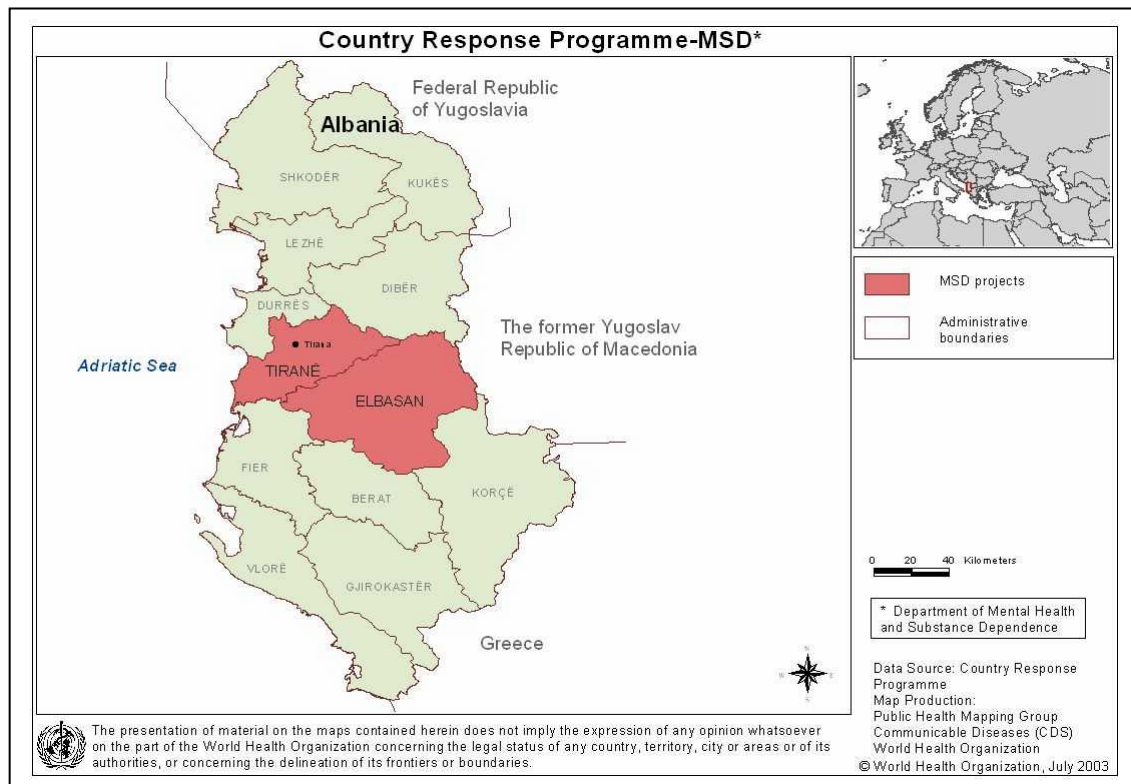


Albania Reform



Project Goal

To assist in designing the necessary steps towards the implementation of the Policy for Mental Health Services Development in Albania (endorsed by the Minister of Health in 2003).

Project Objectives

1. *Provide technical support to WHO Albania and the Ministry of Health in planning and developing mental health services in Albania.*
2. *Provide technical support to the National Steering Committee for Mental Health, WHO Albania and the Ministry of Health in the design of a very concrete operational action plan to implement the Policy for Mental Health Services Development.*
 - a. *Collection of relevant information on Albania through the WHO Department of Mental Health and Substance Abuse's new instrument to monitor mental health system and services in countries;*
 - b. *Defining achievable targets (i.e. Gap Reducing Achievable National Targets) in discussion with relevant health authorities. Key targets are in relation to the following areas:*
 - *Organization of comprehensive community mental health services along with deinstitutionalization in four catchment areas of Albania (600,000 inhabitants).*
 - *Capacity building of mental health and primary health care professionals.*
 - *Implementation of the Mental Health Act 1996.*

Background

Albania is located in southeastern Europe in the Balkan Peninsula. It is bordered by the Federal Republic of Yugoslavia in the north, the former Yugoslav Republic of Macedonia in the east and Greece in the southeast. The country covers an area of 28,750 square kilometres and has a population of approximately 3.2 million persons, of which one third is under the age of 15 years and 40% under the age of 18. The population is also largely rural with some two thirds of persons in 1993 living in the countryside. Albania is one of the poorest countries in Europe with a Gross Domestic Product per capita of \$1290 in 1996.

Albania has experienced civil and political unrest in the 1990s. First, in 1991 and then in 1992 following the fall of communism. Opposition parties were introduced for the first time and there were subsequent rapid changes in leadership. Further unrest also occurred in 1997 and 1998 following the collapse of several saving schemes, which saw an estimated loss of US\$ one billion to the population. This was further exacerbated by the influx of refugees and the humanitarian disaster from the war in Kosovo in 1998 and 1999.

For purposes of governance, the country is divided into 12 administrative areas, called Prefectorates, each with a centrally appointed administration. Each Prefectorate is made up of around 3 districts. Districts had been the main administrative divisions in Albania for the previous 50 years. There are 26 districts that are further divided into rural and urban areas as follows: rural areas are divided into communes and have elected local authorities; urban

areas are divided into town municipalities and have elected councils. Each district has a least one municipality and a number of communes. In the case of Tirana, there are also semi-urban municipalities. In total, there are 315 communes and 42 municipalities in the country. The Ministry of Health provides services through the country's 26 administrative districts.

Health services

In the 1960s an extensive primary health care system was developed. In the 1970s the emphasis shifted to the construction of hospitals in every district to provide basic inpatient care and specialist outpatient care by polyclinics. By the 1980s the Ministry of Health provided and regulated all health services through the district system. Health services were organized and controlled from the centre by means of vertical programmes that were administered at the district level via separate directorates responsible for medical care. Tertiary hospitals were run directly by the Ministry of Health.

The health system was badly affected by the civil unrest in the country. In 1991 and 1992 the violence which accompanied political changes destroyed almost one quarter of health centres in cities and two thirds of health posts in small villages. In 1997 and 1998 the violence also involved the widespread looting of drugs and equipment and some destruction of district hospitals, health centres and public health departments.

Despite the setbacks caused by civil unrest, the 1990s saw two public administration reforms that have had an impact on health services. One is

the transfer of more administrative authority from the centre to the prefectorate (1993). The other is aimed at strengthening the role of local government through the Local Power Law, which regulates the election of local authorities along with their responsibilities and relations with the national government. As part of this change of responsibilities, some responsibility for primary care has been given to local authorities in rural areas.

The Albanian health system can be described as going through a period of transition. This means that although many of the essential elements of the old system exist, health reforms occur. The Ministry of Health continues to provide and regulate all health services in the 26 administrative districts of the country. Most of the work of the Ministry is therefore focused on health care administration rather than policy and planning.

The Ministry manages most health services with only primary health care being partially not under their direct control. The 320 local rural government authorities are partly responsible for primary health care and own the facilities. The funding for these primary health care facilities comes directly from the Ministry of Finance. However, in the urban areas the primary care services are administered by the Ministry of Health's district offices.

In 1993, the Ministry produced a national health policy, but work needs to be done on updating the policy to reflect developments in the health sector. Some of the basic goals are stated as:

- care at an affordable price;
- to give priority to those forms of health care that offer the best

chance of improving health at the lowest price;

- to base the health system on a foundation of primary health care;
- to introduce market elements in financing health care;
- to give more managerial autonomy to districts and to create health regions.
- to streamline health services.

The most important components of the reforms can be seen as:

- 1) Streamlining health services
 - a) maintaining and rationalizing the network of primary health care facilities;
 - b) transforming rural hospitals into outpatient health centres;
 - c) maintaining a network of district hospitals offering four basic health care services;
 - d) upgrading a few district hospitals to the level of regional hospitals offering 10-12 specialized services;
 - e) reorganizing national level facilities into a unified university hospital.
- 2) Improving the quality of health services through rehabilitation of its infrastructure and standardizing medical equipment.
- 3) Protecting and increasing financial resources for the health services; protecting and increasing the public budget for health; introducing private services; introducing health insurance; increasing regulation at the same time as allowing privatization.
- 4) Developing human resources by: reducing the number of students in the faculty of medicine; reviewing the national curriculum and standardization of postgraduate training; upgrading nurse training; introducing regular in-service training and new post graduate

training in family medicine; introducing public health and health management.

- 5) Decentralizing and regionalizing health services.
- 6) Strengthening and improving statistics and health information.

The planning process that was being undertaken in collaboration with WHO was interrupted by the violence in 1997. Subsequently sub-sector plans have been produced with the assistance of international experts. These include:

- a policy for primary health care (European Union PHARE programme);
- plans for the development of Vlorë and Shkodër regional hospitals;
- a strategy for the Tirana regional health system (World Bank);
- a master-plan for the development of the Tirana University Hospital (Assistance Publique des Hôpitaux de Paris);
- a national mental health policy (National Steering Committee for Mental Health/ Albanian Development Centre for Mental Health).

What is now needed is integration of these reforms and plans within the framework of the national health policy and a health sector plan. In the current situation, day-to-day administration takes precedence over planning.

Planned reforms

Two parallel training initiatives have been reported. First, the launching of World Bank and the Ministry of Health six-month training course in health planning/management at the district level after piloting six short-term training courses, with a focus on primary health care. This course was

prepared through the support of the University of Montreal. USAID and the Faculty of Medicine planned a second postgraduate training course in health management, which began in 2000, with the assistance of New York University. In addition, the University of Tirana proposes to develop a new field of study in public health management. The Faculty of Medicine has already started a postgraduate training course in public health.

Mental health care

Mental health care in Albania has traditionally been largely hospital based, biologically oriented and symptom focused. There are two large psychiatric wards in general hospitals in Tirana (120 beds) and Shkodra (110 beds) and two State hospitals at Elbasan (400 beds) and Vloera (280 beds). Because of the location of these facilities, they are largely inaccessible to the majority of the population. There is much that is needed in order to reform the mental health system as a whole, but in particular, to improve mental health service provision. The Policy Document of Mental Health in Albania, which has been approved by the Government in 2003, addresses some of these priorities. In describing the context in which service provision is to be improved, the document states the following:

- There are 840 psychiatric beds in the country, most of which are used for long-term treatment.
- There is around one psychiatrist per 78 000 inhabitants or maybe less considering the centralization of psychiatrists in four districts.
- No nurses have been previously trained in psychiatry, although there are around 200 nurses working in psychiatric settings (including hospitals and ambulatory care). Again, this

figure is less, considering that many nurses in psychiatric hospitals are not engaged directly in patient care, but in administrative and laboratory activities.

- Until recently, there were no social workers and psychologists employed in the psychiatric services.

In 2001, the country reports from the WHO European Network on Mental Health listed some additional facts concerning the poor state of mental health services in Albania. Included among them are:

- The first psychologists graduated from the university in the year 2000.
- Contemporary psychotherapy has not been available.
- GPs have had limited knowledge about mental disorders, although they are consulted by many people with mental health disorders.
- Drugs for people with mental illness are limited.
- Professional knowledge in general has not been up to international standards.

With regard to outpatient treatment, this service has been provided by neuro-psychiatrists who are however not present in every district. Very often however, they cater for neurological as well as psychiatric consultations although some neurologists have little knowledge of the latter. Each service consists of one doctor and one nurse only and whereas a minority of neurologists has received some training in psychiatry, nurses have received none since there has been no training for psychiatric nurses in the country. The above situation has been exacerbated by *inter alia*: the poverty of the country, the small percentage of GDP spent on health in

general (1.91% in 2000), the high level of stigma against the mentally ill, and the presence of under-resourced, old-fashioned psychiatric services.¹

Mental Health Reform

As part of the Ministry's commitment and efforts to reform mental health services, a National Steering Committee for Mental Health was set up in May 2000 with the support of WHO to decide and propose what was needed in the mental health field. The Committee is also assisted by the Albanian Development Centre for Mental Health, which was formed in October 2000 and follows up the implementation of the Policy in all its aspects.

The National Steering Committee for Mental Health was mandated to perform four tasks:

1. To develop a mental health policy.
2. To plan the reform of psychiatric services.
3. To follow up, support and coordinate the implementation of innovative activities, experiences, and services aimed at the development of community-based mental health services, and promote and implement deinstitutionalization processes.
4. Monitor the deinstitutionalization processes.

Overall, the reform process in Albania which has been given technical assistance by WHO and has begun to take place at two levels, the policy level and the field level. At the policy level, the Mental Health Policy produced by the National Steering Committee for Mental Health, has

¹ Mental Health in Europe, 2001.

been approved by the Ministry of Health.

Mental Health Policy

The focus of the mental health policy document has been on the re-organization of psychiatric services, although the 14 priorities cited for implementation in the Policy document cover a much wider area of reform. Included in these are: creating a Department for Mental Health Development within the Ministry of Health; continuing the integration of mental health services into primary health care (which has only recently begun with the establishment of Community Mental Health Centres); defining and instituting a separate mental health budget; reviewing mental health legislation with a view to ensuring rights to treatment, housing, education, employment, etc. for persons with mental health disorders; the deinstitutionalization of psychiatric services; establishing community-based demonstration systems; and the provision of continuous training of mental health staff (within and outside Albania).

Community Mental Health Centres

At the field level, six community-based mental health facilities have been established. Four are under direct WHO technical and financial support and a further two in Vlora and Shkodra are supported financially and technically by UNOPS in collaboration with WHO. WHO has been responsible for setting up community mental health centres in four areas of the country. This is with the intention of incorporating them into the mainstream state health system. They are located in Tirana, Elbasan, Gramsh and Peshkopi. More recently, there has been a decision taken for WHO to

concentrate relatively more on the development of the Centres at Tirana and Elbasan, and with UNOPS on Vlora and Shkodra in order to achieve wide geographical coverage. The intention is to develop community-based services and undertake training of staff in these four catchment areas.

WHO in Tirana and Elbasan will continue to provide supervision, coordination of NGO activities in the area of mental health, training, evaluation and the preparation of background material for the National Steering Committee for Mental Health. All these activities are done with the support of the Albanian Development Centre for Mental Health. The remit of the Centre is as follows:

- Building knowledge and competence on community-based mental health practice;
- Evaluation of mental health services from a multi-dimensional perspective;
- Approaching the community through information and education;
- Supporting the national organization of the relatives of persons with mental health problems.



Reforming mental health in Albania

All of the Centres have received and continue to receive a mixture of technical support, training and an

exchange of valuable experiences from WHO, the Geneva Initiative on Psychiatry, the North Birmingham Mental Health Trust in the UK and the Principado de Asturias, in Spain.

Financial resources, initially from the European Commission Humanitarian Aid Office (ECHO) and later from the Swedish International Development Agency (SIDA) were instrumental in providing the foundation for the modernization of mental health care in Albania.² A description of the work of the centres follows along with an analysis of the progress made.

Mental Health Legislation

In 1996, the Parliament approved a Mental Health Law whose implementation status is uncertain. One of the aims of the mental health reform is to implement the law and increase the provision of community based services.

Tirana

The district of Tirana (made up of one urban municipality, three semi-urban municipalities and 15 rural communes) has been served by one psychiatric hospital in the past. In an effort to increase the provision of community care services, and as part of the reform of mental health services, the first community centre for mental health was established in Tirana in December 2000. The team is multidisciplinary, provides therapeutic care, day care and outreach services. It has also created a network for collaboration within and outside Albania.

An analysis of the progress made over the last three years has shown that at the field level the pilot community mental health centre in Tirana will now cease to be a demonstration site and become an integral part of the community services completely financed by the Regional Health Authority. Other supporting activities such as the exchange programme with the Birmingham collaborating centre have been working successfully. A car has been donated for carrying out home visits.

² Mental Health in Europe, 2001.

Elbasan

Another community mental health centre has been created at Elbasan. This town has been traditionally served by a 40-year old psychiatric hospital that has also housed forensic patients. The stigma associated with the presence of forensic patients has made the work of the new community team difficult and challenging since its inception in the latter half of 2000. Apart from having to deal with the stigma of mental illness the other challenges faced have been: lack of community awareness about the needs of the mentally ill, lack of involvement of different sectors of the community, lack of links with other health service facilities, and the inexperience of community-based work. However, some links are being made and there has been support from the Public Health Office and Municipality to look at the problems of integration.

Over the last three years, the community mental health centre has been working in the polyclinic and the staff and running costs are being met by the Ministry of Health. A rehabilitation unit close to the hospital has been renovated. The hospital-based team and the community mental health teams have both received training and the UK and Ireland Collaborating Centre has been successful in changing modalities of daily work.

Gramsh

The Centre in Gramsh, which began functioning in January 2002, has received much more support from the local authorities and the local community, which has made its initial work easier. The building and the staff are funded by the local health authorities. This Centre also provides active outreach work especially with families. Outreach is particularly important because the local terrain leads to the isolation of many villages from services.

Personnel at the Centre have also received training locally and abroad and a few beds have been identified in the General Hospital for allocation to mental health treatment. A car has also been donated for outreach work.

Peshkopi

The fourth Centre, in Peshkopi has recently become functional. This is the only one of the four centres that is totally financed and administered by the State. A car has been donated and the team has received in-service training with support from Asturias WHO Collaborating Centre. There has also been an agreement reached over the identification of a few beds in the local general hospital for the treatment of patients with mental disorders.



*Visiting Albania Community
Mental Health Resource Centres*

Setting Achievable National Targets.

The Policy for Mental Health Services Development specifically states that an implementation strategy (operational plan) should be developed to define feasible and sustainable activities that are of the highest priority.

To facilitate the development of such a plan, the Department of Mental Health and Substance Abuse assisted WHO Albania in doing a comprehensive assessment. For this assessment the Department's new instrument to monitor mental health systems and services in countries was administered. Through over 300 indicators, the 10 key components of any mental health system (reflecting the 10 main recommendations made in the World Health Report 2001 on mental health) were systematically assessed. This assessment provides baseline information for the operational plan, which details activities to be implemented over the coming five years in Albania.

For each activity, detailed operational planning has been conducted. Tailor-made plans describe for each activity: the target group, the purpose, the current situation, the overall need, the unmet need, the target (with

timeframe), the exact implementation plan, the responsible agents for implementation, the resources needed, the funder, potential barriers to implementation and specific indicators. The writing of the plan is facilitated by the Department of Mental Health and Substance Abuse who assisted WHO Albania and the Working Group of the National Steering Committee on Mental Health in developing the plan. The plan is based on (a) the Policy, (b) the results of the mental health system monitoring exercise, (c) WHO Albania's and the Ministry of Health's experience in the country through aforementioned community mental health projects, (d) the normative information provided in the Policy and Guidance Package developed by the Department in recent years, and (e) the clear vision articulated by the WHO Albania mental health staff.

Supporting activities to be undertaken by the Ministry of Health

- Strengthening human resources for mental health services.
- Establishing a Unit for Mental Health and Substance Abuse within the Ministry of Health to coordinate the implementation of the Policy Document and wider reform.
- Moving resources from the hospital to the community.

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