Per Capita		
USD	1,949	
Lek	237,631	
Gov Exp Per Capita		
USD	526	
Lek	64,163	
Percent GDP Spent on Health		5.9%
Per Capita Expenditures on Health		
USD	114.71	
Lek	13,983	
MOH Expenditures	Lek 15,121,000,000	USD 124,044,299
MOH as Percent Government Budget		7.52%

Source: Ministry of Health of Albania (2003), Ministry of Finance of Albania (2003) and own calculation

### 4.1 Sources of Funds

There are three principal sources of finance for the health sector in Albania: the Government, the private sources, and the Rest of the World sources

Public Sources or the Ministry of Finance of Albania

Private Sources are mainly the household and Employers' Funds

Rest of the world or the Donors' funds

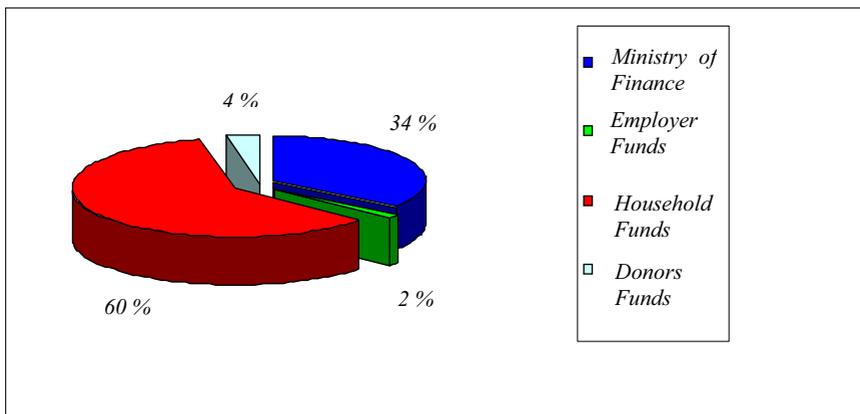
As shown in Table 3 of Sources of Funds in Albania for the year 2003, the key sources of health funds are the Households, Ministry of Finance and donors (development partners).

**Table 3: Source of funds, in million Lek, 2003**

Sources	Amount	Percent
Ministry of Finance	15,287.2	34%
Employer Funds	698.4	2%
Household Funds	26,214.0	60%
Donors Funds	1,637.2	4%
Total	43,836.8	100%

Source: INSTAT, Ministry of Health of Albania (2003), Ministry of Finance of Albania (2003)

Based on the table 3 we can present the below graphic as in the figure 1:

**Figure 1: Source of health expenditure (2003)**

As shown in table 3 of sources of funds, the major source of health funds is the people of Albania (60%). The second main source of finance is the Government (34%). Other sources like the donors are noted as minimal because of the low disbursement during 2003.

## 4.2 Albania Total Health Care Expenditures by Financing Agents

As shown below in Table 4, direct out-of-pocket expenditures are high. Overall, more than 59 percent of Total Health Expenditures is managed and spent directly by the household, 40% by the Public Financing Agents and 3.4% by Donors and NGO's. The Ministry of Health runs and manages most of the public financing resources (24.5%) also includes public health issues in its mandate but most of these resources have been diverted to public services. HII manages a good amount of Health Funds in Albania and represents more than

10.6% of THE. Donors transfer most of their funds to their own donor-run health services facilities and other aid groups and NGO's.

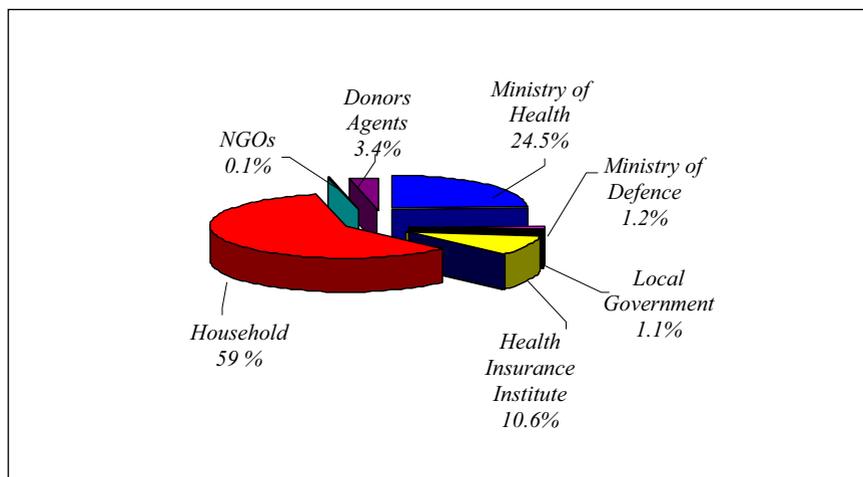
**Table 4: Shares of health care services and expenditures by FA, in million Lek, (2003)**

Financing Agents	Amount	Percent
Ministry of Health	10,725.5	24.5%
Ministry of Defense	519.9	1.2%
Local Government	467.2	1.1%
Ministry of Public Order	21.7	0.0%
Custom Department	7.0	0.0%
Justice Department	38.5	0.1%
HII	4,648.4	10.6%
Household	25,858.5	59.0%
NGOs	50.0	0.1%
Donors Agents	1,500.0	3.4%
Total	43,836.8	100%

Source: Ministry of Health of Albania (2003), Ministry of Defence of Albania (unpublished), Local Government (unpublished), Ministry of Public Order of Albania (unpublished), Ministry of Finance of Albania (2003), INSTAT (2003)

Based on the table 4 is prepare the graphic presentation as shown in the figure 2.

**Figure 2: Administration of Health Expenditures (2003)**



### 4.3 Distribution of Total Health Care Expenditures by Providers

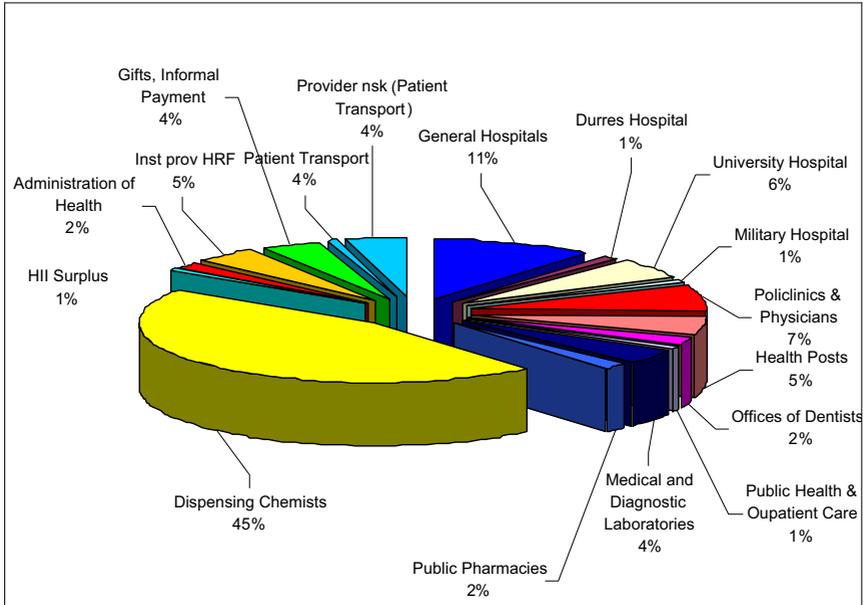
As shown in Table 5, private sector providers accounted for more than 50 percent of THE and consists mainly of a network of private Pharmacies (45%), Dental Clinics (2%) and Diagnostic Laboratories (4%), public sector providers for less than 50 percent, mainly General Hospitals, Policlinics and Health Posts managed by the MOH and one unique Hospital (Durrës Hospital) managed and financed by HII as follows:

**Table 5: Share total Health Care Expenditure by type of facility, in million Lek (2003)**

Providers	Amount	Percent	Per Capita
General Hospitals	4,839.1	11%	1,544
Durrës Hospital	469.0	1%	150
University Hospital	2,469.4	6%	788
Military Hospital	338.3	1%	108
Policlinics & Physicians	2,978.9	7%	950
Health Posts	2,188.7	5%	698
Offices of Dentists	823.1	2%	263
Public Health & Outpatient Care	398.0	1%	127
Medical and Diagnostic Laboratories	1,780.9	4%	568
Public Pharmacies	817.6	2%	261
Dispensing Chemists	19,893.5	45%	6,346
Provision & Administration of Public Health	287.5	1%	92
Administration of Health	689.1	2%	220
Inst prov HRF	1,989.6	5%	635
Provider nsk (Gifts, Informal Payment)	1,764.8	4%	563
Annual surplus/deficit of HII	282.9	1%	90
Provider (Patient Transport)	1,826.6	4%	583
Total	43,836.8	100%	13,983

Source: Ministry of Health of Albania (unpublished)

Based on the table 5 is prepare the graphic presentation as shown in the figure 3.

**Figure 3: Providers of Health (2003)**

Private Pharmacies or providers of Drugs are major providers of Pharmaceuticals and accounts for more than 45% of the Total health care expenditure. Pharmaceuticals account for a large proportion of the Household health funds. The NHA 2003 estimated that more than Lek 20 billion is spent on drugs out of the household direct spending.

#### 4.4 Uses of Health Funds

As a result of NHA, The majority of total health expenditure in Albania is spent on drugs and curative, with almost 4% on Gifts and informal payments, 4% on patient transportation, 3% on health related functions and as little as 2% spent on Administration and 2% on preventive and public Programs. 47% of total health expenditures has consistently been spent on pharmaceutical and drugs. This is very high compared to other countries within the same socio economic group. Table 4 shows in term of Total Health Care Expenditures the result of the NHA distribution of Health Funds in Albania:

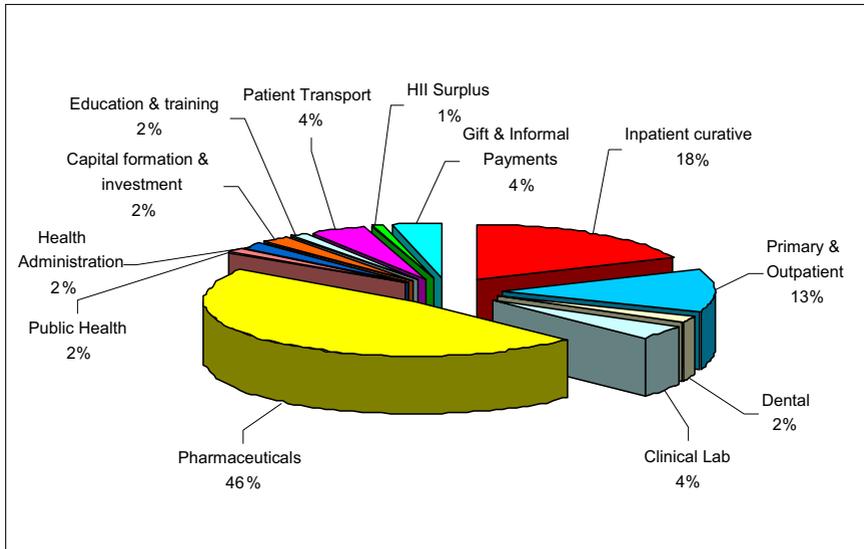
**Table 6: Functional Distribution of Total Health Expenditures, in million Lek, 2003**

Functions	Amount	Percent	Per Capita
Inpatient curative	8,115.7	19%	2,589
Primary & Outpatient	5,540.1	13%	1,767
Dental	823.1	2%	263
Clinical Lab	1,780.9	4%	568
Pharmaceuticals	20,711.2	47%	6,606
Public Health	673.0	2%	215
Health Administration	689.1	2%	220
Capital formation & investment	969.5	2%	309
Education & training	660.0	2%	211
Patient Transport	1,826.6	4%	583
HII Surplus	282.9	1%	90
Gift & Informal Payments	1,764.8	4%	563
Total	43,836.8	100%	13,983

Source: Ministry of Health of Albania (2003) and own calculation

Based on the table 6 is prepare the graphic presentation as shown in the figure 4.

**Figure 4: Uses of Health Funds, 2003**



## 5 Main Policy Issues

This NHA report identifies problem areas for the reform of the Health sector and allows policymakers to make informed policy decisions. Key Policy issues, which arise out of the NHA findings, are broad and numerous and include:

- How much should Albania spend on health services?
- How should health services be funded?
- Who should fund health services?
- How should health resources be allocated?
- What should be the role of the Donors, public sector and private sector in Albania?

Some of the key policy issues that stem out of the NHA findings are summarized into 6 major areas related to:

### 1. Analyzing the institutional framework and development of health care financing policy.

Policy Questions are:

- Should government continue financing 34% of the THE?
- Should the households continue financing 59% of the THE?
- What is the role of the Health Insurance Institute in financing of the Albanian health system?
- Should donors continue with this level of disbursement or should the level of their funding be reduced or increased?

### 2. Containing cost and improving the Health Insurance Institute efficiency.

All publicly provided and funded health services are highly subsidized with very little co-payment by the users at the point of service delivery. What is the role of the MOH in containing cost from one side and what is the HII role? Are we in need to a national planning committee overseeing the health need and health in minimizing waste among different sectors and avoid oversupply of drugs? To improve the financial situation in the health sector, the Government would require identifying potential areas to contain costs like improving the insurance mechanisms at the HII. This component will support the review, development and implementation of policies which define the funding and overall allocation of resources to health services.

### **3. Regulate and control the abuse of the system and eliminate corruption mainly the under-the-table spending.**

The LSMS Health data was useful in estimating actual global informal payments by the household. Informal payments account to almost 5% of the THE. It is clear that Informal payments by household are a major area of the Government of Albania that needs to be better abolished, controlled and regulated. NHA highlight the issue that the MOH is the major provider of health services in the country. The high level of under the table payment by the household is an indicator of the willingness to pay for health service by individual. The high level of expenditures also is likely due to the lack of a significant health system regulation. There is a need to develop guidelines for financing, providing and regulating health services. Hence, Albania should initiate Health Financing Policies for improving and regulating the efficiency and effectiveness of the provision, improve its management and oversight of this sector.

### **4. Regulate and control the Drugs consumption and quality of pharmaceutical care.**

Albania spends 45 percent of its total health expenditures and 68% of out of pocket expenditures on Drugs. Pharmaceutical expenditures is a major area of the health sector that needs to be better managed and regulated if health care costs are to be held in check. The high level of expenditures on Drugs is likely due to the lack of rules and regulation controlling this major sector and lack of a significant policy for using generic drugs, as substitutes for other equivalently higher prices prescription drugs, theft for personal use and diversion for private sector resale. Hence, to effectively contain overall health care expenditures, Albania should initiate policies for improving the efficiency by which pharmaceuticals are imported, distributed and sold in the country and improve its management and oversight of this sector.

### **5. Coordinate donors' assistance.**

Overseas aid donors play an important role in the Albanian health system. Most significant is the lack of information from the Ministry of health and international donors on their disbursements and spending on health related activities. The decline in the level of disbursements is significant and needs further study. Coordinating Donors disbursements and programs is a major key policy issue in Albania and it is a strategic basic and health reform issue and need to be raised with the Ministry of Health Officials and the Government of Albania.

**6. Organize the routine collection of overseas treatment and coordinate it with the three main host countries (Greece, Italy and Turkey)**

The main key information missing in this round of NHA was health expenditure on overseas treatment in the main three host countries: Turkey, Greece and Italy. Effective analysis of overseas treatment performance requires the existence of accurate cost and output data. However, these are the missing ingredients due to lack of information systems or sources of data. Albania should initiate policies for overseas treatment mainly the criteria and referral procedures by local providers and improve its management and follow up.

## **6 Concluding thoughts**

The full value of NHA is in a three-step process: obtaining NHA results, interpreting the results, and implementing appropriate policy. The NHA technical team, the steering committee, and the legislative body of the country fulfill these tasks respectively.

- 1- The focus of the NHA technical team should be to collect and analyze data; members are not necessarily in a position to interpret the policy implications of their findings.
- 2- The steering committee, consisting of policymakers and others with a more “big picture” perspective, answers the “so what” and serves as the liaison between the technocratic NHA team and the legislature. The committee interprets the results in terms of policy implications. Given this crucial role, it is imperative that committee membership is chosen wisely.
- 3- Finally, it is up to the legislative body to enact and implement a policy based on those results

While many middle- and lower-income countries have started using NHA for estimating health expenditures, relatively few countries have taken steps towards conducting NHA on a regular and sustained basis – a process called institutionalization. Institutionalization is an ongoing process in which NHA activities, structures, and values become an integral and sustainable part of government operations. With institutionalization, a department or other unit is designated to oversee the collection, analysis, and reporting of health expenditure data in a routine and systematic fashion, with the full support of the government. This complex process can take years and multiple estimates before it is fully integrated into the country’s formal structure, but in order to ensure that NHA remains an effective policy tool in the future, institutionalization should be a goal from the initiation of NHA.

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## **8 Acronyms/Abbreviations**

ECCA – Eastern Europe and Central Asia

GDP – Gross Domestic Product

HII – Health Insurance Institute

INSTAT – Statistical Institute

LSMS – Living Standard Measurement Survey

MOH – Ministry of Health

MCH – Medical Clinic of Health

NGO – Non Government Organization

NHA – National Health Accounts

OECD – Organization for Economic Co-operation and Development

PHC – Point of Health Center

PHR – Progress Health report

THE – Total Health Expenditure

USD – US Dollar

WHO – World Health Organization



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