



CONTEXT - Albania

Location: South-Eastern Europe
Population: 2,87 milion



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- The state provides the majority of health services in the promotion, prevention, diagnosis, and treatment.
- Access to quality services including HIV treatment and abortion, GBV and CSE
- Prevention from violence services/care centers for abused women
- The universal health care coverage is integrated in the Albanian National Health Strategy 2016-2021, as a means of achieving the Sustainable Development Goals.
- Spending on healthcare: 2.6% of the GDP is partially financed by compulsory health insurance.

SRHR INTEGRATION IN UHC

- 1998-2005 established women health care centers close to the primary health care in six regions of Albania . Further the centres were handed over to the state.
- At the present ACPD has two clinical Centers such as in Vlora -South Albania (1998), Tirana Center “Po (2000)” and Trokitja Center in Shkodra (2001). The centers contribute to:
- Advocacy for the approval of the Law on Reproductive Health; the Law against Domestic Violence, Gender Equality Law, the Health Care Law (2019) and the national strategies on: Gender Equality; Prevention and Treatment of HIV/AIDS; Sexual and Reproductive Health etc.
- The Ministry of Health’s Emergency Platform now includes a reproductive health strategy on the Minimum Initial Service Package (MISP).
- Compiled and updated guidelines and protocols for Safe Abortion, Family Planning, Youth Friendly Services, Cervical Cancer, for the Use of Antiretroviral Medicines for the Treatment and Prevention of HIV Infection.



SUCCESSSES

- Approx. 88,000 reproductive health care services, were provided through two clinics based in Tirana and Vlora, community-based delivery and mobile clinics, 2016-2018.
- 422 services related to sexual and gender-based violence provided, 2018
- 350 service providers raised capacity to provide quality care, 2014-2018.
- Our comprehensive sexuality education program has been implemented for ages 10-19. From 2008-2019 there was a 400% increase in young people, women, and girls reporting rights violations and sexual and gender-based violence.
- Clinic centers have contributed to: enabling environment for the health and wellbeing of vulnerable groups; fulfillment of health, social and economic rights of children/young people and women; reduction of violence against women; empowerment of women, youth and civil society organizations to act on their SRH rights.

PROGRESS ON UHC IN ALBANIA

- **Social support and welfare in Albania:** The Albanian welfare system consists of several pillars, attained through social protection programs (pension schemes, employment promotion programs, unemployment economic aid; economic aid; residential, day and community social services for the vulnerable groups; support for people with disabilities; social housing; benefits for the veterans of war; and benefits for the political persecuted, etc).
- **Transparency:** Joining global movement (signature of the UHC agreement (2011), adjusting SDGs into national plans and budgets, voluntary national review for the SDGs implementation
- **Address health inequalities:** The improvement of health care for girls and women is being implemented in synergy with the fight against gender discrimination, gender-based violence and domestic violence, in close cooperation with the civil society and international organizations, particularly with the support of the One UN Program.
- **Providing universal health coverage for all:** The Basic Primary Health Service Package (revised in 2015) stipulates a range of health care measures for women and RH related to the screening and preventive examinations of early pregnancy, cervical cancer, family planning, gender based violence prevention and management, HIV prevention and testing procedures with follow up for children, adults and pregnant women etc.
- **Good Governance and Accountability in Health:** Accountability to higher levels of health management and to citizens in particular is the key to the health governance efficiency.
- **Commitment:** In 2013, the Albanian government pledged to implement universal healthcare coverage and has since undertaken a series of steps toward implementation of this model.

ONGOING CHALLENGES

- Increase access to integrated SRH services at primary health care including through finance the costed population.
- Reducing health inequalities provide financial protection for the low-income stratum, expand the range of health services and increase the preparedness of the health system.
- Data collection and analyses standardized, sex-disaggregated.
- Government strategies in every sector and at central and local level should be gender mainstreamed and include gender responsive budgeting.
- The system needs to provide a detailed infrastructure of health care sufficient and skilled human resources, whose training is not matching with the gradual modernization of health technology.

LESSONS LEARNED

- The government should promote political dialogue and public support in improving the health care quality and standards.
- Reducing health inequalities, access to services needs to be strengthened for vulnerable populations, including women, Roma and Egyptian minorities, people with disabilities and populations in rural or remote areas’
- Changing the financing method of health services from the contribution system to the general taxation system.
- Absence of dedicated SRH budget line in the health budget.
- Proper management and evaluation of the Albanian health system, to ensure that health information is used to articulate evidence-based policies and rational planning of health care services.