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REPORT

MONITORING THE STATE HEALTH BUDGET OF ALBANIA:

* January-August 2021



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Abbreviations

GDP Gross Domestic Product

MoHSP Ministry of Health and Social Protection

CHIF Compulsory Health Insurance Fund

DCM Decisions of the Council of Ministers

UHC "Mother Teresa"University Hospital Center

PHI Public Health Institute

NMEC National Medical Emergency Center

NCCUD National Center for Child Upbringing and Development

PPP Purchasing Power Parity

MFE Ministry of Finance and Economy

4MI First quarter

4MII Second quarter

WFD Westminster Foundation for Democracy

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Preamble

This report is a continuation of the report "Monitoring the State Health Budget of Albania, January - April 2021”,[[1]](#footnote-1) supported by the WFD and prepared by the association Together for Life, in September 2021.

This report includes and analyzes the data for the second quarter of 2021 (May-August),[[2]](#footnote-2) providing a more comprehensive overview of the respective developments for 8 months of 2021 (January-August). The report analyzes the official data used by the Ministry of Finance for the actual budget 2021, the monitoring reports of the Ministry of Health and Social Protection, and other statistics published by INSTAT related to mortality during the pandemic period.

The data of the monitoring reports of the Ministry of Health and Social Protection are published on a quarterly basis, while other data on the performance of economic indicators and mortality statistics are published by the relevant institutions on a quarterly or monthly basis. For this reason, data on monitoring health expenditures are reported for the 8 months period (January-August 2021), while other data for the 9 months period (January-September 2021).

Procurement data in the health sector from openprocurement.al are also utilized. In addition to analyzing the data that are public, requests for information based on the law "On Public Information" were sent to the Ministry of Health and Social Protection.

The draft report has been shared for consultation with the Ministry of Health and Social Protection.

Key findings

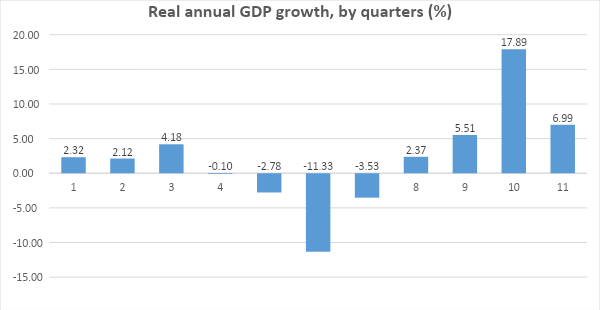
* Expenditures for the health sector marked a significant increase in the 8 months of 2021, unlike 2020[[3]](#footnote-3), when the pandemic did not exert high pressure on public funds, at least in terms of additional funds needed to cope with the health crisis.
* For the period January-August 2021, total actual expenditures on health were ALL 49 billion (EUR 402 million), with an increase of 14.7% on an annual basis compared to the corresponding period of 2020, or ALL 6.3 billion (EUR 52 million) more.
* Compared to the 8 months of 2019, when the country was in a normal health period, health expenditures increased significantly by 25.5%, influenced by the programs of "Secondary Health Care Services", "Public Health Services" and "Social Care".
* The increase in health expenditures during the 8 months, January-August 2021, has been mainly influenced by the pandemic situation, which has exerted pressure on the funds for the treatment of hospitalized patients and the expenditures for vaccination of the population.
* The fund for "Treatment of patients admitted to hospitals", increased by 34%, or ALL 3.7 billion (EUR 30 million) more, for the 8 months of 2021, compared to the corresponding period of 2020.
* "Persons vaccinated with COVID-19 vaccine", is a new bugdet line that was implemented for the first time in 2021, within the vaccination program against COVID-19, with a total fund for 8 months of ALL 2.8 billion (EUR 22.7 million).
* The “Secondary Health Care Services” program accounted for the first time for the largest share of health expenditures, with 38.3% of the total for the 8 months of 2021, influenced by the increase of expenditures for the treatment of hostpitalized patients.
* In the second quarter of 2021, total actual health expenditures were ALL 25 billion (EUR 203 million), with an increase of 16% on an annual basis, or ALL 3.5 billion (EUR 28 million) more.
* Expenditures on “Hospitalized Patients” and “Number of Primary Health Care Visits” increased at a slower pace in the second quarter than in the first one, reflecting pandemic relief over the months compared to the first of the year.
* In the second quarter of the year, there was a significant increase in expenditures for the budget lines "Patients treated by cardiology and cardio-surgery packages" (+ 40%) and "Patients treated with dialysis" (+ 71%), an indirect indicator that pandemic is causing an increased burden on other diseases.
* Despite the forced increase of expenditures for health during the 8 months, the budget revised by the Normative Act on June 22, 2021, reduced by 1.4% the total funds for the Ministry of Health and Social Protection, which were reduced to ALL 70.4 billion (EUR 572 million) from ALL 71.4 billion (EUR 580.5 million), which were planned in the initial budget. Under the main programs, primary care services were cut by 12.7% and public health services fell by 1.5%.
* Excess mortality continued to be high in the 9-month period January-September 2021, influenced by the significant increase in fatalities during the period January-March. For the period January-September 2021, 21,471 deaths were recorded in the country, with an increase of 17.9% compared to the same period of 2020, when the country faced the first wave of the pandemic. Compared to the 2016-2019 average, period taken as a reference for comparing excess mortality caused by the pandemic, the increase amounts to 34%.
* Despite the acceleration of the process, Albania remains among the countries with the lowest vaccination rate. As of September 30, Albania had carried out 1,732,549 vaccinations.[[4]](#footnote-4) Of these, 788,538 citizens had received both doses of the anti-COVID vaccine. Vaccinated citizens with at least one dose were about 33% of the population.
* The direct consequences of the pandemic on the health of persons who have survived it, as well as delays in the treatment and diagnosis of other diseases due to quarantine, have increased the morbidity burden in the country for the 9 months of 2021. The number of visits to primary health care centres increased by 16% compared to the same period of 2020 and 6% compared to January-August 2019.
* For the period January-August 2021 the number of hospitalized patients in psychiatric hospitals has increased by 10.5% compared to last year[[5]](#footnote-5).
* Post-COVID consequences are expected to increase health spending. Operational data from the Institute of Public Health show that about 20,000 people are suffering from "long COVID". They are suffering from the direct and indirect consequences of the disease, such as lung damage, chronic fatigue, nervous system damage, and mental disorders. Another problem identified by the reports so far, is the lack of data, especially those related to the direct and indirect consequences of the pandemic on the population health.

1. Executive Summary

In 2021, and for the second year in a row, Albania managed the COVID-19 pandemic, which has had serious repercussions on the economy and has caused the loss of many human lives.

In marked contrast to the year 2020 when the effects of the pandemic on the economy were seen very clearly in a 4% drop in Gross Domestic Product (GDP), the largest since 1997, in 2021 the economy showed signs of a strong revival. For the first quarter of 2021, GDP increased by 5.51% compared to the same period of 2020, following a decline of 3.53% in January-March 2020.[[6]](#footnote-6) In the second quarter, the growth accelerated to 17.8% after a decline of 11.33% in the same period a year ago, when the country suffered the consequences of quarantine. The growth continued in the third quarter by 7%.

**Graph 1: Real annual GDP growth, by quarters (%)**



*Source: INSTAT*

The good performance in these 9 months has made the Albanian government and international institutions increase the forecast for the performance of 2021 to about 8%.[[7]](#footnote-7)

Following the good performance of the economy, budget revenues have also increased significantly. For the first 9 months of 2021, budget revenues amounted to ALL 368 billion (EUR 3 billion),[[8]](#footnote-8) with an increase of 19.3% compared to the same period of the previous year and 7.7% more than the pre-pandemic period of January - November 2019, signalling that the economy has surpassed pre-crisis levels.

**Graph 2: Consolidated fiscal indicators of the state budget, 9 months**

*Source: Ministry of Finance and Economy*

As the economy recovered rapidly in 2021, the health situation continued to be aggravated, with additional excess mortality,[[9]](#footnote-9) especially in the first half of the year. The second wave of the pandemic, which culminated in January-March 2021, marked a high increase in fatalities in the country. In the first quarter of the year, it was reported that a total of 9,657 lives were lost, an increase of 52.4% compared to the 2016-2019 average for the same period.[[10]](#footnote-10)

For the period January-September 2021, a total of 21,471 deaths were recorded in the country with an increase of 17.9% compared to the same period of 2020, when the country faced the first wave of the pandemic.

Compared to the 2016-2019 average, the period taken as a reference for comparing excess pandemic-induced mortality, the increase reaches 34%. The Albanian government, unlike many European countries, did not take any more austerity measures to limit the spread of the virus, increasing the burden on hospitals in the first months of the year.

From March 2020 to September 2021, mortality in the country increased by about 35% compared to the average of the corresponding period of 2018-2019. According to Eurostat data and regional statistics, Albania holds the third highest place in Europe for excess mortality, after Kosovo (43.4) and Northern Macedonia (42.6), much higher than the average in other European countries that range between between 2-22% for the same period.[[11]](#footnote-11)

Unlike in 2020, when the pandemic did not put high pressure on public funds, at least in terms of excess funds needed to cope with the health crisis, for the 8 months of 2021, spending on the health sector was marked by a significant increase.

For the period January-August 2021, total actual health expenditures were ALL 49 billion[[12]](#footnote-12) (EUR 402 million), with an increase of 14.7% on an annual basis, [[13]](#footnote-13) or ALL 6.3 billion (EUR 52 million) more.

The increase in health expenditures was influenced on one hand by the good performance of budget revenues because of the economic recovery, and on the other hand, was constrained by the emergency due to the need to vaccinate the population and cover the higher costs of treating the hospitalized.

The direct consequences of the pandemic on the health of people who have been infected, as well as delays in training and diagnosis of other diseases due to quarantine, have increased the burden of disease in the country for the 9 months of 2021. The number of visits to primary health care centers increased by 16% compared to the same period of 2020 and 6% compared to January-August 2019.

In the second quarter of the year, there was a significant increase in expenditures for the items "Patients treated by cardiology and cardiosurgery packages" (+ 40%) and "Patients treated with dialysis" (+ 71%), an indirect indicator that the pandemic is causing an increased burden on other diseases.

2. Execution of the total budget and programs of MoHSP

The Ministry of Health and Social Protection (MoHSP) administers and manages public funds according to seven approved programs, as follows:

* Planning, Management, Administration
* Primary Health Care Services
* Secondary Health Care Services
* Public Health Services
* National Medical Emergency Service
* Social Care
* Rehabilitation of the Politically Persecuted

For the period January-August 2021, total actual expenditures on health were ALL 49 billion[[14]](#footnote-14) (EUR 402 million), with an increase of 14.7% on an annual basis, [[15]](#footnote-15) or ALL 6.3 billion (EUR 52 million) more.

Unlike in 2020, when the increase was driven by the increase in spending on the programs for "Social Care" and "Planning, Management, and Administration" during the eight months of 2021, the expansion is oriented by programs:

“Secondary Health Care Services” and “Public Health Services,” which increased by ALL 3.87 billion (EUR 31.7 million) and ALL 3.35 billion (EUR 27.5 million), respectively.

**Table 1: Execution of health budget expenditures for the 8-month period, by programs (ALL million)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program Name** | **2019** | **2020** | **2021** | **Change in amount 2021/2020** | **Change in % 2021/2020** |
| Planning, Management, Administration | 197 | 1,107 | 270 | -836 | -75.6 |
| Primary Health Care Services | 5,397 | 5,546 | 5,891 | 344 | 6.2 |
| Secondary Health Care Services | 15,375 | 14,950 | 18,820 | 3,870 | 25.9 |
| Public Health Services | 1,651 | 1,706 | 5,063 | 3,357 | 196.8 |
| National Medical Emergency Service | 89 | 115 | 142 | 27 | 23.5 |
| Social Care | 15,743 | 18,621 | 18,400 | -222 | -1.2 |
| Rehabilitation of the Politically Persecuted | 977 | 710 | 488 | -222 | -31.2 |
| Total expenses | 39,429 | 42,755 | 49,073 | 6,319 | 14.8 |
| *Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021* | | | | | |

Compared to the 8 months of 2019, when the country was in a normal period, health expenditures have increased significantly by 25.5%, influenced by the programs "Secondary Health Care Services", "Public Health Services" and "Social Care".

**Graph 3: Performance of budget expenditures for the 8-month period for health, according to program 2019-2021**

*Source: Monitoring reports, MoHSP, 8 months, 2019-2021*

"Secondary Health Care Services" accounted for the first time for the largest share of health expenditures, with 38.3% of the total for the 8 months of 2021. Compared to the same period a year ago, there is an increase of 3.4 %, influenced by the increase in costs for the treatment of patients in hospitals. The second program is "Social Care", with 37.5% of the total, followed by "Primary Health Care Services" (12%).

The two graphs below provide a comparison of the share of the respective programs in the total budget expenditures of the MoHSP for the period of 8 months for the years 2020 and 2021.

**Graph 4: Implementation of budget expenditures for the 8 months for health according to the 2020 programs**

*Source: Monitoring reports, Ministry of Health, 8 months 2020*

**Graph 5: Implementation of budget expenditures for the 8 months for health, according to 2021 programs**

*Source: Monitoring reports, Ministry of Health, 8 months 2021*

Health expenditures have also increased in relation to the total budget expenditures for the 8 months, reaching 13.8% of the total in January-September 2021, from 12.7% in 2019 and 13.2% in 2020.

**Graph 6: Expenditures for health/total budget expenditures for the period 2019-2021, 8 months (%)**

*Source: Ministry of Health, Ministry of Finance, edits by the authors*

Excluding two programs "Social Care" and "Rehabilitation of the Politically Persecuted", which are not directly related to health services, the health budget for the 8 months was ALL 30.2 billion (EUR 247 million), increasing by 29% in comparison to the same period of 2020 and 33% compared to the 8 months 2019.

According to the main budget lines detailed by the five direct health programs, "Planning, Management, Administration", "Primary Health Care Services", "Secondary Health Care Services", "Public Health Services" and "National Emergency Medical Service,” the increase in health expenditures in the 8 months 2021 is influenced by:

* “Treatment of hospitalized patients”- the fund was increased by 34%, or ALL 3.7 billion (EUR 30 million) more.
* “Persons vaccinated with anti COVID-19 vaccine", is a new budget line that was implemented for the first time in 2021, within the vaccination program against COVID-19, with a total fund for 8 months of ALL 2.8 billion (EUR 22.7 million).
* "Number of visits to Primary Health Care", with an increase of 88% for the 8 months compared to January-August 2020, or ALL 1.1 billion (EUR 9 million) more.
* "Monitoring of epidemiological situations", with an increase of 20% on an annual basis for the 8 months, or ALL 260 million (EUR 2.1 million) more.

**Graph 7: Delivery of health services by main budget lines, 8 months, 2019-2021**

*Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021*

3. Implementation of programs by BUDGET LINES, January - August 2021

## I. Planning, Management, Administration

This program mainly includes expenditures for adopted laws and bylaws. In the last two years this program has added items for the purchase of protective materials for Covid-19 and bonuses for doctors and nurses abroad, during the COVID-19 pandemic.

Expenditures for this program were ALL 270 million (EUR 2.2 million) for January-August 2021, with a contraction of 75% compared to the same period a year earlier. The decline came about because no spending on COVID protection materials was implemented.

**Table 2: Implementation of the program, "Planning, management, administration, 8 months" (ALL million)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Planning, management, administration,**  **8 months" (ALL million)** | **2019** | **2020** | **2021** | ***Change in %, 2021/2020*** |
| Adopted legal and sub-legal acts | 195 | 234 | 269 | *15.1* |
| Protective materials purchased for COVID-19 | 0 | 667 | 0 | *-100* |
| Purchase of medical equipment | 0 | 74 | 0 | *-100* |
| Furniture equipment, technological and computers | 0 | 88 |  | *-100* |
| Projects supported by local costs and VAT | 2 | 44 | 1 | *-100* |
| **TOTAL** | **197** | **1,107** | **270** | ***-75.6*** |
| *Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021* | | | | |

## II. Primary Health Care Services

The program of "Primary Health Care Services" has as its main objective the improvement of preventive services and early diagnosis of diseases, as well as the completion of health centers to the extent of 80% of completion, with the necessary infrastructure for the information system to function.

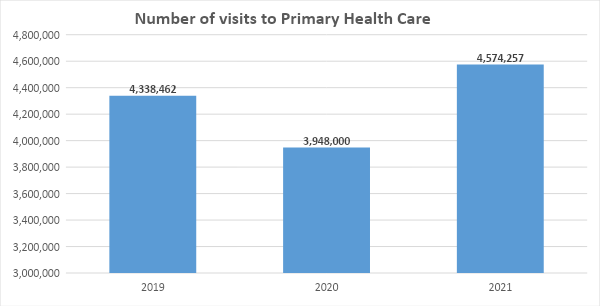
Expenditures for this program were ALL 5.9 billion (EUR 48 million) for January-August 2021, with an increase of 6.1% compared to the same period a year earlier.

**Table 3: Implementation of the program "Primary Health Care Services", 8 months, (ALL million)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary Health Care Services, 8 months** | **2019** | **2020** | **2021** | **Change in %, 2021/2020** |
| Number of visits to Primary Health Care (cost) | 1,527 | 1,243 | 2,340 | 88.2 |
| Persons receiving a check-up | 433 | 352 | - | - |
| Patients treated with prescription drugs with reimbursement by family doctor | 3,160 | 3,878 | 3,400 | -12.3 |
| Purchase of medical equipment Tirana-Korca (Italian cooperation) | 40 | - | - | - |
| Reconstructions of health centers and clinics | 21 | 35 | 133 | 276.0 |
| Construction of health centers and clinics by Red Crescent and Swiss cooperation | 198 | 0 | 2 | 867.9 |
| Construction/reconstruction of the premises of the directorate of Public Health | 17 | - | 13 | - |
| Purchase of medical equipment for primary care | 40 | - | 2 | - |
| Others | - | 37 | - | - |
| **TOTAL** | **5,437** | **5,546** | **5,891** | **6.2** |
| *Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021* | | | | |

The increase was entirely influenced by the doubling of the budget for the budget line "Number of visits to Primary Health Care", which was increased by 88.2%, reaching ALL 2.3 billion (EUR 19 million). The monitoring report of the Ministry of Health for the 8 months of 2021 states that "The staff of health centers is fully committed to providing services to the population even in the difficult conditions caused by the pandemic, through visits to health centers and teleconferencing at a distance."

During the 8 months of 2021, 4,574,257 visits were made to the primary care health centers financed by the Compulsory Health Insurance Fund (CHIF). Compared to the same period a year ago, the number of visits has increased by 16%. This increase reflects both the effect of the lower number of visits in January-August 2020 (which were 9% lower than the 8 months of 2019 due to the pandemic, when many people with other diseases were reluctant to go to hospitals), as well as the increase of health issues in the population, especially those patients who had COVID-19 and are now suffering the long-term consequences of the virus. Another indirect indicator of the morbidity burden increase in the country, is the number of visits to Primary Health Care for the 8 months of 2021, which was 6% higher than in the same period of the normal year 2019.

**Graph 8: Number of visits to Primary Health Care**

*Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021*

Expenditures for patients treated with reimbursed medicines by the family doctor occupy the main share of the Primary Health Care program, with 58% of the total. This item marked a decrease of 12.3%, reaching ALL 3.4 billion (EUR 27.6 million). According to the Monitoring Report of the 8 months of 2021, over 343,000 patients were treated with reimbursed drugs, during the 8 months of 2021 (almost as much as a year ago), 60% of whom belong to the category of retirees, over 21% to the category of the chronically ill, and over 10% to the category of the disabled.

Costs for people receiving a check-up were zero, due to the suspension of this service during the pandemic. According to the 8-month monitoring report for 2021 of MoHSP, “starting from the second half of March 2020 this service has been temporarily suspended, due to the situation created by the COVID-19 pandemic. The annual budget has been reduced by ALL 450 million. During the period, 100,243 check-ups were realized, while the liabilities for the period November-December 2019 were liquidated, as well as the liabilities created for 2020 that are continuously being liquidated, until the suspension of the service”.[[16]](#footnote-16)

**Graph 9: Implementation of the program "Primary health care services" by main budget lines, 8 months, period 2019-2021**

*Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021*

## III. Secondary Health Care Services

The "Secondary Health Care Services" program aims to provide comprehensive secondary health care services as well as to treat patients coping with the situation created by the pandemic. An additional goal is to reward health staff in the first line of fight against the COVID-19 pandemic.

Expenditures for secondary health care services increased by 26% on an annual basis in January-August 2021, reaching ALL 18.8 billion (EUR 153 million).

The main impact on this increase was given by the budget line "Treatment of hospitalized patients", which carries the main weight of this program, with 77% for the 8 months of 2021. This budget line increased by 34% on an annual basis, reaching ALL 14.5 billion (EUR 118 million) in January-August 2021. According to the monitoring report of MoHSP for the 8 months of 2021, with this fund “The needs of hospitals have been met in salaries, bonuses for staff on the frontlines against the pandemic (about 1.3 billion ALL), insurance, goods and services (additional requirements for this line are about ALL 2 billion, part of which are being met with internal resources of CHIF)”.

**Table 4: Implementation of the program "Secondary Health Care Services", 8 months (ALL million ALL)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Secondary Health Care Services, 8 months, (ALL million ALL)** | **2019** | **2020** | **2021** | **Change in %, 2021/2020** |
| Treatment of hospitalized patients | 12,157 | 10,846 | 14,530 | 34.0 |
| Patients treated with dialysis | 1,222 | 1,734 | 1,783 | 2.9 |
| Treatment of patients in psychiatric hospitals | 428 | 420 | 466 | 10.8 |
| Patients treated by cardiology and cardiosurgery packages | 197 | 695 | 637 | -8.3 |
| Patients treated by renal transplant packages | 15 | 4 |  | - |
| Patients treated with cataracts | 12 | 36 | 42 | 17.1 |
| Patients treated with radiotherapy | 18 | 66 | 120 | 81.7 |
| Patients treated with COVID | 0 | 115 |  | - |
| Laboratory examinations | 0 | 0 | 366 | - |
| Patients treated in the National Center for Child Upbringing and Development | 0 | 0 | 37 | - |
| Drugs and medical equipment | 0 | 0 | 57 | - |
| Expenses for accommodation of employees who will be engaged in the construction of the "Memorial" Hospital Fier (donation of the Turkish Government in the framework of the COVID-19 pandemic) | 0 | 0 | 35 | - |
| Reconstruction of pediatrics + Kukes | 0 | 105 | - | - |
| World Bank Project | 46 | 0 | - | - |
| The second phase of rehabilitation of UHC “MOTHER THERESA” CEB[[17]](#footnote-17) loan | 614 | 165 | 279 | 69.2 |
| Purchase of medical equipment for the hospital service | 32 | 80 | 215 | 168.1 |
| Constructions/reconstructions | 0 | 313 | 251 | -20.0 |
| Project Global fund | 434 | 37 | 3 | -91.6 |
| Others | 199.584 | 334 | 0 | -100.0 |
| TOTAL | 15,375 | 14,950 | 18,820 | 25.9 |
| *Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021* | | | | |

According to the monitoring report of MoHSP for the 8 months of 2021, ALL 958 million (EUR 7.8 million) were paid for hospital packages of private service providers (non-public hospitals), which is 83.2% of the 8-month plan. The financing of the packages of the non-public hospitals has been done by the Directorate of University Hospital Services, by the Regional Directorates Berat, Durrës, Gjirokastër, and Fier, for the dialysis package. Liabilities from 2020 in the amount of ALL 121 million (EUR 983 million) were liquidated in the first months of the year.

During 2021, based on the concession contract for the provision of laboratory services, this service, in addition to UHC “Mother Tereza” has been extended to other university hospitals, and is also being extended to regional hospitals. The service provided for 8 months (operating figure) is ALL 595.8 million (EUR 4.8 million), while the payment carried out by the hospitals is ALL 346 million (EUR 2.8 million).

**Graph 10: Implementation of the program "Secondary health care services" by main budget lines, 8 months, 2019-2021 period**

*Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021*

## IV. Public Health Services

The public health service is provided through national immunization programs, TBC, HIV/AIDS and Sexually Transmitted Diseases (STIs), epidemiological surveillance and follow-up of infectious disease (i.e. chronic disease with consequences on public health affected by environmental conditions) as well as food safety programs, control of drinking water and reproductive health.

Actual expenditures for the “Public Health Services” program were almost ALL 5.1 billion (EUR 41 million) for the first 8 months of 2021, tripling compared to the same period a year earlier. This increase has come as a result of the addition to this program the vaccination against COVID 19, which aims to immunize the population. Expenditures for persons vaccinated with the anti-COVID-19 vaccine were ALL 2.8 billion, spending 100% of the planned annual budget for this budget line.

Expenditures for the vaccination of population accounted for 55% of the total program, "Public Health Services" for the 8 months.

During the period January-August 2021, 625,773 persons were vaccinated with 2 doses of the anti COVID-19 vaccine and 817,000 persons with one dose, according to the Monitoring report of MoHSP for the 8 months of 2021.

**Table 5: Implementation of the program "Public Health Services", by budget lines, 8 months (ALL million)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Public Health Services, by budget lines, 8 months, (ALL million)** | **2019** | **2020** | **2021** | **Change in %, 2021/2020** |
| Vaccinated children 0-18 years old | 193 | 159 | 174 | 8.95 |
| Monitoring of epidemiological situations | 1,299 | 1,276 | 1,536 | 20.42 |
| Inspections performed by inspectorates | 155 | 158 | 231 | 46.31 |
| Women screened for breast cancer | 0.31 | 5 | 0.951 | -82.13 |
| Inspections carried out by the HCO[[18]](#footnote-18) in hospitals LHCU[[19]](#footnote-19) and HC[[20]](#footnote-20) | 0 | 107 | 226 | 111.90 |
| Women screened for cervical cancer | 0 | 0.062 |  | - |
| Medical and non-medical staff treated with bonus for COVID-19 | 0 | 0 | 100 | - |
| Persons vaccinated with the COVID-19 vaccine | 0 | 0 | 2,794 | - |
| Reconstructions of the premises | 0.874 | 0.072 | 0 | - |
| Computer accessories | 2 | 0 | 0 | - |
| TOTAL | 1,651 | 1,706 | 5,063 | 196.82 |
| *Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021* | | | | |

**Graph 11: Implementation of the program "Public health services" by main budget lines, 8 months, period 2019-2021**

*Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021*

## V. National Medical Emergency Service

This program aims to develop the emergency medical service as an integral part of the health system, to ensure the provision of emergency medical care in time and of quality, across the country, and to raise public awareness on the advantages of the emergency medical service proper use.

The actual costs for this program were ALL 142 million (EUR 1.1 million), with an increase of 25.6% for the line cases treated by medical emergency units.

**Table 6: Implementation of the program "National Medical Emergency Service", 8 months (ALL million)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **National Medical Emergency Service, 8 months (ALL million)** | **2019** | **2020** | **2021** | ***Change in %, 2021/2020*** |
| Cases handled by medical emergency units | 82 | 113 | 142 | *25.6* |
| Medical and non-medical staff treated with bonus for COVID-19 | 0 | 0 | 0 | *-* |
| Medical equipment for emergency service ambulances. | 7 | 2 |  | *-* |
| **TOTAL** | **89** | **115** | **142** | ***23.5*** |
| *Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021* | | | |  |

## VI. Social Care

This program implemented by the MoHSP supports through cash payments and social services, families in need and individuals with disabilities, who can not provide for the fulfillment of their own basic needs, development of personal skills and opportunities, due to disabilities and lack of socio-economic opportunities.

The actual implementation of this program was ALL 18.4 billion (EUR 150 million) for the 8 months of 2021, with a slight contraction of 1.2% compared to the same period a year ago. The last two years this fund has significantly grown (17% higher than in 2019), because of the increased assistance packages to cope with the consequences that COVID-19 brought to the economy and household budget.

**Table 7: Implementation of the "Social Care" program, by budget lines, 8 months (ALL million)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Care program, by budget lines, 8 months (ALL million)** | **2019** | **2020** | **2021** | ***Change in %, 2021/2020*** |
| Families and individuals in needof benefiting from the EA[[21]](#footnote-21) scheme | 2,683 | 3,713 | 4,571 | *23.1* |
| People with disabilities and caregivers receiving benefits | 10,955 | 12,510 | 11,022 | *-11.9* |
| Beneficiaries of social care services provided in public residential centers | 575 | 545 | 289 | *-47.1* |
| Baby Bonus | 1,430 | 1,770 | 2,200 | *24.3* |
| Child protection monitoring reports | 7 | 6 | 6 | *-2.5* |
| New social services for groups in need provided through local units from social fund financing | 0 | 51 | 73 | *43.5* |
| Non-medical staff awarded with bonus for COVID-19 | 0 | 13 | 0 | *-* |
| Children receiving services in care institutions | 0 | 0 | 143 | *-* |
| Elderly treated with care services | 0 | 0 | 96 | *-* |
| Modernization of social assistance | 66 | 11 | 0 | *-* |
| Constructions/reconstructions | 27 | 2 | 0 | *-* |
| **TOTAL** | **15,743** | **18,621** | **18,400** | ***-1.2*** |
| *Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021* | | | | |

## VII. Rehabilitation of the politically persecuted

This program aims at integrating former Political Persecuted by the communist regime into the life of Albanian society. The actual implementation of the compensation payments to former political prisoners for the 8 months of 2021, was ALL 488 million (EUR 4 million), with a decrease of 31.2% on an annual basis. The decrease in expenditures for this fund is mainly related to the shortcomings in the documentation that persons who should benefit from this fund, according to sources from the MoHSP and the Ministry of Finance. Sources from the Ministry of Finance said that their heirs find it difficult to complete the documentation to benefit, while the direct victims of the sentences have either benefited or are no longer living.[[22]](#footnote-22)

**Table 8: Implementation of the rehabilitation program of former political persecuted, by budget lines, 8 months (ALL million)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Implementation of the rehabilitation program of former political persecuted** | **2019** | **2020** | **2021** | **Change in %, 2021/2020** |
| Former persecuted rehabilitated and integrated | 19 | 19 | 21 | 11.8 |
| Former persecuted (file) financially compensated | 958 | 690 | 467 | -32.3 |
| Equipment | - | 1 | - | - |
| TOTAL | 977 | 710 | 488 | -31.2 |
| *Source: Monitoring reports, Ministry of Health, 8 months, 2019-2021* | | | | |

4. Implementation of programs, as per budget lines in the second quarter of 2021

For the second quarter of 2021 (May-August period), total actual health expenditures[[23]](#footnote-23) were ALL 25 billion (EUR 203 million), with an increase of 16% on an annual basis, or ALL 3.5 billion (EUR 28 million) more. Compared to the same period of 2019, the total actual health expenditures increased by 20.5%.

Unlike in 2020, when growth was driven by increased spending on “social care” programs and “planning, management and administration”, throughout the second quarter of 2021, as in the first quarter, the expansion was oriented towards “Secondary Health Care Services” and “Public Health Services”, which were increased by ALL 1.9 billion (EUR 15.5 million) and ALL 1.5 billion (EUR 12.3 million), respectively.

**Graph 12: Implementation of the budget of the Ministry of Health according to programs, the second quarter, period 2019-2021**

*Source: Ministry of Health and Social Protection*

As in the first 4 quarter of 2021, in the second quarter, "Secondary Health Care Services" accounted for the largest share of health expenditures, with 39% of the total, unlike the previous year, when the highest expenses were "social care costs". Compared to the same period a year ago, the program "Secondary Health Care Services" has an increase of 3 percentage points, influenced by increased spending on treatment of patients in hospitals. The second program is "Social Care", with 38% of the total, followed by the program "Primary Health Care Services" (11%).

The two graphs below provide a comparison on the share of the respective programs in the total budget expenditures of the MoHSP for the period of 8 months for the years 2020 and 2021.

**Graph 13: Implementation of the health budget, second quarter, 2020**

*Source: Ministry of Health and Social Protection*

**Graph 14: Implementation of the health budget, second quarter, 2021**

Source: Ministry of Health and Social Protection

Excluding the two programs, "Social Care" and "Rehabilitation of the politically persecuted", respectively, which are not directly related to health services, the health budget for the second 4 months was ALL 15.2 billion (EUR 123 million), increasing 24.5% compared to the same period of 2020 and 31.3% compared to the second quarter of 2019.

According to the main budget lines detailed by the five direct health programs, "Planning Management", "Primary Health Care Services", "Secondary Health Care Services", "Public Health Services" and "National Medical Emergency Service" increased health expenditure in the second quarter 2021 is affected by:

* "Treatment of patients admitted to hospitals", the fund for which increased by 22.2%, or ALL 1.1 billion (EUR 9.3 million) more. Compared to the first quarter, the growth rates have slowed down, reflecting the relief of the pandemic in this period, compared to the first months of the year.
* "Persons vaccinated with anti-COVID-19 vaccine", is a new line that was implemented for the first time in 2021, under the vaccination program against COVID-19, with a total fund for the second quarter of ALL 1.4 billion (EUR 11.2 million), and is almost at the same levels as the first 4 months of the year.
* "Patients treated with dialysis", the fund for which increased significantly by 71% in the second 4 months compared to the same period a year ago, or ALL 720 million (EUR 5.8 million) more and is an indirect indication that the COVID-19 pandemic is increasing the morbitity burden.
* "Number of visits to Primary Health Care", with an increase of 68% for the second 4 months, compared to May-August 2020, is ALL 295 million (EUR 2.4 million) more. Despite this, the growth rates have slowed down compared to the first 4 months, when the pandemic wave peaked.
* "Patients treated by cardiology and cardiosurgery packages", with an increase of 40% on an annual basis for the second 4 months, or ALL 177 million (EUR 1.4 million) more and is an indirect indicator that the pandemic is causing an increased morbitity burden.

**Graph 15: Implementation of the budget of the Ministry of Health by main budget lines second quarter, period 2019-2021**

*Source: Ministry of Health and Social Protection*

5. Excess mortality for 9 months

In the second year of the pandemic, excess mortality [[24]](#footnote-24) in the country continued to be high, especially in the first quarter of 2021, which coincides with the second strong wave of the pandemic, after that of October-December 2020.

For the period January-September 2021, 21,471 deaths [[25]](#footnote-25) were recorded in the country with an increase of 17.9% compared to the same period of 2020, when the country faced the first wave of the pandemic.

Compared to the 2016-2019 average, the period taken as a reference for comparing additional pandemic-induced mortality, the increase amounts to about 34%.

**Graph 16: Mortality, 9 months (no.) period 2011-2021**

*Source: INSTAT*

According to the quarters, the increase in excess mortality for the 9 months came as a result of high fatalities that were recorded in the first quarter of the year, when a total of 9,657 lives were lost according to reports, with an increase of 52.4% compared to the 2016-2019 average for the same period. In the previous quarter, October-December 2020, which coincides with the first strong wave of the pandemic, a total of 9,397 lives were lost according to reports, or an increase of 70% compared to the average of the same period 2016-2019. After March 2021, the pandemic wave began to ease, but the number of deaths continued to remain high compared to the pre-pandemic average, respectively +14.4% in the second quarter 2021 and +22.2% in the third quarter 2021. However, in a signal that the pandemic has crossed the peak wave, in the third quarter of 2021, excess mortality was 11.8% lower than in the same period of 2020.

**Graph 17: Mortality by quarters (no.)**

*Source: INSTAT*

Even during the 9 months of 2021, Albania continued to be one of the countries with the highest increase in excess mortality in Europe. Albania had the third highest increase in deaths in Europe for the period January-September 2021, with 34.4%, compared to the average of the same period 2018-2019, when the pandemic had not yet begun, after Kosovo (+ 78.1%) and North Macedonia (45.2%), according to Eurostat data[[26]](#footnote-26) and statistical reports of North Macedonia [[27]](#footnote-27) and Kosovo. [[28]](#footnote-28) In the countries that continued to take restrictive measures throughout the relevant period of 2021 and vaccinated the population faster, the increase in excess mortality for the period in question was not more than 10%, such as in Portugal, Italy, Spain, France, Austria, Germany, and others.

**Graph 18: Increased mortality, January-September 2021 compared to the average of January-September 2018-2019 (%)**

*Source: Eurostat, Kosovo Agency of Statistics, Statistical Office of   
North Macedonia, edits by the authors*

In 2020, Albania recorded the highest excess mortality in Europe, compared to the 2016-2019 average, at around 27% (see Monitoring report for 2020[[29]](#footnote-29)).

# 6. Progress of the vaccination process

Vaccination rates accelerated significantly in the second and third quarters of 2021, when from the beginning of October, the third booster dose for persons over 18 years of age was made available. As of September 30, 2021, 1,732,549 doses of the anti COVID-19 vaccine had been administered. Of these, 788,538 citizens have received both doses of the anti COVID-19 vaccine.[[30]](#footnote-30) By September 30, about 33% of the population had received at least one dose of the vaccine.

# 7. Impact of Covid-19 on SCREENING and treatment of diseases in the public hospital system

Limiting non-urgent interventions during the pandemic, reducing basic controls, reducing treatments for the chronically ill, reducing periodic consultations, and reducing screening for tumors, risk worsening the clinical outlook in the future and increasing fatalities even after the pandemic for persons with tumors, heart problems, kidney disease, and hypertension. Added to these are the consequences that COVID-19 may have had on the health of a category of people who became infected with the virus. In 2020, the number of people seeking surgery fell by 27%, marking the lowest level since 2012, when data were reported.[[31]](#footnote-31) Data for 2021 will be updated in May 2022.

**Graph 19: Number of visits to health centers, ambulances, and polyclinics**

*Source: INSTAT*

In cardiology and cardiosurgery, treatment of patients decreased by 26%, for kidney transplants 63%, for cataracts 21% (eye curtain, which can be removed only by surgery), breast cancer screening 26% and those treated with radiotherapy 8%[[32]](#footnote-32).

The number of visits to health centers, ambulances, and polyclinics marked a sharp decline for the first time since 2004, shrinking by 4% in 2020, mostly influenced by the decrease in the number of visits of persons over 60 years, which were reduced by 15%.[[33]](#footnote-33)

**Graph 20: Patients that underwent surgery (no.)**

*Source: INSTAT*

The long-term consequences of COVID-19 on the health of a large category of patients, who have been infected with the virus, especially those with heart problems, might require future interventions, such as coronary bypass and stent, are added. In the 8 months of 2021 the cases treated in cardiac surgery have increased 11% compared to the same period of 2020, according to data from the monitoring report of the MoHSP.

8. Increasing the burden of morbidity

Operational data from the Institute of Public Health show that about 20,000 people are suffering from "long COVID". They are suffering from the direct and indirect consequences of illness, such as lung damage, chronic fatigue, and nervous system damage, as well as psychiatric disorders. Such effects last 4-5 months, or even longer after the infection has passed and are being described by health systems as "post-COVID" syndrome, or "prolonged COVID".

Data so far from MoHSP show that the COVID-19 pandemic is expected to increase the burden of the chronically ill.[[34]](#footnote-34)

Post-COVID lung fibrosis, in addition to being a new burden on the system, significantly reduces the productivity of life in affected persons. These people generally do not cope with heavy physical work and need lifelong medications, becoming a burden on society and the health system in the long run.

For the period January-August 2021, the number of hospitalized patients in psychiatric hospitals has increased by 10.5% compared to last year.

Treating mental health disorders is a global public health challenge that is becoming more and more widespread. These disorders from statistical data show that they affect more parts of the society with low socio-economic status. Low-income families have the highest burden of mental health illness. Mental health disorders are associated with delays in seeking medical help, delays in understanding the problem, and reduced access to health services. Also, diagnosis is more difficult for individuals who have other chronic or acute illnesses and show symptoms of mental health problems.[[35]](#footnote-35)

9. Health budget review

The Government of Albania with the Normative Act dated 22 June 2021, changed the budget of 2021, to increase the funds for the health sector, mainly for the purchase of vaccines.[[36]](#footnote-36)

But the detailed tables, according to the main programs and functions that accompanied the changes in the budget, show that the total funds for the Ministry of Health and Social Protection were reduced by about EUR 8 million. With the Normative Act of June 2021, the total funds for the Ministry of Health and Social Protection amounted to ALL 70.4 billion (EUR 572 million) from ALL 71.4 billion (EUR 580 million) that were in the initial budget.

The Normative Act of June 2021 increased the budget deficit to the level of ALL 120.5 billion (about EUR 1 billion) from ALL 108 billion that was planned at the beginning of the year. The government increased the annual deficit, resulting in debt in violation of the fiscal rule set out in the Organic Budget Law in 2016, which stipulates that every year public debt decreases until it reaches below 45% of GDP.[[37]](#footnote-37)

The inclusion of the fiscal rule "debt decreasing year after year" in the Law on Budget Management five years ago, met the standard required by the International Monetary Fund and the European Union. Respecting this rate, according to the planning of the Ministry of Finance in the macroeconomic framework 2017, the country's public debt would fall below 60% in 2020, to be reduced to the target rate of 45% of GDP in 2024. On one hand, relief from the debt burden would relax the Albanian government from the negative effects of unexpected crises, and on the other, would create opportunities to make sustainable investments without compromising fiscal stability.

10. Foreign aid for the pandemic

From March 2020 to June 2021, foreign aid and donations provided to cope with the health crisis caused by COVID-19 amounted to ALL 1 billion (EUR 8.1 million), of which ALL 671 million (EUR 5.4 million) were in the form of equipment for hospitals, ALL 191 million were protective equipment for medical teams and 216 million (EUR 1.7 million) were kits and reagents for public laboratories that served to increase the testing of suspected infected.

As can be seen from the table below, the largest donor was the United Nations through the UNOPS and UNDP programs with over ALL 500 million (EUR 4 million), or 50 percent of the total foreign aid, most of which was given to equipment, kits, and reagents. Among the donors is the company of the United Arab Emirates EMAAR with ALL 45 million (EUR 365,000), which were given in the form of protective equipment for medical staff. Let’s recall that the company EMAAR has received the exclusivity from the Albanian government to build a yacht port and a complex of luxury housing in the place where the Port of Durres operates today. Foreign assistance provided for health emergency management is as much as 10% of the funds made available to the government for health emergency management from March 2020 to June 2021.

**Table 9: Foreign donations for the pandemic in ALL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Donor** | **Amount in ALL** | **Amount in EUR** |
| 2020 | American Embassy | 6,823,000 | 55,472 |
| 2020 | United Arab Emirates | 9,201,562 | 74,809 |
| 2020 | EMAAR | 45,680,618 | 371,387 |
| 2020 | Qatar | 54,825,284 | 445,734 |
| 2020 | UNDP | 80,287,427 | 652,743 |
| 2020 | UNOPS | 432,421,009 | 3,515,618 |
| 2020 | Jordan | 53,272,518 | 433,110 |
| 2020 | Saudi Arabia | 33,221,671 | 270,095 |
| 2021 | German Embassy | 21,656,800 | 176,072 |
| 2021 | NATO | 111,213,000 | 904,171 |
| 2021 | UNOPS | 230,467,958 | 1,873,723 |
|  | **TOTAL** | **1,079,070,847** | **8,772,934** |
| *Source: MoHSP* | | | |

11. Conclusions

* Although health expenditures have been marked by significant expansion in the 8 months of 2021, this increase was forced by the emergency situation due to the need to vaccinate the population and cover the costs of treating hospitalized patients.
* The state budget continues not to pay due attention to health expenditures. Although the government has stated that has increased public debt to about 80% of the GDP in 2021 to support the health sector, in reality, it has cut funding for health. In the last budget changes that were made with a Normative Act on December 3, 2021, the total funds for the Ministry of Health were ALL 70.1 billion, or 0.6% lower than in the initial budget.
* The direct consequences of the pandemic on the health of persons who have survived it, as well as delays in the treatment and diagnosis of other diseases due to quarantine, have increased the morbidity burden on the country for the 9 months of 2021.
* The health system will suffer the consequences of "prolonged COVID", which will increase the burden of chronically ill.
* Albania remains among the last in Europe in terms of vaccination throughout 2021, despite the commitment of the government to provide 2.6 million doses of vaccines and the decision to give the third dose. Albania remains among the countries with high skepticism about the use of vaccines. This skepticism may also be related to the low efficacy of Chinese vaccines,[[38]](#footnote-38) with which the majority of the population has been vaccinated.
* The health sector in Albania suffers from a lack of data. There is a lack of reporting, transparency, and digitalization. Lack of data becomes a cause for weak policies and does not lead to investments in infrastructure and human resources where they are needed.

12.Recommendations

* The Ministry of Health and Social Protection should focus resources and efforts on providing better health care at lower overall cost and creating resilience for future COVID-19 waves or even other possible pandemics.
* The pandemic and the increase in the burden of morbidity on the country is increasing the need for greater expenditures in health care, and consequently, for a clearer focus in orientation of public funds.
* The Ministry of Health and Social Protection should provide additional funding and human resources and address the need to increase digitalization, to facilitate the provision of health services for patients and avoid queues at health centers.
* Expenditures on health in relation to GDP, which have historically fluctuated around 3 percent of GDP, should be gradually increased by at least 2 percentage points, reaching an average of 5 percent of GDP within a 3-year period.
* The Ministry of Health and Social Protection and its institutions, in cooperation with civil society actors, should do more to educate the population about the effectiveness of vaccination, promoting the use of vaccines other than the Chinese vaccine.

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3. In 2020, when the pandemic hit the country with two consecutive waves, August, and November-December, the health sector spent only 7.2% of the total budget expenditures with a decrease of 0.2 percentage points compared to 2019, referring to the Monitoring Report for 2020 and the first 4 months 2021 <https://www.wfd.org/what-we-do/resources/monitoring-state-budget-health-albania> [↑](#footnote-ref-3)
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12. The figure refers to the total actual expenditures declared by the Ministry of Health in the 4 monthly monitoring reports and does not include data on drug reimbursements, which are reported separately by the FDSKSH.

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    [↑](#footnote-ref-14)
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22. Source: The Ministry of Finance [↑](#footnote-ref-22)
23. <https://shendetesia.gov.al/tabelat-e-raportimit-per-intervalet-kohore-3-muaj-9-muaj-dhe-vjetore-si-dhe-relacionet-perkatese/> [↑](#footnote-ref-23)
24. Excess mortality/mortality is a term used in epidemiology and public health that refers to the number of deaths from all causes during a period of crisis that is above and beyond what would normally be expected <https://ourworldindata.org/excess-mortality-COVID> [↑](#footnote-ref-24)
25. <http://instat.gov.al/al/temat/treguesit-demografik%C3%AB-dhe-social%C3%AB/lindjet-vdekjet-dhe-martesat/publikimet/2021/treguesit-demografik%C3%AB-t3-2021/> [↑](#footnote-ref-25)
26. https://ec.europa.eu/eurostat/databrowser/view/demo\_r\_mwk\_ts/default/table?lang=en [↑](#footnote-ref-26)
27. https://www.stat.gov.mk/publikacii/2021/Bilten%2012%20ANG.pdf [↑](#footnote-ref-27)
28. https://ask.rks-gov.net/media/6485/buletini-tremujor-tm3-2021-tetori.pdf [↑](#footnote-ref-28)
29. https://www.togetherforlife.org.al/wp-content/uploads/2022/01/Expenditures-in-the-health-sector-for-pandemic-management.pdf [↑](#footnote-ref-29)
30. 1,732,549 doses of COVID vaccine19. Of these, 788,538 citizens have received both doses of anti-COVID vaccine. [↑](#footnote-ref-30)
31. http://databaza.instat.gov.al/pxweb/sq/DST/START\_\_HE/ [↑](#footnote-ref-31)
32. https://shendetesia.gov.al/tabelat-e-raportimit-per-intervalet-kohore-3-muaj-9-muaj-dhe-vjetore-si-dhe-relacionet-perkatese/

    [↑](#footnote-ref-32)
33. http://databaza.instat.gov.al/pxweb/sq/DST/START\_\_HE\_\_KSH/HE0160/table/tableViewLayout1/ [↑](#footnote-ref-33)
34. https://www.konsultimipublik.gov.al/Konsultime/Detaje/434.

    [↑](#footnote-ref-34)
35. https://www.konsultimipublik.gov.al/Konsultime/Detaje/434. [↑](#footnote-ref-35)
36. <http://www.parlament.al/ProjektLigje/ProjektLigjeDetails/54618>. [↑](#footnote-ref-36)
37. https://www.financa.gov.al/ligjet/ [↑](#footnote-ref-37)
38. https://www.ft.com/content/c57028b4-573e-4ca4-8266-4d7c0ab72492 [↑](#footnote-ref-38)