



REPORT

Monitoring report on the implementation of the state budget for reimbursement related to COVID-19 and investments in medical equipment

* January – August 2021



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**JANUARY 2022**

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Abbreviations

GDP Gross Domestic Product

MoHSP Ministry of Health and Social Protection

CHIF Compulsory Health Insurance Fund

PWDs Persons with disabilities

DCM Decision of the Council of Ministers

4 M I The first four months of the year

8 M The first eight months of the year

PPA Public Procurement Agency

PPC Public Procurement Commission

WFD Westminster Foundation for Democracy

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Preamble

This report analyzes the state budget expenditures for COVID-19-related reimbursement and investments in medical equipment for the period January 2021 - August 2021. The report focuses on the government reimbursement package for persons confirmed positive with COVID-19, with light or medium symptoms. This report also includes data on the impact of the COVID-10 pandemic on people with disabilities.

Through the data collected by the Compulsory Health Insurance Fund, the focus groups, and the data collected by the customs, it is evident that the number of reimbursed patients and the respective amounts are much lower compared to the number of infected people and the real costs to cope with the consequences of the pandemic.

Methodology and Limitations

Official data from the monitoring reports of the Ministry of Health and Social Protection (MoHSP), which are published on a quarterly basis, as well as statistical data from INSTAT were used for the preparation of this report.

In addition to analyzing publicly available data, requests for information were sent to the Compulsory Health Insurance Fund, which is responsible for reimbursement programs.

The Compulsory Health Insurance Fund answered only the question about the number of patients reimbursed for anti-COVID-19 prescriptions and the corresponding amount, leaving unanswered the question of how much the elderly or those with chronic diseases benefited, as such information was not reported by relevant institutions.

In addition to the official data, two focus groups were conducted for the purpose of drafting this report.

In the absence of data on people with disabilities, the first focus group was conducted with 23 people representing associations for people with disabilities across the country, organized by the Association "Together for Life" through the online platform "Zoom", to assess the consequences that the pandemic has had on this fragile group.

The second focus group was conducted near the premises of the Lung Dispensary in Tirana with persons who were treated for COVID-19 in Turkey, following the focus group that was conducted during the drafting of the reimbursement report for the first 4 months of 2021, which focused on the expenses of persons who had been treated in Albania.

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

I. Key findings

* Although the Council of Ministers approved a Decision of the Council of Ministers (DCM) in November 2020 on the reimbursement of the outpatient treatment package for those affected by COVID-19, with a total amount of ALL 1.2 billion (EUR 9.8 million), its implementation has been minimal.
* From November 2020 until the end of August 2021, a total of ALL 29.8 million were reimbursed (EUR 242,000). This amount represents only 2.5% of the total funds made available for this purpose.
* In total, only 7,379 patients or 5% of patients who were officially infected with COVID-19 for the November 2020 – August 2021 period, benefited from this scheme by the end of August 2021.
* The average amount reimbursed per patient from the reimbursement package was ALL 4,039 (EUR 33).
* While during the first 4-monthly report on the progress of the reimbursement process[[1]](#footnote-1) a focus group was conducted to identify the costs of persons who were treated within the country, the current focus group report focused on patients who were treated abroad, in Turkey. From these focus groups, it was discovered that the costs for treatment abroad ranged from EUR 50-100,000 per person.
* The pandemic is estimated to have significantly increased the health costs of of Albanian families, reflecting the fact that many people were forced to cope with the virus with their own funds.
* In terms of value, in 2020 (the latest reported data), monthly expenditures on health by household economic unit, increased by 28 percent, reaching about ALL 4,500 (EUR 37) per month, marking again a record level since 2007 when data began to be collected.
* Public health institutions, the Ministry of Health and Social Protection (MoHSP), and the Compulsory Health Insurance Fund (CHIF) do not have data on how many disabled infected patients, benefited from the reimbursement package.
* From the other focus group conducted with Persons with Disabilities (PWDs) it was revealed that this vulnerable group faced additional obstacles during the pandemic related to medical treatment and other health services. They stated that they did not benefit from the COVID-19 reimbursement package, as they were not informed about how it could be obtained.
* Despite the health emergency caused by the pandemic, the public health sector spent for the period of 8 months (January-August 2021) were only 22.8% of the annual plan for the purchase of medical equipment, or 217 million ALL (1.74 million Euros), from 952 million ALL (EUR 7.7 million), which was the annual plan. The allocation of funds for the purchase of medical equipment is being hampered by irregular tenders and complaints accompanying the tendering process.

II. Executive Summary

The economic impact of COVID-19 is very significant in less developed economies, especially in countries with weak health care systems. In addition to revenue and productivity losses, citizens have incurred significant out-of-pocket expenses for preventive measures and treatment of infection during this pandemic[[2]](#footnote-2). Low-income families and marginalized sections of society, such as the working invalids and people with disabilities, were the groups most at risk from preventive measures that resulted in soaring prices.

From March 2020, studies were conducted worldwide, which reported the economic burden from an individual perspective, mainly on the out-of-pocket costs of COVID-19 patients for the treatment and clinical management of the disease.[[3]](#footnote-3)

The COVID-19 pandemic affected the economic situation of individuals around the world in three ways

1. Loss of income from declining productivity in the economy, loss of jobs as a result of restrictive measures,
2. Routine financial expenses for preventive measures such as masks, disinfectants, etc., and additional expenses for strengthening immunity, vitamins, supplements, etc.,
3. Direct out-of-pocket expenses for coping with the infection.[[4]](#footnote-4)

Out-of-pocket expenses for the treatment of the virus in cases of moderate and severe symptoms of the disease increased in many countries of the world, including in Albania.

In Albania, out-of-pocket expenditures of citizens to afford pandemic treatment as a preventive measure and infection treatment turned out to be high. So far there are no scientific studies dealing with out-of-pocket expenses. But for cases treated in private hospitals in Turkey the associated costs have reached up to EUR 100,000.[[5]](#footnote-5)

Those infected with mild to moderate symptoms faced high costs for treating the disease (radiography, PCR test, antibiotics, vitamins, home medical service, etc.).

To alleviate the financial burden of COVID-19 patients receiving outpatient treatment, the government adopted a decision in November 2020, allocating a fund of ALL 1.2 billion (EUR 9.8 million) to reimburse two packages for those affected by COVID-19 during 2021.[[6]](#footnote-6)

The number of prescriptions issued for COVID-19 for the period January-August 2021 was 5,728 prescriptions and 5,671 patients were treated with a reimbursement value of ALL 23.5 million (EUR 191 thousand), or 1.96% of the available fund.[[7]](#footnote-7)

Since November 2020, when the implementation of the government decision for reimbursement of patients infected with COVID-19 began until the end of August 2021, a total of ALL 29.8 million (EUR 242,000) have been reimbursed, which is 2.5% of the total funds made available, for a total of 7,379 patients. The average amount reimbursed per patient was ALL 4,039 (EUR 33).

The number of reimbursed patients and the corresponding amounts were much lower compared to the number of infected and the real costs of the population to cope with the consequences of the pandemic.

As of August 31, official reports from the Ministry of Health and Social Protection confirm 146,000 people infected with COVID-19, but from the data of the Compulsory Health Insurance Fund about 7,349 infected with COVID-19 or only 5% of infected patients have benefited from the reimbursement for the reference period.

The reimbursement package for COVID-19 patients targeted all those affected with mild to severe symptoms, with no distinction between the needy and groups of people with disabilities. As a result, public health institutions, the Ministry of Health and Social Protection, and the Compulsory Health Insurance Fund do not have data on how many of the infected patients, who benefited from the reimbursement package were people with disabilities.[[8]](#footnote-8)

In 2020, INSTAT reported 73,718 people with disabilities or 2.6% of the country's total population in 2021 (according to data on 1 January 2021).

People with disabilities faced additional obstacles during the pandemic related to medical treatment and other health services. They stated that they did not benefit from the reimbrusment package for COVID-19, as they were not informed how they could benefit.[[9]](#footnote-9)

Albanian families marked the highest increase in health expenditures in 2020, with 28% compared to the previous year, a record in Europe, twice as high as the second country on the list, which is Serbia (+ 12.9%), while in the Euro area this indicator fell by 5% for the same period. This is an indirect indicator of the high out-of-pocket expenses of Albanian families to cope with the pandemic.

During the 8 months of 2021, the public health sector spent ALL 217 million (EUR 1.74 million) for the purchase of medical equipment. The value was as much as 22.8% of the annual fund made available for this purpose of ALL 952 million (EUR 7.7 million). The allocation of funds for the purchase of medical equipment is being hampered by irregular tenders and complaints accompanying the tendering process.

III. Reimbursement for COVID-19 drugs

The model of the health insurance scheme in Albania is a mixed model which is based on mandatory and voluntary contributions, as well as on funding from the state budget.

The economically active population pays for health insurance, while the state budget funds (from taxation) cover the inactive population and the categories in need, thus giving the scheme a solidarity of approach. The health insurance scheme is based on the single-payer model, which is the Compulsory Health Insurance Fund (CHIF), which manages the scheme in accordance with national health care policies.

The health insurance scheme covers:

* Primary service (except community centers);
* Hospital service (except psychiatric hospitals);
* List of reimbursed drugs.

Another mechanism of the scheme operation is the co-payment for health services. But the needy, such as veterans, retirees, the disabled, etc., are exempt from co-payments.[[10]](#footnote-10)

The budget of the Health Insurance Fund has been increasing on yearly basis, but the growth rates have not been the same for the reimbursement fund of drugs.

In 2013, funds for reimbursement of drugs accounted for 28% of the total health insurance budget, which is the highest level recorded in the last decade.[[11]](#footnote-11)

In 2019, funds for reimbursement of drugs accounted for 27% of the total budget of health insurance, while in 2021 they are planned to occupy only 23% of the total budget of insurance, although the list of reimbursable drugs was expanded with 29 new drugs and the scheme also includes treatments for patients with COVID -19.

**Graph 1: Funds for reimbursement of drugs in the total budget of health insurance**

Source: CHIF, \*Plan

**Graph 2: Funds for reimbursement of drugs in % of the total budget of health insurance,   
period 2013-2021**

Source: CHIF, \*Plan

On 18 November 2020, to alleviate the financial burden of COVID-19 patients receiving outpatient treatment, the Council of Ministers adopted a DCM on the reimbursement of the outpatient treatment package at home and the relevant instruction on how this reimbursement would be made by the family doctor.[[12]](#footnote-12)

In the decision of the Council of Ministers No. 908, dated 18.11.2020, "On the approval of the package of anti-COVID-19 outpatient treatment at home, which will be financed by the Compulsory Health Insurance Fund" it was determined that persons who test positive with Sars Cov-2, benefit free of charge the outpatient treatment at home, according to the instruction approved by order No. 579, dated 14.10.2020, "On the approval of the guideline to follow-up cases of COVID-19 infection at home’’,[[13]](#footnote-13) of the Ministry of Health and Social Protection. The total projected fund was ALL 1.2 billion (EUR 9.8 million).

Pursuant to this guideline, it is the family doctor who determines the treatment regimen at the time the patient is tested positive for Sars-Cov-2, depending on the condition and concomitant diseases.

Reimbursement included 2 treatment therapies, that of the light phase that consist of only vitamins worth ALL 1,700 (EUR 13.8) and that of the medium phase that includes vitamins and antibiotics, in cases where the affected person has pulmonary foci, worth ALL 10,900 (EUR 89).

For the period November-December 2020 1,708 patients were reimbursed for with a total value of ALL 6.3 million (EUR 51,200),[[14]](#footnote-14) with an average of ALL 3,689/patient (EUR 30).[[15]](#footnote-15)

For the first 4 months of 2021 (January-April), which coincides with the second aggressive wave of the pandemic, culminating in February-March, a total of 5,475 patients were reimbursed, for a total value of ALL 22.5 million (EUR 183,000),[[16]](#footnote-16) with an average of ALL 4,113/patient (EUR 33).

In the second 4 months of 2021 (May-August), when the pandemic began to fade, the number of reimbursed patients dropped significantly to only 196, with a total of ALL 986.5 thousand (EUR 8,000),[[17]](#footnote-17)or ALL 5,033 (EUR 41) per patient.

**Table 1: Reimbursement of the outpatient treatment package for those affected by COVID-19, November 2020-August 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Number of reimbursed patients** | **Total amount reimbursed (ALL)** | **Average reimbursement per patient (ALL)** |
| November - December 2020 | 1708 | 6,300,000 | 3,689 |
| January - April 2021 | 5475 | 22,521,000 | 4,113 |
| May - August 2021 | 196 | 986,547 | 5,033 |
| **TOTAL** | **7,379** | **29,807,547** | **4,040** |
| Source: MoHSP, CHIF, author’s edits | | | |

In total, for the period November 2020 - August 2021, a total of ALL 29.8 million (EUR 242,000) was reimbursed, which is 2.5% of the total fund made available. The total number of reimbursed patients was 7,379. The average amount reimbursed per patient for the entire period in question was ALL 4,039 (EUR 33).

**Graph 3: Data on reimbursement of drugs for COVID-19, November 2020-August 2021**

Source: CHIF

From the beginning of the implementation of the decision, until August 2021, the funds spent on the COVID-19 reimbursement package constituted only 2.5% of the funds made available for the reimbursement of the outpatient treatment package for those affected by COVID-19.

**Both the number of reimbursed patients and the amounts received by each patient were much lower compared to the actual number of infected persons and the real costs of the population to cope with the consequences of the pandemic.**

As of August 31, official reports from the Ministry of Health and Social Protection show 146,000 people infected with COVID-19, but from the data of the Health Insurance Fund, only 5% of infected patients benefited from reimbursement during the reference period.

In reality, the infected patients in Albania faced high costs that went up to EUR 50-100,000 for those who seeked treatment in Turkey[[18]](#footnote-18). Meanwhile, the average expenses for an infected person were about ALL 100,000 (EUR 813),[[19]](#footnote-19) or about 25 times more than the average reimbursed by the government.

IV. Health expenses

The pandemic is estimated to have significantly increased the health expenditures of Albanian families, reflecting the fact that many people were forced to cope with the virus with their own funds. The latest data are available only for 2020, while the data for 2021 will be published only in October 2022.

According to INSTAT,[[20]](#footnote-20) the share of health expenditures increased to 5.4 percent in 2020, from 4.3 percent the previous year, reaching its highest level since 2007, when the data are available.

**Graph 4: Share of expenditures for health/total, in the budget structure of households (%)**

Source: INSTAT

In figures, monthly health expenditures by a household unit increased by 28 percent, reaching about ALL 4,500 per month, again marking a record level since 2007, when data are available.

In 2020, the total monthly health expenditures of 769,000 families in the country were ALL 41.4 billion (EUR 334 million), or about EUR 72 million more compared to the previous year.[[21]](#footnote-21)

**Graph 5: Average monthly expenses for consumption of the household unit, ALL**

Source: INSTAT

Compared to other countries in Europe and the region, Albania marked the highest increase in health expenditures, measured by the annual change in final consumption of households (at current prices)[[22]](#footnote-22). The increase of 28 percent is more than twice as much as the second country on the list, which is Serbia. The unit spending fell by 3.8 percent on average, in European Union countries. This tendency is an indirect indicator that most Albanian families were forced to increase out-of-pocket expenses to cope with the consequences of the pandemic, unlike other European countries, which relied more on public health systems.

**Graph 6: Annual change in final consumption of households (measured at current prices) for health, 2020/2019, %**

Source: Eurostat, INSTAT for Albania[[23]](#footnote-23)

V. Progress of the general reimbursement program

During the period January - August 2021, a total of ALL 3.4 billion was spent on drugs reimbursement, out of 4,9 billion spent during the same period of the previous year. Funds spent were 31% lower than in 2020. During the 8-month period, over 343,000 patients benefited (almost as much as a year ago), 60% of whom belong to the category of retirees, over 21% are chronically ill, and over 10% are disabled. For 8 months, have been recieved indexlists, as much as 35% of the available annual plan[[24]](#footnote-24).

During the 8-month period, last year's liabilities were paid in the amount of ALL 597.2 million, of which ALL 596.6 million were reimbursed drugs and ALL 653,000 were reimbursed for diabetes test strips, which constitutes 5% of the 2021 annual plan.

For the 8-month period, according to the statistical analysis of the received amounts ​​of drug reimbursement, indexlists were received in the amount of ALL 7.4 billion, of which ALL 23.5 million belong to the amount of the anti-COVID-19 package indexlists.[[25]](#footnote-25)

VI. Data on Persons with Disabilities (PWDs)

The overall disability assessment identifies persons who are at higher risk than the rest of the population to cope with limitations in carrying out daily living activities.

2.6% of Albania's population during 2020 (latest data available) received disability payments.[[26]](#footnote-26) Adults with disabilities of working age are 2 times more likely to stay out of the workforce than people without disabilities.

The prevalence of disability does not change in income quintiles. PWDs of the lower quintile (poorer) are 2 times more likely to have 2 or more disabilities than upper quintiles (richest).[[27]](#footnote-27)

In 2020, the region with the largest number of beneficiaries in the payment for disability was Elbasan with an average of 48 people per thousand inhabitants, while the region with the smallest number per thousand inhabitants was Tirana with an average of 14 people. If we analyze the distribution of this payment according to the type of disability, it is noticed that mental and physical disability is the category that occupies the largest part with 74%, followed by the blind with 17% and para/tetraplegics with 9% of the total of beneficiaries.[[28]](#footnote-28)

VII. Lack of data and transparency on anti-COVID-19 reimbursement for the needy

The reimbursement package for patients with COVID-19, targeted all those affected with mild and severe symptoms, without distinction between the needy, invalids, and groups of people with disabilities.

As a result, public health institutions, the Ministry of Health and Social Protection and the Compulsory Health Insurance Fund (CHIF) do not have data on how many of the infected patients who benefited from the reimbursement package were disabled.[[29]](#footnote-29)

Beneficiaries of reimbursement are statistically reported as beneficiaries with mild or more severe symptoms. Doctors at the Specialized Lung Clinic in Tirana, who issued hundreds of diagnoses every day for those affected by COVID-19, stated that the requirements for reimbursement documentation have been very rare in relation to the spread of infections. According to doctors, the expenses for both categories of beneficiaries have exceeded the reimbursement amounts several times, therefore, the patients have not expressed interest in benefiting from the reimbursement.

VIII. Medical EQUIPMENT Investment

During the 8 months of 2021, the public health sector spent ALL 217 million (EUR 1.74 million) for the purchase of medical equipment. The value was as much as 22.8% of the annual fund made available for this purpose of ALL 952 million (EUR 7.7 million).[[30]](#footnote-30)

The value spent in the 8 months of 2021 for medical equipment was 11% lower than in the 8 months of 2020. During January-August 2021 were spent ALL 1.9 million (EUR 15,000) for the purchase of medical equipment for the Primary Medical Service from ALL 19.6 million (EUR 160,000) programmed for the whole year. Expenditures on this item were as much as 9.5% of the annual plan. The budget line of medical equipment for the hospital service, ALL 215 million (EUR 1.7 million) were spent during the 8 months or 45% of the annual fund made available for this budget line.

The other three budget lines that were scheduled for the purchase of medical equipment were not accomplished. For the 8 months of 2021, no money was spent for the purchase of equipment for emergency service ambulances out of ALL 15 million (EUR 122,000) that were programmed for this purpose. Also, in 8 months no money was spent from the fund ALL 78.8 million (EUR 640,000) that was programmed for the reconstruction of Kukes Pediatrics. In addition, ALL 0 were spent during January-August 2021 from the fund of ALL 362 million (EUR 2.9 million) programmed for the purchase of equipment for the two hospitals built in University Hospital Center "Mother Teresa”[[31]](#footnote-31).

**Table 2: Expenditures for medical equipment (ALL million)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Performance Indicator** | **Budget 2021** | **The fact-budget of the 8-month year 2021** | **% of of the annual plan implementation** |
| Purchase of medical equipment for the primary service | 19.7 | 1.9 | 9.5 |
| Purchase of medical equipment for the hospital service | 477.5 | 215.2 | 45.1 |
| Medical equipment for ambulances | 15.0 | - | - |
| Pediatrics Reconstruction + Kukësi BB | 78.8 | - | - |
| Purchase of equipment for the two hospitals built on credit at the University Hospital Center “Mother Tereza” | 361.9 | - | - |
| **TOTAL** | **952.9** | **217.1** | **22.8** |

The allocation of funds for the purchase of medical equipment is being hampered by irregular tenders and complaints accompanying the tendering process. A representative case is the purchase of a Scanner, which was scheduled to be accomplished in 2020, but the process has been prolonged by the complaints of the companies participating in the competition.

|  |
| --- |
| ***EXAMPLE: DELAYS of SCANNER PURCHASE***  On 20 July, 2020, the procurement procedure "Open Procedure", with procurement no. REF65892-07-18-2020, with object "FV Medical Equipment - CT Scanner” was published in the electronic procurement system, on the official website of the Public Procurement Agency (PPA), with a limit fund of ALL 144 million (EUR 1.17 million) without VAT, scheduled to take place on 17.08.2020, by the contracting authority, Ministry of Health. The awarded winner was the company Montal.  But the other two companies in the competition, Health & Light” sh.p.k. and BNT Electronics complained to the Public Procurement Commission in July 2020, about the modification of the technical criteria by the Ministry of Health favoring the awarded company Montal.  The Procurement Commission decided to partially accept the complaints, as the current law has no limits set for the technical criteria and asked the Ministry of Health to consider the complaints and to regulate the competition procedures according to the complaints of the operators.  In September 2020, the competition was repeated, and 8 companies participated and again the winner was awarded the company Montal with a value of ALL 99.7 million (EUR 810,000), which was 22% higher than the offer of the other competing company "Medfau”, ALL 79.7 million (EUR 650,000).  The other companies participating in the tender "Medfau" and BTN Electronics again complained to the Public Procurement Commission.  The Public Procurement Commission decided for the second time to cancel the tender, asking the Ministry of Health to offer an open tender with logical criteria.[[32]](#footnote-32)  This is just one case of how the contracting authorities in the health sector insist on declaring the same company as the tender awarded winner several times in a row, even though the monetary value offered is higher, and the technical criteria were considered absurd.  This procedure delayed the installation of the scanner for almost two years, thus directly affecting patient care. The scanner during the COVID-19 pandemic was one of the most requested services by patients as the exact degree of lung damage is identified by the scanner. Many patients turned to private clinics for scanner service and thus faced high tariffs and costs for coping with the pandemic. |

IX. Conclusions

* In November 2020, the government began including patients with COVID-19 in the scheme of drugs reimbursement. By August 2021, only 2.5% of the available fund of ALL 1.2 billion had been spent in 2021.
* Actually, those affected with severe symptoms faced very high costs. Treatment in Turkey in some cases amounted to EUR 100,000.
* The anti-COVID reimbursement package targeted all those infected with mild and severe symptoms, but there were no specific definitions for special groups in need, such as invalids, and people with disabilities.
* The package lacked transparency about the reimbursement criteria and conditions that had to be met to benefit from the reimbursement, which reduced the interest of persons affected by COVID-19 to claim the benefits they were entitled to.
* The low amount reimbursed (EUR 14-89/person, depending on the treatment therapy) compared to the real costs of an individual, which were several times higher, was another factor that affected the low interest of affected to apply for a refund benefit.[[33]](#footnote-33)

X. Recommendations

* The government should increase the financial support for patients affected by COVID-19 and make procedures for financial benefits easier.
* Drug reimbursement funds have increased at lower rates than the overall budget of the Health Insurance Fund. The Ministry of Health and Social Protection should make a fairer distribution of expenditures for drug reimbursement, to facilitate out-of-pocket expenditures.
* The health care system will suffer the consequences of "Long COVID", which will increase the burden of the chronically ill. The MoHSP should make available additional funding and human resources, and increase digitalization in the health care system, to facilitate the provision of health services for patients and to avoid queues in health centers.
* Organizations that work with people with disabilities and their families during the pandemic and in other emergencies should be as close as possible to PWDs and their families to inform them about all the measures to be taken in times of emergency.
* Cooperation of public health institutions with service centers for people with disabilities should be continuous.
* The Government and the MoHSP should dedicate a special financial package for PWDs, to fully cover the costs of COVID-19 infection.
* Investments in medical equipment and technology are very small compared to total health funds, while innovation in medicine is gaining primary importance in determining diagnoses and medical treatments. The government should increase funding for equipment and technology in hospitals and also reduce the bureaucracies that come along with their procurement.

Annex 1

*Expenses for treatmet in Turkey[[34]](#footnote-34)*

**Example 1**

B. I. 48 years old, “In September 2020, I was infected with COVID -19. After being diagnosed with damaged lung at 70% at “Shefqet Ndroqi” Hospital, I left for treatment at Acibadem Hospital by charter in Turkey, on September 28, 2020. The expenses in Turkey for three weeks, including the transport, were EUR 50,000. I have my business and I managed them, but in Turkey, I met many Albanians, who are in debt because of COVID.treatments. Even after I came back from Turkey, I paid for some therapies that had to do with recovery."

**Example 2**

H.C. 60 years old, a doctor. "I was infected with COVID-19 in the spring of 2021. The disease progressed very quickly, and I left for Turkey. I was intubated for two weeks. The cost of intubation was EUR 3,500 per night. In total, I spent EUR 100,000. I received most of the funds for my treatment from friends and relatives. Initially it was about life and money was not a concern, but now that I am recovred, the debts that the disease has created for me, are a big problem."

**Example 3**

N. Hoxha, 49 years old, has passed away. His family members A.H and Z.H. claimed that they spent about EUR 70,000 for his treatment in Albania and Turkey, during February 2021. Most of this amount, about EUR 60,000 was spent in Turkey at "Acibadem Hospital". Relatives claimed that the money was spent mainly on transportation, intubation and staying at the hospital for about a week. According to relatives, the expenses were covered by emigration savings and debts from relatives. Despite the expenses, their family member is no longer alive, leaving behind his wife with three small children and debts to pay off. The family members were forced to send him to Turkey, due to the lack of service in the resuscitation ward at the "Shefqet Ndroqi" Hospital, due to the overload created at that time.

ANNEX 2

*Difficulties of people with disabilities, infected with COVID-19, to cope with the consequences of the pandemic*

People with disabilities and invalids face multiple difficulties to cope with the pandemic period and the disease itself, as they are almost excluded from the financial package made available by the government this year for patients with COVID-19.

Focus groups with PWDs indicated that they had encountered difficulties in receiving services during the pandemic period and, on the other hand, claimed that they had no information on how to benefit from the reimbursement package.[[35]](#footnote-35)

Public health institutions (MoHSP and CHIF) have not published the eligibility criteria for the support package for those affected by COVID-19.

Representatives of associations of persons with disabilities point out the problems they have faced, to benefit from the reimbursement package for those affected by COVID-19.

**Example 1**

Z. K, a representative of MEDPAK (Protection of the Persons with Disabilities Rights)

Z. K admits that she did not have much information on this package, other than the DCM that was published. She also consulted with the family doctor and knows that this package did not function, which meant that none of the cases referred to MEDPAK did either. This is also confirmed by representatives of other organizations. They point out that they were helped in the hospital, but that no service at home was made available.

**Example 2**

E.Sh from "MEDPAK" shares his experience in the implementation of a project, during which they found that the families of PWDs, mostly have economic difficulties to provide food. This is their first concern and after this comes the problem of receiving services. He points out that they have not found cases where PWDs have benefited from support packages for drug reimbursement of persons affected by COVID. This is also as a result of an unclear drafting of the DCM. PCR tests often gave negative results, even though the person had been infected with COVID, and this prevented him from becoming a beneficiary of this package.

**Example 3**

M.J from Down Syndrome Albania indicates that a request for review of support to the PWD category is being drafted. They have tried several times before, but so far have not received any information. Again, after the approval of the budget for 2022, they are submitting a request to MoHSP where they ask to be given detailed information on what is foreseen in the budget of 2022, if a fund is foreseen which precedes situations like that of COVID.

**Example 4**

A.S from the "Help Life" Association shows the difficulties encountered by PWDs during the pandemic, but focuses more on what is to come, stresses the need to review the support packages, how necessary and how sufficient they are. She emphasizes that the review should be done with special attention to this category of persons, also by making a distinction among different categories of disability based on diagnoses, as not all PWDs have the same needs.

All organizations representing persons with disabilities agree that the low benefit from drug reimbursement packages is related to the lack of information provided to the general public and in particular to persons with disabilities.

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