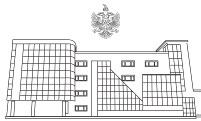

THE NATIONAL ACTION PLAN ON AGING

2020 - 2024

The drafting and publication of the National Action Plan on Aging were made possible by the United Nations Population Fund (UNFPA) and were coordinated by the Albanian Center for Population and Development (ACPD).

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THE NATIONAL ACTION PLAN ON AGING

2020-2024

DECISION

NO. 864, of 24.12.2019
ON THE ADOPTION OF THE 2020-2024 NATIONAL POLICY DOCUMENT ON AGING
AND THE NATIONAL ACTION PLAN FOR ITS IMPLEMENTATION

Pursuant to Article 100 of the Constitution, upon a proposal by the Minister of Health and Social Protection, the Council of Ministers

DECIDED:

1. To adopt the 2020-2024 national policy document on aging and the national action plan for its implementation, in accordance with the text that is attached to this decision.
2. The Ministry of Health and Social Protection and its subordinate institutions, the Ministry of Finance and Economy and its subordinate institutions, the Ministry of Education, Sports and Youth, the Ministry of Interior and local government units are tasked with the implementation of this decision.

Ky vendim hyn në fuqi pas botimit në Fletoren Zyrtare.

PRIME MINISTER
Edi Rama

NATIONAL POLICY DOCUMENT
ON AGING
2020–2024
December 2019

A message by H.E. Ogerta Manastirliu, Minister of Health and Social Protection of Albania

1 October 2019, International Day of Older Persons

The 2020-2024 National Action Plan on Aging comes in response to the social and demographic challenge of aging in a period of major demographic transformation like no others in the history of Albania. During this time, the number of elderly persons has increased several folds, while the number of children and young people has decreased remarkably, as a result of both declining birth rates and emigration. There is, therefore, an increasing number of persons who can and must continue to take an active part in society after retirement, too.

This speedy demographic transition the country has experienced, has been accompanied by both a decrease in the size of family units and an ever-declining tradition of supporting the elderly. In addition, unlike most of the countries in the region, Albania has not inherited a traditional and integrated system of social and health care for the elderly.

The goal of this Policy Document is to ensure that elderly persons are integrated better in society, they are provided with quality services, and that they enjoy a long, healthy and productive life. Albania's Aging Plan is in line with the conclusions of the European Union for Life-Long Healthy Aging. It is the EU's Third Health Programme that identifies demographic changes as the key challenge for our region.

Through the implementation of this Plan, the Albanian Government aims at achieving one additional year of healthy life expectancy in the country, the halving of poverty in over-65-year-olds and full coverage of health and social care services for the elderly persons that need them.

During the implementation, we will improve pensions and access to public transport for thousands of vulnerable elderly persons. Thousands of others will gain from the use of the new day centres and social activities co-organised by the government and the municipalities. There will also be more housing opportunities and residential centres for the elderly with special needs. In addition, tens of thousands of elderly persons will have new opportunities for better quality and integrated social and health care services.

Last but not least, so as to meet the letter of the Plan in spirit, by the end of the five-year implementation period, our whole society will be more aware of, and ready and willing for an Albania of all ages.

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1 PART I: POLITICAL, INSTITUTIONAL AND SOCIAL CONTEXT

Albania is experiencing the effects of aging after a period of unprecedented demographic transformation, a period in which the number of elderly persons has increased several folds, while the number of children and young people has decreased, as a result of both declining birth rates and emigration. This speedy demographic transition has been accompanied by a decreasing size of the families and its traditional role in supporting the elderly. In addition, unlike most of the countries in the region, Albania has not inherited a traditional and integrated system of social and health care for the elderly.

The Policy Document of Social Inclusion (PDSI) 2016-2020, adopted by Council of Ministers' Decision No. 87, of 03.02.2016, an extremely important document of the Albanian Government, guarantees a contemporary and responsible system for the evaluation of social inclusion in various sector policies, such as social protection, employment and skills enhancement, health, education, housing and fulfilment of basic needs, social participation policies and the respect for human rights. This Policy Document aims at creating a protective and reintegrating environment for the most excluded groups of Albanian society, including the elderly.

Matters pertaining to the creation of this protective environment for individuals in need, have been gradually included in the list of priorities for the Albanian Government during this past decade. The social protection of groups in need has changed from the recognition of their rights to respecting and guaranteeing these rights. Nonetheless, Albania's poor heritage and socio-economic challenges have been the factors that have determined the direction that social policies have taken through the course of the years. It is due to the country's social and economic conditions and other transition-related phenomena that excluded individuals and/or groups in need are faced with rather critical situations that have a direct bearing on the denial of their rights, their exclusion or failure to respect these very rights.

It is in this context that the Ministry of Health and Social Protection (MHSP) prepared the National Action Plan on Aging, as the competent authority for protection and social inclusion policies, with the support of the UNFPA and other stakeholders.

There are around 400,000 elderly persons in Albania, making up 14% of the total population of the country. Around 60% live in isolated areas. Living alone or in poverty, facing several barriers such as special health conditions or poor infrastructure of service provision are some of the factors that impede the full and effective participation of the elderly in society[1].

It is worth stating that the social services system has improved considerably in terms of public access, mainly due to the effective cooperation of state structures with NGOs. It is thanks to this cooperation that many community-based services are supporting individuals and families in need. Nevertheless, of all of the services provided, the most critical for the elderly are health and social services.

Further to Territorial Administrative Reform, local government units have been granted more competencies in terms of providing social welfare services and making sure they are both available and working. However, the increased competencies need to be accompanied by additional human and financial resources, as this will ensure the provision of good quality services and effective social welfare. Municipalities have been involved in the preparation of social plans, including the needs of and services for the elderly, which will be part of the financial mechanism of the social fund.

Present efforts have identified the most fundamental problems both the elderly and excluded groups are with. It was for the purpose of harmonising policies, coordinating efforts and increasing the effectiveness of existing resources that the need for the drafting of the Action Plan arose in the first place.

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[1] Assessing the social, economic and health situation of elderly persons in Albania and their participation in society, the Albanian Aging Network, October 2017.

1.1. Demographic Analysis

Over the years, the population structure may change significantly as a result of the interaction of the demographic processes, such as the birth rate, death rate or migration, and other indirect factors, such as the choices of lifestyle or the offering and efficiency of healthcare services.

The population of Albania, as of January 1st, 2019 numbered 2.862,427 inhabitants by suffering a decrease of 0.3 per cent compared with the figures of January 1st, 2018[2]. The demographic transition in Albania has visibly culminated into a gradual "ageing" of the population over the last decades. Therefore, the number of elderly constitutes over 11 per cent of the general population of our country with an upward trend in the coming years[3].

Albania is feeling the effects of the ageing of the population – a process according to which the elderly have a proportionally higher percentage of the whole number of the population. In the last two decades, a specific demographic transformation took place: an increase of the percentage of the elderly 65 years of age and above that is accompanied with a decrease of the percentage of children and young people[4]. This situation is amplified even more by the higher levels of emigration of the young people and middle-aged individuals, which makes it necessary to treat the issues of the ageing of population amongst the main priorities of the Albanian Government.

The continuous and widespread emigration accompanied by lower birth and death rates has had a very big influence in the structure of the population of Albania. The number of persons within the 15-64 years of age group has remained quite sustained in the period between the last two censuses, by falling from 1.96 million in 1989 to 1.90 million in 2011. On the other hand, for a population that is generally speaking suffering a contraction there is a sharp increase of the number of elderly persons of 65 years and above that goes from 169 thousand to 318 thousand for the same period[5]. This is a clear indication of the complete transformation of society in only 22 years.

According to updated projections, the population of Albania by 2031 is calculated to be 2,745.996 inhabitants. This number is almost 36 thousand inhabitants less when compared to the number of population for the Population Projections 2011-2031. The difference in this number is a direct consequence of the low birth rates and the gender distribution of emigrants, that does not correspond with the Population Projections' hypothesis for 2011-2031.[6]

The growth at slow rates of the Index of Synthetic Fertility (ISF), accompanied by the coming of a reproduction age of generations of women fewer than the current ones will make it possible for the number of births not to sustain significant changes from 2019 through 2031. At the same time, the number of deaths will continue to increase, as a result of a population who is largely composed of the elderly. These two changes will also bring about the decline of the natural additive of up to 3.2 thousand in 2031.

An important aspect of the ageing process is the progressive demographic ageing of the older population itself. An increased number of the elderly who are older is a direct result of the increased longevity, that has been noticed in the previous decades and that is thought to continue in the future decades. It is a different matter if the extra years gained through longevity are lived in good or bad health.

In the past, marriage was a universal thing for the population of Albania and remarriage, especially noticed in men, was quite common. The current analysis shows a postponement of marriage, a decrease of the remarriage rates and also there are trends of its abandonment. Currently, the low level of marriages is reflected by an increased level of divorces[7]. Demographers have described the development from the higher regimes of birth and death rates to lower regimes of birth and death rates as a "demographic transition".

Although Albania has completed its First Demographic Transition in the decade before the 2011 census, the same period shows trends that may be interpreted as the first steps of a Second Demographic Transition.

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[2] INSTAT, Population of Albania, January 1st, 2019

[3] MOSHA (Movement of Organizations Supporting Healthy Ageing), SUMMARY OF THE STUDY WITH THE ELDERLY IN ALBANIA, 2017

[4] Ageing of Population: *The situation of the elderly in Albania,* November 2015

[5] Ageing of Population: *The situation of the elderly in Albania,* November 2015

[6] INSTAT, Projection of Population 2019-2031

[7] Albania: Population and its Dynamics – New Demographic Horizons, INSTAT, May, 2014

1.2. A brief description of the economic, health and social conditions of the elderly

The influence of poverty and other social issues of the Albanian society, described above, together with the "age barriers", the health conditions or the poor infrastructure of services, deter the full and efficient participation of the elderly in society, by denying them a few rights, and opportunities of benefiting from the general welfare, just like the other members of society. As a result, the elderly are some of the most excluded groups of the population[8].

The social exclusion in Albania is defined as the "denial of the equal opportunities of some social groups over the others, which leads to the inability of the individual to participate in the basic political, economic and social functioning of society". The elderly in Albania is faced with many critical issues that influence the multi-dimensional exclusion, as it is confirmed by studies, data and discussions of interest groups.

According to the theoretical definitions and the implemented methodology in the framework of the preparation of the Policy Document of the Social Inclusion, the exclusion dimensions are defined as follows:

- *Economic Dimension*: the inability to create and/or have income, production means, assets, capital, inclusive of the dwelling place.
- *Social Dimension*: the inability to utilise services (of all kinds), the opportunity to use social contacts, the inability to live a quiet life in the community, safety from theft, robbery, violence, criminality.
- *Cultural Dimension*: the inability to use entertainment, recuperative and cultural services.
- *Ethical, Human Dimension*: the isolation of the elderly, almost to the point of them being "forgotten" by the society.
- *Political Dimension*: the inability to exercise political rights and participation in the decision-making process.

The most pressing issue for the elderly is the economic poverty that has been caused by the lack of or insufficiency of income. Despite the reform of the pension scheme, the system is faced with challenges associated with the demography and economy. The ratio of the dependency of ageing almost doubled from 8.6 per cent in 1989 to 16.7 per cent in 2011. By 2030 this ratio is expected to double into reaching the level of 32.9 per cent.

Around 30 per cent of the Albanian elderly live in apartment blocks, where an important impediment of movement for 80 per cent of them is the lack of the lift. For the majority, or 93 per cent of the elderly, they have access to friendly bathrooms, but only 76 per cent of them have into their homes.

The health situation of the elderly is the second issue based on importance. The elderly suffer mostly from chronic diseases. They say that they cannot afford to buy the medicine and very often they are forced to buy them only partially, and mostly those who are reimbursed. On the other hand, the public system of healthcare is unprepared to meet the increased needs of the elderly.

Based on a few studies that have been undertaken by the Gerontology Association, established especially to identify the issues of the elderly, results that around 60 per cent of the elderly in the whole country suffer from chronic diseases, while around 30-40 per cent of medication is used by the elderly, thus significantly influencing the State Budget. The health conditions, and especially that of the elderly over 75 years of age and who are sick, is a critical exclusion factor.

The study "An Evaluation of the social-economic conditions, social participation and health conditions of the elderly in Albania", carried out by the Albanian Network of Ageing, in 2017, confirms that around 8 per cent of the elderly have no contact at all with their family members and/or friends – thus speaking of complete social isolation of this category of the elderly. The ratio of social exclusion is somewhat higher in females (8.7 per cent) in comparison with males (7.7 per cent), and it is much higher at the elderly of very old age in comparison with the elderly of a younger age.

In the study of 2017, with very few exceptions, there is a tendency of an improvement in the perception of health, in the utilization of healthcare services and the perception of poverty, compared with the first similar study that was undertaken in 2008. However, the issues of loneliness and vision-related concerns have been increased. Table 1, shows a summary of the issues of healthcare services identified by two groups concentrated in Tirana and Vlora, organised during the process of the evaluation of the situation for the preparation of the Action Plan on Ageing.

[8] The social profile of the elderly in Albania

Table 1: Summary of the issues of the elderly in Tirana and Vlora

Perceived Healthcare Needs	Issues Related to Utilization of Services	Issues Related to the Quality of Services
Much higher levels of chronic diseases and loss of abilities compared to the other age groups. Higher levels of chronic diseases, depression, aches and pains and decrease of mobility in women. A high number of individuals who suffer from more than one disease and the need for multiple treatments.	Low mobility rates in many elderly people and loss of autonomy for some of them, that lead to the avoidance of services in cases of need. Transportation issues. Inability to meet the additional costs for some medicine or examinations recommended by the doctors. A tendency to use alternative/traditional medicine. Low expectations from services in rural areas. Split opinions concerning informal payments. A few of them believe that the doctors' behaviour is influenced by their ability to pay them. Some others believe that it is related to the doctor's individual education and professionalism. Home visits in the urban areas are very rare and are conditioned by the informal payments.	Non-commitment of the necessary time from the doctors and failure to listen carefully to their concerns. Failure of doctors to provide explanations related to the treatment and usage of the medicine. Failure to trust the quality of the medicines of the list. Lack of home care, when needed. Lack of faith in the capacities of primary care. Issues (especially with the elderly women) with the communication manner by the personnel. Discontent with the treatment results (especially in the case of women).

The abandonment of the elderly by the other family members which means they now live alone, is the newest problem that the elderly are facing in Albania. This is partially due to the weakness of the family ties in modern times and partially because of immigration and emigration. Even though the elderly are not faced with lack of housing, they still suffer from loneliness, which is a much heavier burden to be borne and affects their health and emotional status.

The abandonment from the society accompanies "the ageing process" in Albania. For the elderly, the termination of their work relations also means the termination of their social contacts. This only deepens the risk of social exclusion. At this particular time, the mature persons should have the opportunity to show their experiences and achievements in life, by contributing to suitable activities related to their qualification and health conditions. This demands from the society the establishment of mechanisms of voluntary work for the elderly to carry out necessary community services.

At the end of the description, it is found that the lonely elderly, in need of services and with insufficient income, are the most excluded from the participation in the basic political, economic and social functioning of the society. The exclusion and denial of rights are closely interconnected. The elderly are denied the following rights:

- The right to be free from discrimination, through the denial of access to services or other factors, such as gender, ethnicity or disability.
- The right to be free from violence, because the elderly, both men and women, often are subjected to verbal, sexual, psychological and financial abuse.
- The right for social safety, due to the inability of the public sector to provide special protection for the elderly and reintegration services or ensuring a minimum income for them.
- The right to health, due to the denial of the necessary healthcare and the inability to benefit from the necessary medical treatment.
- The right to contribute, due to the prejudice as being considered "unable to be employed".

1.3. The legal framework for the protection of rights of the elderly

The general legal framework, that serves as the basis for organizing and carry out the protection, care and social integration of the elderly, is composed of the following:

- Law No. 104/2014, "Regarding a few changes and additions in Law No. 7703, dated 11.5.1993, "For the Social Security in the Republic of Albania"", amended by way of laws and normative acts of the Council of Ministers: No. 7932, dated 17.05.1995; No. 8286, dated 16.02.1998; No. 8392, dated 02.09.1998; No. 8575, dated 03.02.2000; No. 8776, dated 26.04.2001; No. 8852, dated 27.12.2001; No. 8889, dated 25.04.2002; No. 9058, dated 20.03.2003; No. 9114, dated 24.07.2003; No. 9377, dated 21.04.2005; No. 9498, dated 03.04.2006; No. 9600, dated 27.07.2006; No. 9708, dated 05.04.2007; No. 9768, dated 09.07.2007; No. 10070, dated 05.02.2009; No. 10447, dated 14.07.2011; No. 13/2014, dated 13.02.2014; No. 104/2014, dated 31.07.2014; No. 144/2015, dated 17.12.2015; No. 111/2016, dated 3.11.2016; No. 1, dated 25.1.2017; No. 25/2017, dated 9.3.2017.
- Law No. 121/2016, "On Social Care Services in the Republic of Albania".
- Law No. 57/2019, "On Social Assistance in the Republic of Albania".
- Law No. 10 107, dated 30.3.2009 "On Healthcare in the Republic of Albania".
- Law No. 105/2014, "On Medicines and Pharmaceutical Services".[9]
- Law No. 10 383, dated 24.2.2011, "On the Mandatory Provision of the Healthcare in the Republic of Albania", as amended and changed via: Law No. 126/2013, dated 25.4.2013, "Regarding an addition and amendment in Law No. 10 383, dated 24.2.2011, "On the Mandatory Provision of the Healthcare in the Republic of Albania""; Law No. 184/2013, dated 28.12.2013, "Regarding a few changes and additions in Law No. 10 383, dated 24.2.2011, "On the Mandatory Provision of the Healthcare in the Republic of Albania", as amended"; Law No. 141/2014, dated 23.10.2014, "Regarding a few additions in Law No. 10383, dated 24.2.2011, "On the Mandatory Provision of the Healthcare in the Republic of Albania", as amended".

An analysis of the above laws and decisions that accompany their implementation shows that "the elderly" are not treated as an excluded group or a group in need, especially "according to the criteria of the need for healthcare and social services".

According to the "criteria of the need for healthcare and social services", Law No. 121/2016, "For the Social Services in the Republic of Albania", determines that the category of "the elderly in need" enjoys the right to benefit from the monetary assistance and social services. Other laws treat the elderly just like the other members of society. In terms of the monetary assistance, that is determined based on the income, despite age, social services may benefit only those elderly individuals that have been identified as persons in ned, for different reasons, such as, lonely elderly, elderly without income, elderly without support.

Social services for the elderly are carried out through the following:

A. Social care services that are offered in the centres of public services, such as the community centres, residential centres, daily centres or at home, and are financed by the State Budget as well as by the local budgets of the bodies of local governance.

B. Social care services that are offered in non-public service centres (profitable and non-profitable).

Nationwide the social services for the elderly that are offered through the centres of social care of all kinds represent only 15 per cent, respectively 39 centres for the elderly out of 259 service centres that are in Albania. 36 per cent of the centres (14 of them) offer services for the elderly in the Tirana District, while the other 25 offer services respectively in Korça (6 centres), Shkodra (5 centres), Berat (3 centres), Durrës, Vlora and Elbasan (2 centres each), and Lezha, Dibra, Gjirokastra, Fier and Kukës (1 centre each).

Service for the elderly in the residential centres is guaranteed, qualitative and based upon the service standards adopted by the Albanian Government. There are specialized personnel serving the elderly catered for this typology of services, multi-disciplinary teams that carry out the personalized evaluation of the needs for each of the elderly, that have drafted at the same time the plan for individual intervention to meet the identified needs. In these centres, the

[9] https://shendetesia.gov.al/ligje-8/

elderly enjoy their rights of appeal for any type of discontent they may have or the right to object the quality of food, hygiene, the behaviour of personnel, etc. However, the centres for social services for the elderly are insufficient while their capacity is also limited to meet the need for services.

Personnel of the centres for social care services for the elderly (the public centres) is mainly composed of doctors and nurses. The organogram also includes the profession of the social worker. However, it needs to be emphasized that the profession of social carer remains unknown.

1.4. Responsible Institutions for Elderly Policies

Ministry of Health and Social Protection is the main institution responsible for drafting and monitoring the implementation of protection, care and integration policies for the elderly.

The Institute of Public Health, State Social Services and the Operator for the Healthcare Services are subordinate institutions of the Ministry of Health and Social Protection, responsible for the implementation of policies related to the elderly group.

Institute of Social Insurance is the responsible institution for the drafting of the national policies for contributions and benefits, whereupon the main component consists of the "contributions and income for the retirement pension".

Institute of Healthcare Insurance is the responsible institution for drafting the national policies for the contribution and benefit of healthcare, where the elderly constitute one of the beneficiary groups.

According to the Territorial Administrative Reform, adopted by way of Law. No. 139/2015, "For the Local Governance", securing and operating of the social services for the categories in need, inclusive of the elderly are the responsibility of the municipalities. They are responsible respectively for the following:

- establishment and administration of community social services at the local level;
- building and administration of the centres for the offering of local social services;
- establishment in cooperation with the responsible ministry for the social welfare, of the social fund for the financing of the services, according to the manner determined by the law.

The opportunities of municipalities for the establishment, administration and functioning of the social services for the elderly are limited due to the lack of financial sources, despite the decentralization of competencies. The study "An Overview of the Local Budgets spent for Services of Social Care in a few Municipalities of the country", supported by the UNDP in 2018, showed that the social care services in the municipalities are funded almost entirely by limited funds. Financing by way of "unlimited funds" or from "the revenue of the municipality itself" is almost negligible, at a ratio of around 2 to 3 per cent, except for Tirana, where the "revenue of the municipality itself" counts for 8 per cent of the need.

1.5. The rights of the elderly/Challenges of the National Action Plan 2020-2024

With the beginning of the reform for the transformation from a centralized economy to a market economy, the attention of the Albanian Government and the civil society to protect and guarantee human rights has increased. In the two decades of the transition period, the policies of the social protection of the most excluded groups of the society have been deeply reformed. The Political Document for the Social Inclusion 2016-2020, that has been adopted, drafted according to the EU strategy of social inclusion, determines ambitious objectives in the field of social policies. It pays special attention to the elderly group.

Despite its limitations, the law for the social assistance and services brings about a new meaning in the treatment of need for services by the elderly because it aims to gradually align "the treatment according to needs" with "the treatment according to rights". It also influences the increase of access of the elderly to social services.

The Pension Reform, adopted in 2014, is of specific importance for the intended group. It takes into account the

ageing of the Albanian population that has an influence, not only to the persons who are over 65 years of age but to the ones who are still much younger. The harmonization of the pension system, an increase of the retirement age and years of contributions, as well as the introduction of social pensions, serve as a basis for the stabilization of the contract between the generations in the future and prepare the society for the gradual increase of the elderly who were left out of the system.

The Health Reform is focused on coping with the increase of chronic diseases and the improvement of access to all categories of the population to effective and qualitative services of healthcare.

The Territorial Administrative Reform, adopted in 2014, also paves the way, not only to the increase of access of the elderly to the services of social care but also to provide services as per the need, by also ensuring their efficiency. Furthermore, through the access of "community-based services," the reform will play a role in fulfilling the right of the elderly to benefit qualitative services.

The Law "On Social Housing" defines the elderly as one of the beneficiary categories of housing.

While the legal framework seems to be complete and following the international standards, Albania is responsible for their implementation. As a consequence of constitutional and political obligations, it needs to be born in mind that the fulfilment of the rights of the elderly is impinged by the lack of institutional, human, financial and professional resources. The following is identified:

1. The existing legislation for the social care services for the elderly limits the fulfilment of the need for such services, because of the definition of the criteria related to "the right to benefit" influences into the exclusion of all those individuals who may be closer to "the borderline" considered as "the right to benefit".
2. The existing legislation does not treat the right of the elderly to benefit services.
3. Even though the legislation determines a few forms of service providers, 'the hone services' are still at the project stage.
4. Social services offered by the non-public centres bear a considerable weight. The number of beneficiaries in these centres is equal to the number of beneficiaries of the residential services.
5. The largest extend of the social services, public and non-public alike, are concentrated in Tirana.
6. The official information on the social services for the elderly is insufficient to provide a judgment on "the need" for these services, which is a direct consequence of the legal limit.
7. There is a lack of data on the scale of implementation of qualitative standards.

Finally, it may be concluded that the new National Plan on Ageing takes into account the following:

- The rights of the elderly for social and healthcare services according to the needs and despite the income.
- The approximation of the service closer to the client.
- The guaranteeing of the right to benefit and selection of the alternative of the service.
- Providing multi-disciplinary services, aiming at the reintegration and/or improvement of the life quality for the elderly.
- The distribution of responsibilities among the different actors of society.
- The strengthening of municipalities to carry out their responsibilities.

2 PART II: POLICIES AND STRATEGIES ON AGEING

2.1. Drafting the Action Plan and Methodology Used

The drafting of the Action Plan on Ageing was based on a few criteria:

- Criterion 1: The Action Plan re-evaluated the existing policies and suggests new political and institutional measures, under the existing legislative framework, international obligations and reference models that are completely applicable in the Albanian context.
- Criterion 2: The Action Plan includes the central level and the local level.
- Criterion 3: The Action Plan includes cross-cutting policies and measures.
- Criterion 4: The Action Plan contains the institutional obligations that derive from the necessity of its fulfilment, inclusive of both necessary human and financial resources.

The process that facilitated the plan passed through the following four fundamental stages:

A. Review of all of the existing materials, both political and study ones, aiming at the verification of information, re-evaluation of most excluded groups within the group labelled as "The third age group", and reformulation of the most pressing issues that violate the right of the elderly for social welfare qualitative services.

B. Supplementation of information through interviews of focused groups, mainly with the policy drafters at the central level, and policy implementors at both central and local levels.

C. Collection of opinions and comments from the civil society, organizations that protect the right of the elderly or provide services for them.

D. Preparation of the Action Plan draft and its discussion with the interest groups.

During stage A there was an analysis of the relevant documents from the point of view of evaluating the adaptability of the existing policies of social inclusion and protection, as well as their current outcomes, by identifying even those reasons that have hindered/made it more difficult for the achievement of the current policy objectives.

Stage B assisted in the precision of the conclusions of the documents' analysis that were undertaken during Stage A. The analysis during Stage B was supported by the opinions of policy drafters for the social protection and inclusion and that of the healthcare institutions (MHSW), economic and financial policies (MFE), implementation of policies at the central level, respectively of the social services (SS), social insurance (ISI), health insurance fund (HIF), work protection (State Inspectorate of Work and Social Services), health protection (Institute of Public Health), and the implementation of policies at the local level.

Stage C included discussions with non-governmental actors. This approach was considered fundamental to collect the necessary data to be used so as to propose efficient policies that would be applicable both in the short- and long-term aspects. Group discussions were carried out in the form of half structured interviews organized according to a guiding questionnaire.

Stage D included the data and information analysis as well as its comparison with literature suggestions, aiming at formulating more appropriate and applicable strategies for the Albanian context, based upon the profiles of poverty of social exclusion.

2.2. Cross Referencing with other National and International Strategies and the Sustainable Development Goals

Aside from the needs analysis and the identification of the challenges of the ageing of the population of Albania, the Action Plan on Ageing also takes into account and was based upon a few principles included in European Union documents related to healthy and active ageing, documents of the Organization of the United Nations (i.e. the UN principles for the elderly) as well as the documents of the World Health Organization (i.e. Health 2020). At the same time, the plan respects the principles of the Constitution of the Republic of Albania and basic laws of the country.

The National Action Plan on Ageing was drafted according to the National Strategy for Development and Integration 2015-2020 (Component: Investing in the Social Capital), according to the vision "Albania – a strengthening democracy in its path towards European Union integration, with a competitive, stabilized and sustainable economy that guarantees the fundamental human rights and freedoms".

In this context, the Action Plan is directly related to the main purpose of the Strategy of the abovementioned component, according to which the investment to the social capital will be enabled through the building of a system of social protection that reduces the economic and social inequalities and creates a system with policies and mechanisms for the protection of all the vulnerable and excluded individuals through prevention and social inclusion programs combined with the employment schemes, by guaranteeing that each child, old person and each Albanian family have equal access into the functional and comprehensive social care services based on the principles of decentralization, deinstitutionalization and diversity.

In the Strategy for Social Protection 2015-2020, the elderly are considered to be one of the special needs groups. The Action Plan on Ageing is following the vision of social protection based on the approach of *the cycle of life.*

The specific strategies of the health system touch little or not at all directly to the issues of ageing. The Action Plan, not only is following the general principles of a few of them, such as the universal care and the health promotion, but it also represents an opportunity to fill in the strategic gaps and address the ageing challenges related to health.

The Action Plan is also in line with the health strategic objectives of the European Union "Together for Health: A Strategic approach for the EU 2008-2013" that emphasized the need for health promotion during all of the life stages, while the population is growing older. This element has also been underlined in the Conclusions of the EU Council "Healthy ageing during the whole cycle of life" (2012/C 396/02), while the Third Health Program of EU identifies the demographic changes as a main challenge for the region. The policies and specific objectives of the Action Plan are also in line with some of the Sustainable Development Goals (SDGs):

- Goal 1. Eradication of poverty everywhere and all forms.
- Goal 3. Providing a healthy life and promotion of welfare for all and of all ages.
- Goal 4. Providing a comprehensive education and creation of opportunities to learn during the lifetime for all.
- Goal 5. Reaching the gender equality and strengthening of women.
- Goal 8. Promoting sustainable and comprehensive economic growth, employment and work for all.
- Goal 11. Safe and sustainable cities for all.

Under Section 3.1 of the Action Plan below, the SDG respective reference has also been provided for each of the specific objectives of the primary policies.

2.3. Vision, Principles and General Aims of the Action Plan

Aside from the needs analysis and the identification of the challenges of the ageing of the population of Albania, the Action Plan on Ageing also takes into account and was based upon a few principles included in European Union documents related to the healthy and active ageing, documents of the Organization of the United Nations (i.e. the UN principles for the elderly) as well as the documents of the World Health Organization (i.e. Health 2020). At the same time, the plan respects the principles of the Constitution of the Republic of Albania and basic laws in the country.

2.3.1. Principles the document was based upon

- Participation of the elderly.
- Strengthening at the personal and community level.
- Attention for the neediest or vulnerable groups.
- Gender equality.
- Crosscutting measures.
- Financial sustainability and cost-efficiency.

2.3.2. Vision

The Albanian elderly live and contribute with dignity, included and not discriminated against, by fulfilling their potential in a society that supports them into preserving their functional and health abilities and facilitates access without barriers towards qualitative health and social services.

2.3.3. General Principles

The general principles of the Action Plan on Ageing are as follows:

- To ensure the creation of a suitable environment that supports and assists elderly men and women to integrate into society by preserving their human dignity despite their health conditions or their functional autonomy.
- To ensure the creation and strengthening of the social and healthcare system in all of the municipalities of the country, based upon the principles of the healthy ageing, by guaranteeing the utilization of qualitative services for all of the elderly that require care.
- To enable a longer, healthy and active life for all Albanians through the raising of the awareness of society for good health, prevention of diseases, as well as reducing of the inequalities in the treatment of needs of the third age group.

2.3.5. Impact Indicators

- Until 2024, a growth of up to 1 year of the average longevity and healthy longevity (without diseases).
- Until 2024, a reduction by 5 per cent of poverty for the persons over 65 years of age, measured according to the European Union standard.
- Until 2024, coverage of 100 per cent of persons over 65 years of age with health and social services.

3 PART III: AIMS OF POLICIES AND SPECIFIC OBJECTIVES OF THE STRATEGY

3.1. Primary Policies on Ageing 2020-2024

Primary Policy	Specific Objectives for each Policy (and connection with the respective SDG)
I. Protection and Social Inclusion	• Support for the poorer elderly through guaranteeing of the living minimum and the gradual improvement of the lowest pensions. (SDG 1, 3) • Increase of public transport access for the poorer elderly. (SDG 11, 3) • Wider participation of the elderly in community life. (SDG 11, 3) • Prolongation of life at work and preservation of work skills. Promotion of learning through the whole life. (SDG 4, 8) • Promotion of voluntary work and intergenerational cooperation. (SDG 11, 3)
II. Integrated Social and Health Services	• Integration of health services with the social ones and continuous care for the vulnerable elderly. (SDG 3) • Expansion of services in community centres and the creation of apartment models as a community. (SDG 3, 11) • Strengthening home assistance. (SDG 3, 5) • Increase of geriatric and gerontological capacities for the health professionals and social carers. (SDG 3)
III. Health/Welfare Promotion and Raising the Awareness of Society	• Promotion of a healthy life, prevention of invalidity diseases for the elderly. (SDG 3) • Improvement of the ageing image and fighting of every form of prejudice and discrimination. (SDG 3) • Improvement of information and monitoring of health/welfare of the elderly. (SDG3)

3.2. POLICY 1: PROTECTION AND SOCIAL INCLUSION FOR THE ELDERLY

A large part of the contribution about the life quality related to the healthy ageing play the fight against poverty, integration in the social life and the environment at a community level. This is valid not only for the rural areas but t for the urban ones, too. Important elements of the environment where the elderly live to consist of transportation, participation and social inclusion, public safety, education or information and communication. While a few policies, such as the one about the pensions are at the central level, many important decisions for the life and welfare of the elderly are taken at the level of the local governance. Many of the barriers and inequalities may be addressed at this level.

The expected result for this primary policy is the protection of the neediest of the elderly through the continuous improvement of the pension system and of the other social mechanisms following the European and international standards. Also, local governments need be supported to transform the municipalities in more friendly communities for the ageing, by creating more environments that are suitable for the health and welfare of the elderly, or by promoting their inclusion in the community and social life.

3.2.1. Specific Objective 1 of the Policy Aim 1

A. To guarantee dignified living conditions through the adoption of the minimum pension and the gradual improvement of the lowest pensions by offering sustainable support for the poorer elderly.

The most vulnerable groups in terms of the absolute poverty among the elderly are those with the minimum pensions. Pensions should suffice to cover the elementary needs of individuals to secure their living, health and social inclusion. It is necessary to determine first of all the criteria for the minimum pension and then gradually to improve the low pensions following these criteria. This process will include aside from the Ministry of Health and Social Protection and its subordinate institutions, the Ministry of Finance and Economy.

Performance Indicators and Expected Results

1. Establishment of an interagency group. Laying out of responsibilities and methodology for the continuous calculation of the minimum pension. Legal adoption of the minimum pension through a decision of the Council of Ministers.

   Indicator: Adopted Minimum Pension.

2. Gradual adjustment within 5 years of low pensions with the minimum pension. This process will accompany the gradual strengthening of the whole pension system.

   Indicator: An increase of about 5 per cent annually for 5 years of 10.000 low pensions.

3. Intensification of information from the Social Insurance Institute on social pensions, aiming at decreasing the number of those individuals who simply do not benefit it for reasons of information and bureaucracy.

   Indicator: Around 5,000 very poor elderly individuals who are better informed on the possibilities of social pensions.

3.2.2. Specific Objective 2 of the Policy Aim 1

B. To increase the access to public transportation for the poorest elderly through the subsidy schemes.

The elderly individuals may be active and participating only at the conditions of a suitable residential environment. A suitable environment for the elderly also means a safe environment. A negative barrier that intervenes in the inclusion of the elderly into the social life is among others the inability to use transportation for relatively far away distances in the urban environment. It has been proven that the possibility to use public transport by the elderly significantly increases their capacity to integrate into society and use services. In Albania, this model began to be operational in one city (Korca), but it still in its very first steps. All national policies related to transportation will include improvement of access for the elderly to the public transport and the municipalities will be supported to apply subsidy schemes of the urban public transport for special categories of the most vulnerable elderly (the neediest ones).

Performance Indicators and Expected Results

1. Specification of the needs of the elderly for transportation in all of the documents and plans related to public transport at the central and local levels.

   Indicator: Adopted policies of public transport where the needs of the elderly are specified.

2. Increase of access to public transport for the groups of the elderly in need (i.e. the elderly who have a social pension) through the complete or partial coverage of transportation costs by the municipalities.

   Indicator: 1) Municipalities with over 100.000 residents with models of transport subsidies for certain groups of the elderly. 2) 2.000 elderly individuals who receive social pension included in the scheme.

3.2.3. Specific Objective 3 of the Policy Aim 1

C. To ensure for wider participation of the elderly in the community life to reduce the level of loneliness and social isolation among them.

Usually, upon retirement, there is an increased risk of the disruption of the social connections of the elderly and a decrease in their involvement in the social, cultural and economic activities. These constitute important danger factors in terms of the health and welfare of the elderly. On the other hand, isolation reduces the contribution of the elderly in society. The municipalities are the right governmental level that may provide a series of social activities that would promote the participation of the elderly in society, that would avoid the isolation for many of them and would increase their contribution in the community life.

Performance Indicators and Expected Results

1. Drafting of local plans/policies in support of the elderly by the local government, within the social local plans, and mechanisms of the participation of the elderly, especially of women, in the decision-making process.

   Indicator: 50 municipalities that have ageing policies and apply for the inclusion of the elderly in the decision-making process.

2. The systematic offering of cultural and social activities with the inclusion of the lonely elderly individuals by the municipalities (tour visits in Albanian cities, literary and music competitions, commemorations of distinguished persons, etc.). Application of the reduced tariffs for the elderly over 65 years of age for the artistic or sports events provided by the municipality itself or other public or private agencies in the territory of the municipality.

   Indicator: 50 municipalities with at least one activity per year for the elderly.

3.2.4. Specific Objective 4 of the Policy Aim 1

D. To provide a motivating environment at work for the individuals before their retirement and to stimulate the long-life learning process.

The immediate termination of work relations creates the potential of an economic, social and health crisis for the elderly person. The elderly are among one of the most endangered groups in the labour market, especially when there is an accumulation of factors, such as low education, disabilities, insufficient adaptation in the new conditions. Often the concept of long-life learning combines education with work activities and assists in the flexibility of the elderly individual towards the labour market or the adaptation towards the technological changes. The long-life learning process creates the conditions for qualification and social self-sufficiency according to the individual interests outside of the traditional school system.

It is necessary for the transition from work to retirement to become more flexible and that the individuals carry on working depending on the needs and personal opportunities, while there are opportunities for long life education by preserving this way the work skills for a long time.

Performance Indicators and Expected Results

1. Improvement of public awareness in general regarding the opportunities offered by the labour market for the employment of the elderly. Ensuring the inclusion of the majority of public institutions in initiatives that promote positive behaviour towards the elderly clerks and fight against discrimination related to age at work.

   Indicator: Annual information campaigns and other activities related to this issue.

2. Establishment of a "third group age university" in cooperation with state institutions and civil society organizations (preparation of one-day courses of education related to different topics).

   Indicator: 10 prepared courses. 1.000 elderly persons participate in the activities of long-life learning.

3.2.5. Specific Objective 5 of the Policy Aim 1

E. To ensure the recognition and evaluation from the state of the voluntary contributions for a society of all ages.

The rapid changes in the demographic situation, if they were to be coupled by an economic crisis, would increase the possibility for tensions between generations in Albanian society. This constitutes a challenge to be addressed through the support of solidarity, dialogue and interaction among the individuals of the different age categories.

Despite the expected improvements of the social cohesion, the intergenerational connections have positive effects in the family life, in the functioning of the health and social sectors and the economic development of the country.

The positive attitudes related to ageing need be formed at a young age. It is also important that the focus of the attention not be directed simply to the understanding of the needs of the elderly by the young people. The elderly need to be explained the interests of the young people and challenges that they need to face. There is a need to promote the voluntarism and intergenerational interaction to preserve the traditional atmosphere of understanding and respect between generations.

The voluntary inclusion in activities to aid the elderly or all the other society layers in need is one of the best ways to show the community's commitment of everybody in the intergenerational dialogue and aids a society of all ages. However, there is a stigma to the voluntary contributions in society. To overcome this issue, there is a need to target the formal recognition of voluntary activities, especially those of the young people aiding the elderly.

Performance Indicators and Expected Results

1. Institutional regulation of norms to receive and recognition of certificates related to the certified experience gained in the scope of the voluntary contributions, while aiming at the formalization of this process.

   Indicator: Regulation on the recognition of voluntarism that promotes the young people engagement in support of the elderly.

2. Annual organization of open days for the elderly in schools and other educational institutions (inclusive of pre-school institutions). Organization of informing sessions on the ageing issues, destigmatization of the elderly, removing the taboos related to death and distribution of positive examples of intergenerational interaction. Inclusion of the faculties of social sciences in these activities.

   Indicator: 500 activities in schools.

3.3. POLICY 2: SUITABLE AND INTEGRATED SOCIAL AND HEALTH SERVICES FOR THE ELDERLY

The elderly have more health and social needs compared to the general population. They are at a much higher risk of chronic diseases, overlapping of many chronic diseases in one person, as well as the short- or long-term loss of functional abilities. Also, the elderly face more barriers related to the access in the health and social services compared to many other groups of the population, including here barriers related to mobility, information and costs. On the other hand, the Albanian health system is in great need of improvement of professional capacities in the fields of geriatrics and gerontology.

Loss of functional abilities, violation of mobility and autonomy and other chronic diseases demand long term care services both at the hospital level and at the outpatient level. There is also a higher risk for problems related to mental health, loss of cognitive and mental abilities, that add to the need for long term services, especially at home, where a heavy burden is suffered by the family members who require support.

The Expected Result for this primary policy is the strengthening of the capacities of the health and social service systems, for them to be able to respond to an always growing number of the elderly in the population, by improving their health, when in need by facilitating the utilization of services by them, and by increasing their protection through the financial and social mechanisms. This would ensure welfare, autonomy, active life and social participation of the elderly for as long as possible.

3.3.1. Specific Objective 1 of the Policy Aim 2

A. To develop integrated health and social system on a community basis.

The elderly in Albania remains a population group with high needs from the perspective of healthcare. Among the elderly, there are groups with higher needs even for social care, due to the lack of support networks, poverty, reduced mobility, or living conditions and feeding. Integration or coordination between the healthcare and social services

would increase the possibility of rehabilitation of an elderly in need who comes out of the hospital, would decrease the risk of loss of autonomy and all of the other serious consequences that accompany it. Also, many elderly individuals, due to the overlapping of diseases with the loss of their functional abilities, require continuous support of the health system in all of its levels and the bureaucracy of the social system. At a time when in Albania, at the central level has begun the integration of the two systems, there remains a lot to do at the local level. The objective is the introduction of coordinating mechanisms between the social and healthcare systems at the local level and the increase of quality of the social services for the elderly. This is how the integration of healthcare and social services will be reached, together with the continuous support for the vulnerable elderly individuals to support the ageing process in the community and a larger autonomy possible.

Performance Indicators and Expected Results

1. Establishment of coordinating structures (with responsible persons) for the social support at the regional health operators. These structures will enable the preparation of annual information at a municipality level and region related to the number, location and requests of the sick elderly who need social assistance, as well as the distribution of this information among the municipalities and primary healthcare centres.

   Indicator: 4 structures with responsible personnel approved.

2. Preparation of a basic social and healthcare package for the elderly in the community. The package will also include the required competencies, duties according to the different levels and the quality standards.

   Indicator: 1) The prepared and adopted document. 2) 100.000 elderly individuals that benefit from this package.

3.3.2. Specific Objective 2 of Policy Aim 2

B. To expand the services in community centres and create models of apartments as communities.

The majority of the elderly would have loved to live into their own homes, in the community where they have their ties with their family members and neighbours. The public environment, such as daily centres are an important element that improves the quality of the community environment and of the opportunities of the elderly to integrate. There will be a continuation in supporting the initiatives of municipalities for the establishment of daily centres, where the elderly at risk of isolation will have the opportunity to integrate into society by preserving their social networks and by creating new forms of community support. Thus, there will be an avoidance of the early loss of autonomy and a drastic increase in the needs for specialised care and/or continuous care.

In the meantime, many needs for residential homes in Albania remain unanswered due to the historic deficiencies, especially due to the quick demographic changes combined with a high level of emigration among the group ages fit for work that traditionally have had the burden of support or care for the elderly with special needs. Some of these needs may be addressed through the addition of residential centres. A new model that will be piloted is that of the specialized buildings, through which there will be a coverage of the emergency needs for long-term housing of a few categories of the elderly who are at risk of abandonment and isolation.

Performance Indicators and Expected Results

1. Establishment of new daily centres at the municipalities. The centres will serve as a safe environment for the neediest elderly individuals and will offer, aside from anything else, health and social care services.

   Indicator: 1) 10 new daily centres. 20 municipalities offer at least one daily centre for the elderly. 2) 3,000 elderly individuals that visit at least once per month the daily centre.

2. Establishment of a model in Tirana with specialized buildings, according to Article 59 of Law No. 22/2018, "On Social Housing", that will be rented through an affordable rent, as per Article 3 of Law No. 22/2018, for the vulnerable elderly individuals and the homeless ones, in cooperation between the government and the municipality.

   Indicator: 50 specialized buildings for the elderly, with a rental contract or uzurfrukt, who pay affordable rents according to Article 3 of Law No. 22/2018, "On the Social Housing".

3. Establishment of a new residential centre for long-term care for the elderly, completely financed by the government or through the public-private partnership schemes.

   Indicator: A new residential centre that offers housing and long term social and healthcare services for 100 elderly individuals.

3.3.3. Specific Objective 3 of Policy Aim 2

C. Establish the home assistance service for elderly individuals with loss of autonomy.

The increase in the number of the elderly in our country has been accompanied by a decrease in families and the departure of the young people in search of work. This has increased, on one hand, the need for carers for the elderly with limited autonomy, and on the other hand, has increased the stress to the elderly, especially women, who still have the heaviest burden of services, that often remains unrecognised by the society and still is not formalized.

The support that the family provides for the elderly and the inclusion of the family members in providing services need to be transformed into an integral part of care for the elderly in Albania. Support for the non-official carers is one of the most efficient investments in the field of long-term care for the elderly. The productivity of this group of service providers, (since they need to be considered as such), may be increased. This will lead to the improvement of the quality of care at a lower cost for the healthcare and social services systems and will also lead to a decrease in the danger of health complications. For this reason, there is a need that the family members who play the role of carers for the elderly who are sick, get the maximum support in the form of education/information, psychological counselling, facilitation of communication with the institutions and the formalization of them in the labour market through the financial stimulus.

Ensuring of the "ageing at the residence" by promoting services and support for the individual and family will enable the elderly to continue to live as long as possible in his/her community and environment.

The aim to transform the informal care that is usually offered by the family, and usually by women, in a stable activity and a qualitative one by improving the welfare of those who require care, but also of those who provide the care (carers). A special focus is the increasing number of those persons suffering from senile dementia (the loss of the thinking ability in the old age).

Performance Indicators and Expected Results

1. Preparation of guidelines and standards for home care for the elderly. Preparation of the self-assistance manual for the care of the elderly person at the home conditions, based on the best international practices. Organization of a short-term training course and a website (internet address) with information on home care for the elderly.

   Indicator: 1) Prepare Guidelines and Manuals. 2) Established website equipped with information. 3) Training courses organized with the participation of the informal carers and the professional ones.

2. Appointment of dedicated personnel and organization of systematic visits (monthly visits at the homes of the elderly that suffer from the loss of autonomy and of at least 2 annual visits in the homes of the elderly of over 80 years of age, despite the level of autonomy), with the inclusion of nurses from the primary healthcare service and of the social workers. An evaluation of the home conditions, preparation of plans for home care and support for carers, where it is possible, with instructions for specialized services, such as catheter change, treatment of chronic wounds, etc.

   Indicator: 1) 300 nurses and social workers dedicated to home visits. 2) 50,000 visits carried out during the year.

3. Reviewing of the legal framework for the social support of family carers and its recognition (i.e. facilitation of a special permit for the relatives who work as carers, according to the model of maternity leave, facilitation of return to the labour market for the informal carers of over 50 years of age, regulation of a pension for them, priority in homelessness lists, etc.)

   Indicator: Draft package of the necessary legal changes.

4. Drafting of a national care plan for the people who suffer from dementia (including the disease of the Alzheimer's), by a group of experts with the inclusion of the representatives of the informal carers.

   Indicator: Prepared and financed plan.

3.3.4. Specific Objective 4 of the Policy Aim 2

D. To increase the geriatric and gerontological capacities for the health professionals and social professionals

The work with the elderly and their care must address more specifics of the occurrence of their health issues, such as

the atypical occurrence of diseases, multipathologies, the combination of many different medications, the combination of the health needs with the social ones and specific issues of communication with the elderly. The capacities in geriatrics and gerontology are insufficient at all levels. We include here the gap in knowledge of the general practitioners and other health professionals and the specialized qualification in geriatrics. Even though the basic primary healthcare services package includes a series of services of a geriatrics nature dedicated to the elderly, there are still many issues concerning the quality of the care provided that come due to the lack of suitable training in the field of caring for the elderly. If in the programs of the university education for nurses and social workers there are a few elements related to the geriatrics and gerontology that have been included, this has not occurred with the university education of doctors. In the meantime, there has been a lack of professional development training in this field. The investment in this field would be the intervention with an effective cost for the strengthening of the healthcare system focusing on the elderly and increasing of the general capacities of the public health.

There is a need to adjust the planning and monitoring processes of the human resources in the healthcare and social system, to ensure the suitable numbers and qualifications of personnel for an ever aging population.

Performance Indicators and Expected Results

1. Preparation of protocols and specific instruments for doctors and nurses of the primary healthcare concerning the evaluation of the prevailing problems of the elderly, such as decrease of the cognitive abilities, pain, vision and hearing loss, a decrease of mobility and living space, management of multipathologies, counselling related to medication, etc. Specific guidelines related to the dental, ophthalmological, audiological and physiotherapeutic care for the elderly.

   Indicator: 1) Prepared clinical protocol and guidelines. 2) 400 health centres equipped with the package of respective instruments. 3) 50,000 visits for the elderly in primary healthcare with improved quality.

2. Preparation of an intensive training program on geriatrics at the national level. Organization of short-term training courses as part of professional development training.

   Indicator: 1) 5 accredited courses. 2) 100 participants.

3. Reorganization of bed services and improvement of norms that guarantee a suitable distribution of hospital beds for the long-term care of the elderly. Piloting of units dedicated to the geriatrics care at the University Hospital Centre and 2 regional hospitals with a minimum orientation standard of 2 beds per 1,000 residents of over 65 years old, including psychiatric beds for the elderly. Dedication of beds for palliative care.

   Indicator: 1) Adopted plan. 2) 5 piloting functional units at the chosen hospitals.

3.4 POLICY 3: PROMOTING HEALTH AND WELFARE FOR THE ELDERLY, AND RAISING THE AWARENESS OF SOCIETY ABOUT AGEING

Health and activity at an older age are a result of circumstances and individual behaviour during the whole life. Society may help individuals in choosing healthier options at any moment in life. By making an effort of a healthier lifestyle in different stages of life and by trying to adjust to the age-related changes individuals would influence their healthy ageing. This would be the approach with an efficient cost to ensure not only a long life but an autonomous one with fewer needs for medical and social assistance. This strategic policy highlights two fundamental elements of the healthy ageing: activities oriented towards the persons in the early stages of ageing and prevention, including the secondary and tertiary one.

Healthy ageing is also related to the way the whole society views the elderly. If the society would view the elderly as a useless burden, on one hand, this would create conditions for more isolation and loss of autonomy, and on the other hand, would increase the risk of abuse with the elderly. For this reason, an important part of this policy will also be the raising of awareness of society on the positive image of ageing, (ageing as a natural stage of the development of the individual) and, fight against discrimination or abuse of the elderly.

Expected Result of this primary policy is the better health promotion and prevention of diseases in all ages and levels of society. Also, there is an expectation of decreasing of the invalidity and abuse of the elderly, for healthier ageing and a more positive image of ageing in society.

3.4.1. Specific Objective 1 of Policy Aim 3

A. Raise the awareness and information among the 50-year-olds about the ways, behaviours and practices for healthy active ageing and autonomous life in the old age.

Health at an older age is a result of circumstances and individual lifestyle during the whole life. By making an effort of a healthier lifestyle in different stages of life and by trying to adjust to the age-related changes individuals would influence their healthy ageing. Also, the connection between the prevention of chronic diseases and the healthier ageing has been underlined in the basic documents of the World Health Organization.

This intervention is focused on the age groups at the beginning of the ageing process, those over 50 years old and includes aside from the primary prevention, the secondary and tertiary ones. Furthermore, without forgetting the activities against smoking, alcohol abuse and body weight control, an emphasis will be placed on three types of activities that are more specific in terms of quality life of the elderly and have been proven as more efficient to ensure an autonomous life in the old age: physical activity, prevention of falls and earlier detection of depression.

Physical activity is one of the most efficient indicators of healthy ageing, especially for the much older ages. It may improve the respiratory and mobility functions, as well as decrease the risk for chronic diseases, depression and dementia.

Falls for the elderly are one of the main reasons for the decrease of mobility and they constitute a major risk for the loss of functional autonomy. Some of them, (i.e. like femur fractures) require hospital procedures of a very high cost. The risk of falls increases rapidly as the age progresses. However, most of the falls may be prevented.

Even though the national program of basic health check has also included groups of persons above 65 years of age, the use of a few identification techniques and earlier management of health issues, such as depression, remains at very low levels.

Performance Indicators and Expected Results

1. Raising the awareness of the elderly population about the healthy and active ageing, as well as the prevention of diseases or damages.

   Indicator: 1) 5 organized campaigns. 2) 200,000 individuals that have received the information.

2. Increase of the systematic use of programs of the earlier detection of hypertension and diabetes for the group of over 50 years old by the healthcare services. Raising the awareness about depression for the elderly and fight against stigma in the framework of the earlier detection of signs and the suitable management in the primary healthcare services.

   Indicator: 1) 80 per cent of persons above 50 years old has had at least one examination concerning hypertension and diabetes. 2) 50 per cent of the population of persons above 50 years old has completed the questionnaire about depression on the basic healthcare check-up program.

3. Preparation of instructions/standards for persons above 70 years old related to the prevention of falls of the elderly in the care institutions and the residence. Securing the protective equipment (hip protectors) for persons over 70 years old who pose a high danger.

   Indicator: 1) Prepared instructions/standards. 500 institutions have already begun their application. 3) 500 pieces of equipment distributed.

3.4.2. Specific Objective 2 of the Policy Aim 3

B. To improve the information of the public about ageing by discouraging all forms of prejudice against discrimination.

In society, there is still a widespread opinion about the elderly as sick, weak individuals who are a burden on the family. This point of view tends to create a stigma about ageing, barriers for the integration of the elderly and risk for abuse and discrimination. In reality, ageing is a natural stage of the development of the individual and most of the elderly has a large potential for continuing their active impact into society. The elderly must be supported for them to express this potential.

Performance Indicators and Expected Results

1. Inclusion of health and social protection institutions, in cooperation with the Ombudsman, in the campaigns for the protection of the dignity of the elderly, especially those who suffer from a disability and the encouragement of their self-evaluation through the fight against every form of prejudice, negligence, abuse and discrimination.

   Indicator: 5 information campaigns.

2. Development of non-discriminatory images of the elderly and the distribution of positive information about them in cooperation with the media. Inclusion of the elderly in planning, implementation and evaluation of such programs.

   Indicator: 5 information campaigns.

3.4.3. Specific Objective 3 of the Policy Aim 3

C. To improve the information system about ageing and health/welfare monitoring of the elderly.

Traditionally, the health information systems and monitoring indicators for the services have been focused into the health of mothers, children and young people, as a response against the profile of the danger into society and the priorities in policies of these demographic groups. The deficiencies in the information related to the elderly are visible, especially when it comes to the evaluation of the health and social conditions through the periodic studies in the population. There is a need that the new policies on ageing be supported through systematic and credible information.

Performance Indicators and Expected Results

1. Preparation of a set of indicators about ageing by the Ministry of Health and Social Protection, in cooperation with INSTAT, Institute of Public Health and State Social Services, based on the international standards. The indicators will include the health and economic conditions, social inclusion and services for the elderly.

   Indicator: Prepared and functional framework of indicators.

2. Conduction of a standardized study in the population of individuals of over 65 years of age, every 5 years, and the preparation of a national report, every 5 years, on the conditions of the elderly, based on the INSTAT data.

   Indicator: 1 study conducted. 1 report prepared.

4 PART IV: MONITORING AND ACCOUNTABILITY

The Action Plan on Aging will be monitored, and this monitoring work will be led by a thematic group for the social inclusion, within the structure of the Group for the Integrated Management of Policies (GIMP), approved by way of the Order of the Prime Minister in 2015.

The Group of Indicators and Integrity of Statistics (GIIS) will coordinate the monitoring activity with the General Directorate of Policies and Development of Health and Social Protection at the Ministry of Health and Social Protection.

The whole process will be carried out with the participation of representatives from the main national institutions responsible for health and social protection, (including the State Social Service and the Institute of Public Health), institutions responsible for education, housing, human rights, local governance, INSTAT, representatives from the academic circles and university centres, as well as from the civil society, (representatives of the pensioners' associations), etc.

The biannual draft monitoring reports will be prepared at the General Directorate of Policies and Development of Health and Social Protection and will be approved by GIMP.

The monitoring will be based on the following of detailed indicators for each specific objective and the analysis of the progress and issues in each of the primary policies. The standardized report will contain facts and standardized data based upon the framework of the indicators foreseen by this national plan.

To support the monitoring of the implementation of the Action Plan, regarding the influence indicators there will be measured results secured from the national study on the health and welfare of the elderly, as foreseen by the plan, statistics included in the framework of ageing indicators, also foreseen by this plan, as well as qualitative information ensured through the inclusion of elderly groups.

The process of the drafting of the reports for the National Action Plan will be harmonized also with the preparation of the national report for the Economic Committee of the United Nations for Europe (UNECE), regarding the progress on the continuation of the implementation of the Madrid International Action Plan on Ageing and the Regional Implementation Strategy (MIPAA/RIS).

TABLE 1

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THE ACTION PLAN FOR THE IMPLEMENTATION OF THE POLICY DOCUMENT (The 2020-2024 Plan on Aging)										
I. STRATEGIC AIM										
II. Goal of Policy 1 (Protecting the elderly most in need through pensions and other social mechanisms, and encouraging local government to transform municipalities into more elderly-friendly communities)										
III. BUDGET PROGRAMME 1 CONTRIBUTING TO THE GOAL OF THIS POLICY (Write name of PBA programme that contributes to the attainment of this goal) (Remember that a policy goal may be implemented through more than a single budget programme). With regard to this policy, please examine whether this goal is funded by one budget programme only or several budget programmes instead.										
					The Implementation		Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)	The source		Financial Gap
No.		The Reference of the Result with the budget programme products	Competent Institutions		Starts on	Ends on		State Budget	Foreign Funding	
TOTAL							5,991,279	5,927,429	-	63,850
	Goal of Policy 1: Protecting the elderly most in need through pensions and other social mechanisms, and encouraging local government to transform municipalities into more elderly-friendly communities									
	THE TOTAL of Policy Goal No. 1						1,827,100	1,808,500	-	18,600
A.	IV. SPECIFIC OBJECTIVE 1. A. To guarantee dignified living conditions by adopting the minimum pension and by gradually improving the smaller pensions by providing sustainable support to the poorest old age pensioners (elderly)	(The completion of this box relates to the results rather than the objective.)	MHSP	State Social Service, MFE, Social Insurance Institute, University	1st quarter, 2020	4th quarter, 2024	1,402,773	1,387,773	-	15,000
B	SPECIFIC OBJECTIVE 2. To increase access to public transport for the poorer old age pensioners through subsidies.		MHSP	Municipalities	1st quarter, 2020	4th quarter, 2024	202,909	201,109	-	1,800
C	SPECIFIC OBJECTIVE 3. To ensure larger participation of the elderly in the life of the community. Reducing loneliness levels and the social isolation of the elderly		Municipalities		1st quarter, 2020	4th quarter, 2024	75,000	75,000	-	-
D	SPECIFIC OBJECTIVE 4. To prolong working life and maintain working skills. Promoting life-long learning		MHSP	MFE	2nd quarter, 2020	4th quarter, 2024	12,309	10,509	-	1,800
E	SPECIFIC OBJECTIVE 5. To promote volunteering and intragenerational interaction		MHSP	MESY	1st quarter, 2020	4th quarter, 2024	134,109	134,109	-	-
II	Goal of Policy 2: Strengthening the capacities of health and social services, so they are ready and capable of responding to the ever increasing needs of a larger proportion of the elderly in Albanian society									
	THE TOTAL of Policy Goal No. 2						2,962,683	2,949,383	-	13,300
A.	SPECIFIC OBJECTIVE 1. To develop an integrated community-based system of health and social services		MHSP	MHSP, State Social Service	1st quarter, 2020	4th quarter, 2024	25,022	21,422	-	3,600
B	SPECIFIC OBJECTIVE 2. To extend services to community centres and to create the model of apartments as communities		MHSP, Municipalities	MF/MHSP/SSS/ Municipalities	1st quarter, 2020	4th quarter, 2024	624,700	624,700	-	-
C	SPECIFIC OBJECTIVE 3: To establish the home assistance service for old age pensioners who have lost their autonomy		MHSP, SSS, PHI, HCOIF	MHSP, SSS, PHI, Association of the Elderly	1st quarter, 2021	4th quarter, 2024	979,209	971,309	-	7,900
D	SPECIFIC OBJECTIVE 4: To increase geriatric and gerontological capacities in healthcare and social services professionals		MHSP, SSS, PHI	MHSP, SSS, PHI	1st quarter, 2021	4th quarter, 2024	1,333,752	1,331,952	-	1,800
II. Goal of Policy 3: Support to health promotion, disease prevention, the prevention of disability and abuse for better aging and a more positive perception/image of aging										
	THE TOTAL of Policy Goal No.3						1,201,496	1,169,546	-	31,950
A	Specific Objective 1. A. To raise awareness and provide more information to persons over 50 on different kinds of behaviour, various practices, healthy and active aging, and what it means to live life autonomously at an older age		MHSP, Municipalities	MHSP, HCOIF, PHI, MUNICIPALITIES	1st quarter, 2020	4th quarter, 2024	1,156,996	1,154,546	-	2,450
B	Specific Objective 2. To improve public information on aging by discouraging all forms of prejudice and discrimination		MHSP, Municipalities	MHSP, HCOIF, PHI, MUNICIPALITIES	1st quarter, 2020	4th quarter, 2024	30,000	15,000	-	15,000
C	Specific Objective 3. Improving information on and monitoring one's health/the welfare of the elderly		MHSP, Municipalities	MHSP, HCOIF, PHI, MUNICIPALITIES	1st quarter, 2021	4th quarter, 2021	14,500	-	-	14,500

2020				2021				2022			
Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)	The source		Financial Gap	Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)	The source		Financial Gap	Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)	The source		Financial Gap
	State Budget	Foreign Funding			State Budget	Foreign Funding			State Budget	Foreign Funding	
505,941	**480,091**	**-**	**25,850**	**942,692**	**919,492**	**-**	**23,200**	**1,439,947**	**1,431,147**	**-**	**8,800**
196,132	**179,332**	**-**	**16,800**	**295,846**	**294,046**	**-**	**1,800**	**355,806**	**355,806**	**-**	**-**
113,470	98,470	-	15,000	196,767	196,767	-	-	274,944	274,944	-	-
40,200	38,400	-	1,800	47,509	47,509	-	-	38,400	38,400	-	-
15,000	15,000	-	-	15,000	15,000	-	-	15,000	15,000	-	-
2,462	2,462	-	-	2,462	662	-	1,800	2,462	2,462	-	-
25,000	25,000	-	-	34,109	34,109	-	-	25,000	25,000	-	-
70,450	**66,850**	**-**	**3,600**	**395,437**	**391,537**		**3,900**	**847,232**	**841,432**	**-**	**5,800**
13,350	9,750	-	3,600	9,750	9,750	-	-	641	641	-	-
57,100	57,100	-	-	141,900	141,900	-	-	141,900	141,900	-	-
-	-	-	-	243,673	239,773	-	3,900	250,882	246,882	-	4,000
-	-	-	-	114	114	-	-	453,809	452,009	-	1,800
239,359	**233,909**	**-**	**5,450**	**251,409**	**233,909**	**-**	**17,500**	**236,909**	**233,909**	**-**	**3,000**
233,359	230,909	-	2,450	230,909	230,909	-	-	230,909	230,909	-	-
6,000	3,000	-	3,000	6,000	3,000	-	3,000	6,000	3,000	-	3,000
-	-	-	-	14,500	-	-	14,500	-	-	-	-

2023				2024			
Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)	The source		Financial Gap	Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)	The source		Financial Gap
	State Budget	Foreign Funding			State Budget	Foreign Funding	
1,514,279	**1,511,279**	**-**	**3,000**	**1,588,419**	**1,585,419**	**-**	**3,000**
445,033	**445,033**	**-**	**-**	**534,282**	**534,282**	**-**	**-**
364,172	364,172	-	-	453,420	453,420	-	-
38,400	38,400	-	-	38,400	38,400	-	-
15,000	15,000	-	-	15,000	15,000	-	-
2,462	2,462	-	-	2,462	2,462	-	-
25,000	25,000	-	-	25,000	25,000	-	-
832,337	**832,337**	**-**	**-**	**817,228**	**817,228**	**-**	**-**
641	641	-	-	641	641	-	-
141,900	141,900	-	-	141,900	141,900	-	-
246,882	246,882	-	-	237,773	237,773	-	-
442,914	442,914	-	-	436,914	436,914	-	-
236,909	**233,909**	**-**	**3,000**	**236,909**	**233,909**	**-**	**3,000**
230,909	230,909	-	-	230,909	230,909	-	-
6,000	3,000	-	3,000	6,000	3,000	-	3,000
-	-	-	-	-	-	-	-

<table>
<tr><th colspan="12">II. Policy Goal (Write the goal of the policy as outlined in the Social Protection and Inclusion Strategy, including the PAR Action Plan) (This Policy Goal is positioned at the Budget Programme. Do consider that a Policy Goal may be implemented through more than one budget programme)</th></tr>
<tr><th colspan="12">III. PBA Programme II financing the goal of this policy (The case, for instance, when the goal of the policy goes across two programmes. The table is repeated albeit specifying the policy goal, the specific objectives are outlined in Programme No. 2) (Write the name of the PBA Programme for the attainment of the policy goal.) (Do remember that a Policy Goal may not be implemented through more than a budget programme.) When dealing with the Disability Policy Document, find whether the policy goal is funded by a single programme or various budget programmes)</th></tr>
<tr><th rowspan="2">No</th><th rowspan="2"></th><th rowspan="2">The Reference of the Result with the budget programme products</th><th rowspan="2" colspan="2">Competent Institutions</th><th colspan="2">The Implementation Timeline (PAB years 1-3 specified in 3-month slots, whereas anything</th><th rowspan="2">Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)</th><th colspan="2">The source</th><th></th><th>Financial Gap</th></tr>
<tr><th>Starts on</th><th>Ends on</th><th>State Budget</th><th>Foreign Funding</th><th></th><th></th></tr>
<tr><td>B</td><td>III. SPECIFIC GOAL A (write the name of the specific objective)</td><td>(pls do not complete this box)</td><td>Write the name of the competent institution (Lead institution)</td><td>Contributing Institution (if any)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td>Please list below the results you expect will be achieved so as attain specific objectives (Result = what is expected in terms of achievements up to and including the intervention which may be an intervention in the legal basis, a project, a training session, etc.)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

TABLE 2

7,500,000

150,000,000

No	THE ACTION PLAN FOR THE IMPLEMENTATION OF THE STRTEGIC DOCUMENT (2020-2024 Aging Plan)											
	I. STRATEGIC AIM											
	II. Aim of Policy 1 (Protecting the elderly most in need through pensions and other social mechanisms, and encouraging local government to transform municipalities into more elderly-friendly communities)											
	III. BUDGETING PROGRAMME 1 CONTRIBUTING TO POLICY AIM (Write name of PBA programme that contributes to the attainment of this goal) (Consider that a policy aim may be implemented through more than a single budget programme). With regard to this policy, establisj if this aim is funded by one budget programme only or several budget programmes instead.											
No		**The Reference of the Result with the budget programme products**	**Competent Institutions**		**The Implementation Timeline (PAB years 1-3 specified in 3-month slots, whereas anything beyond the PBA to be specified, if possible, in 6-month slots)**		**Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)**	**The source**		**Financial Gap**	**Financial Gap**	
					Starts on	**Ends on**		**State Budget**	**Foreign Funding**			
TOTAL								**1,827,100**	**1,808,500**	**-**	**18,600**	
A.	**IV. SPECIFIC OBJECTIVE 1. A. To guarantee dignified living conditions by adopting the minimum pension and by gradually improving the smaller pensions by providing sustainable support to the poorest old age pensioners (elderly)**	(The completion of this box relates to the results rather than the objective.)		Competent/Leading Institution	**Contributing Institution (if any)**			**1,402,773**	**1,387,773**	**-**	**15,000**	
A.1	1.Establishing an interinstitutional group. Determining responsibilities and the methodology for the continuous calculation of the minimum pension. The legal adoption of the minimum pension through a Council of Ministers Decision. Indicator: the approved minimum living income threshold	Planning Administration Management Kodi 01110 Product 1: Adopted legal and sublegal acts	1. Study on the minimum living income/threshold Lum Sum 15 000 000 leke 2. Establishing a working group with high-level specialists, 6 persons *160,000 leke pcm, 4 months . 3 Legal adoption in 2021 (the cost of drafting a sublegal act, the total of which costs = 9,400 leke/act: including [5,595 cost (salary + social insurance)+ 3,500 operational expenses +14 transfers for individuals)	MHSP; MINISTRY OF FINANCE	MHSP, Ministry of Finance	1st quarter, 2020	4th quarter, 2020	27,949	12,949	-	15,000	
A.2	2. The gradual adaption - within 5 years - of pensions to the minimum pension. This process will accompany the gradual strengthening of the pension system	Social Insurance Code 10220, Product 2 Budget transfer to cover the difference between the revenue and the expenditure of the public pension scheme	According to the latest SII report (in 2017) the minimum pension is 15,527 lekë (in urban areas). The basis shall be the pension with higher indicative costs. 10,000 persons *15,527 leke/month = 150 000 000. An increase of 5% per annum.	Ministry of Finance, Social Insurance Institute	Ministry of Finance, Social Insurance Institute	1st quarter, 2020	4th quarter, 2024	42,824	42,824		-	
A.3	3. The Social Insurance Institute shall enhance and intensify its awareness-raising on social pensions, with the aim of reducing the number of those who do not benefit from this pension simply due to either lack of information or red tape. Indicator: Almost 5,000 very poor older people are better informed about social pensions	Social Insurance Code 10220, Product 8 Calculated benefits and disseminated for compensation for social pensions	Increasing the number of persons who benefit from awareness-raising/information (granting new social pensions on average 1,000 persons per annum). Max social pension is *7,465 lekë/month. (total 1,000* 7,465* 12)	Ministry of Finance, Social Insurance Institute	Ministry of Finance, Social Insurance Institute	1st quarter, 2020	4th quarter, 2024	1,332,000	1,332,000		-	
B	**SPECIFIC OBJECTIVE 2. To increase access to public transport for the poorer old age pensioners through subsidies.**							**202,909**	**201,109**	**-**	**1,800**	
B1	Specifying the public transport needs of the elderly in all documents and plans. Indicator: 1) Indicator: Approved public transport policies which meet clearly specify the public transport needs of the elderly	The Programme of Social Care and Solidarity code 10140	Preparing an assessment report identifying the transport needs of the elderly.(Local expert 20 days *30,000 leke/day x 3 experts) Adopting a legal act Cost of drafting a legal act comes to a total of = 9,400 leke/act: including [5,595 costs (salary + social insurance) + 3,500 operational	MHSP	Ministry of Infrastructure, Ministry of Interior, Municipalities	1st quarter, 2020	4th quarter, 2021	10,909	9,109	-	1,800	
B2	Increasing the access of the groups most in need amongst the elderly re: public transport through the partial or full coverage of transport costs. Indicator: 1) Municipalities with over 100,000 inhabitants have subsidy models for transport for certain elderly groups. 2) 2,000 elderly people with social pension are included in the scheme	The Programme of Social Care and Solidarity code 10140	Subsidising monthly travel cards for 2,000 elderly people	Municipalities	Municipalities	1st quarter, 2021	4th quarter, 2024	192,000	192,000	-		
C	**SPECIFIC OBJECTIVE 3. To ensure larger participation of the elderly in the life of the community. Reducing loneliness levels and the social isolation of the elderly**							**75,000**	**75,000**	**-**	**-**	
C1	1. Local governments draft local plans/policies for the elderly along with mechanisms for the participation of the elderly, in particular elderly women, in the decision-making process. Indicator: 50 municipalities have aging policies and apply the inclusion of the elderly in decision-making.	The Programme of Social Care and Solidarity code 10140	no costs	Municipalities		1st quarter, 2021	4th quarter, 2024	-	-	0		
C2	2. Municipalities systematically provide cultural and social activities in which lonely elderly people are included (trips to various cities in Albania, literature and music competitions, remembrance of renowned individuals or heroes, etc). Applying discounted fees to over 65 year olds when attending cultural or sports events organised by the municipalities or other public or private entities in the territory of the said municipality. Indicator: 50 municipalities with at least one event/activity for the elderly per annum	The Programme of Social Care and Solidarity code 10140	50 municipalities x on average 300,000 leke per activity	Municipalities	Municipalities	1st quarter, 2021	4th quarter, 2024	75,000	75,000	0	-	
D	**SPECIFIC OBJECTIVE 4. To ensure a motivating working environment prior to retirement, and to promote life-long learning**							**12,309**	**10,509**	**-**	**1,800**	
D1	1. Improving the public's awareness of the opportunities of the labour market for the employment of the elderly. Promoting positive behaviour and attitude towards senior/elderly civil servants/officials and fighting agism at work. Indicator: The number of information campaigns or other related activities of this subject.	Social Inclusion and Social Care code 10430	Organising annual campaigns, promoting work on social media, preparing a spot, round tables (2,000,000 lek/annum/campaign)	MHSP	Ministry of Economy	2nd quarter, 2020	4th quarter, 2024	10,000	8,200	-	1,800	
D2	2. Creating the model of "the university of the elderly" in cooperation with state institutions and civil society organisation (preparing 1-day courses educating on various subjects/topics) Indicator: 10 courses are prepared. 1,000 elderly people participate in life-long learning activities	Social Inclusion and Social Care code 10430	10 courses per year (organising 3 lecturers or at least head of section at the ministry level III category (a). on average 120,000 lekë/month (only 2 working days of preparatory work have been accounted for - 3 specialists + 10 course days. administrative expenditure 20,000 lekë per course	MHSP	State Social Services, Public Health Institute, University, Civil Society	2nd quarter, 2021	4th quarter, 2024	2,309	2,309	-	-	
E	**SPECIFIC OBJECTIVE 5.To ensure the recognition of and appreciation of voluntary contribution by the state for a society inclusive of all ages**							**134,109**	**134,109**	**-**	**-**	
E1	1. Institutional regulation of the norms of obtaining and recognising certificates which relate to experience verified in the context of voluntary activities, with the aim of formalising this process. Indicator: Regulation on recognising volunteering as it serves as an incentive for the engagement of young people in supporting the elderly	MHSP Planning Administration Management Kodi 01110 Product 1: Adopted legal and sublegal acts	Adopting a legal act and a regulation (the cost of drafting a legal act comes to a total of = 9,400 leke/ act: including [5,595 costs (salary + social insurance) + 3,500 operational expenses + 14 transfers for individuals)	MHSP	MHSP	1st quarter, 2021	4th quarter, 2021	9,109	9,109	0	-	
E2	2. Organising every year open days (open doors) for the elderly in schools and other educational institutions (including the pre-school system). Organising information sessions on issues that relate to aging, the destigmatisation of the elderly, removing taboos on death and disseminating positive examples of intergenerational interaction. Indicator: 500 activities in schools.	Social Inclusion and Social Care code 10430	500 activities in schools * 50,000 lekë various operational spending	MHSP	Ministry of Education	1st quarter, 2021	4th quarter, 2024	125,000	125,000	0	-	

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505,941 942,692 1,439,947

Year 1 (2020)										
Spending wages + social insurance	Operational expenses	Consultancies, studies	606. Transfers for families and individuals	604. Internal Transfers	Investments	Total	Financed by the budget	Financed by the donor, WB	Donors, UN, etc.	Financial gap
2,182	**42,200**	**15,000**	**0**	**96,550**	**0**	**196,132**	**179,332**	**0**	**0**	**16,800**
1,920	**-**	**15,000**	**-**	**96,550**	**-**	**113,470**	**98,470**	**-**	**-**	**15,000**
1,920		15,000				16,920	1,920			15,000
				7,750		7,750	7,750			-
				88,800		88,800	88,800			-
-	**-**					**40,200**	**38,400**	**-**	**-**	**1,800**
		1,800				1,800	-	-	-	1,800
	-	-	-	38,400	-	38,400	38,400	-	-	-
-	**15,000**	**-**	**-**	**-**	**-**	**15,000**	**15,000**	**-**	**-**	**-**
						0				0
	15,000					15,000	15,000			-
262	**2,200**	**-**	**-**	**-**	**-**	**2,462**	**2,462**	**-**	**-**	**-**
	2,000					2,000	2,000			-
262	200					462	462			-
-	25,000	-	-	-	-	25,000	25,000	-	-	-
						-				-
	25,000					25,000	25,000			-

Year 2 (2021)										
Spending wages + social insurance	Operational expenses	Consultancies, studies	606. Transfers for families and individuals	604. Internal Transfer	Investments	Total	Financed by the budget	Financed by the donor, WB	Donors, UN, etc.	Financial gap
18,967	**52,700**	**-**	**42**	**224,138**	**-**	**295,846**	**294,046**	**-**	**-**	**1,800**
7,515	**3,500**	**-**	**14**	**185,738**	**-**	**196,767**	**196,767**	**-**	**-**	**-**
7,515	3,500	-	14	-		11,029	11,029			-
				8,138		8,138	8,138			-
				177,600		177,600	177,600			-
5,595	**3,500**	**-**	**14**	**38,400**	**-**	**47,509**	**47,509**	**-**	**-**	**-**
5,595	3,500		14			9,109	9,109			-
				38,400		38,400	38,400			
-	**15,000**	**-**	**-**	**-**	**-**	**15,000**	**15,000**	**-**	**-**	**-**
						-				-
	15,000					15,000	15,000			-
262	**2,200**	**-**	**-**	**-**	**-**	**2,462**	**662**	**-**	**-**	**1,800**
	2,000					2,000	200			1,800
262	200					462	462			-
5,595	28,500	-	14	-	-	34,109	34,109	-	-	-
5,595	3500		14			9,109	9,109			-
	25,000					25,000	25,000			-

Year 3 (2022)										
Spending wages + social insurance	Operational expenses	Consultancies, studies	606. Transfers for families and individuals	604. Internal Transfer	Investments	Total	Financed by the budget	Financed by the donor, WB	Donors, UN, etc.	Financial gap
262	**42,200**	**-**	**-**	**313,344**	**-**	**355,806**	**355,806**	**-**	**-**	**-**
-	**-**	**-**	**-**	**274,944**	**-**	**274,944**	**274,944**	**-**	**-**	
						-				-
				8,544		8,544	8,544			-
				266,400		266,400	266,400			-
-	**-**	**-**	**-**	**38,400**	**-**	**38,400**	**38,400**	**-**	**-**	**-**
						-	-			-
				38,400		38,400	38,400			-
-	**15,000**	**-**	**-**	**-**	**-**	**15,000**	**15,000**	**-**	**-**	**-**
						-	-			-
	15,000					15,000	15,000			-
262	**2,200**	**-**	**-**	**-**	**-**	**2,462**	**2,462**	**-**	**-**	**-**
	2,000					2,000	2,000			
262	200					462	462			
-	**25,000**	**-**	**-**	**-**	**-**	**25,000**	**25,000**	**-**	**-**	**-**
						-				-
	25,000					25,000	25,000			-

1,514,279

	Year 4 (2023)										
	Spending wages + social insurance	Operational expenses	Consultancies, studies	606. Transfers for families and individuals	604. Internal Transfer	Investments	Total	Financed by the budget	Financed by the donor, WB	Donors, UN, etc.	Financial gap
	262	42,200	-	-	47,372	-	445,033	445,033	-	-	-
	-	-	-	-	8,972	-	364,172	364,172	-	-	-
					-		-				-
					8,972		8,972	8,972			-
					355,200		355,200	355,200			-
	-	-	-	-	38,400	-	38,400	38,400	-	-	-
							-	-			-
					38,400		38,400	38,400			-
	-	15,000	-	-	-	-	15,000	15,000	-	-	-
							0				0
		15,000					15,000	15,000			0
	262	2,200	-	-	-	-	2,462	2,462	-	-	-
		2,000					2,000	2,000			
	262	200					462	462			
	-	25,000	-	-	-	-	25,000	25,000	-	-	-
							-				
		25,000					25,000	25,000			

1,588,419

	Year 5 (2024)										
	Spending wages + social insurance	Operational expenses	Consultancies, studies	606. Transfers for families and individuals	604. Internal Transfer	Investments	Total	Financed by the budget	Financed by the donor, WB	Donors, UN, etc.	Financial gap
	262	42,200	-	-	491,820	-	534,282	534,282	-	-	-
	-	-	-	-	453,420	-	453,420	453,420	-	-	-
							-				-
					9,420		9,420	9,420			-
					444,000		444,000	444,000			-
	-	-	-	-	38,400	-	38,400	38,400	-	-	-
							-				-
					38,400		38,400	38,400			-
	-	15,000	-	-	-	-	15,000	15,000	-	-	-
							0				0
		15,000					15,000	15,000			0
	262	2,200	-	-	-	-	2,462	2,462	-	-	-
		2,000					2,000	2,000			-
	262	200					462	462			-
	-	25,000	-	-	-	-	25,000	25,000	-	-	-
							-				-
		25,000					25,000	25,000			-

II.Policy Goal (Write the goal of the policy as outlined in the Social Protection and Inclusion Strategy, including the PAR Action Plan) (This Policy Goal is placed at the Budget Programme. Do consider that a Policy Goal may be implemented through more than one budget programme)

III. PBA Programme II financing the goal of this policy (The case, for instance, when the goal of the policy goes across two programmes. The table is repeated albeit specifying the policy goal, the specific objectives are outlined in Programme No. 2) (Write the name of the PBA Programme for the attainment of the policy goal.) (Do remember that a Policy Goal may not be implemented through more than a budget programme.) When dealing with the Disability Policy Document, find whether the policy goal is funded by a single programme or various budget programmes)

No		The Reference of the Result with the budget programme products		Competent Institutions		The Implementation Timeline (PAB years 1-3		Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)	The source		Financial Gap
						Starts on	Ends on		State Budget	Foreign Funding	
B	**III. SPECIFIC GOAL A (write the name of the specific objective)**	(pls do not complete this box)		**Write the name of the competent institution** (Lead institution)	**Contributing Institution** (if any)						
	Please list below the results you expect will be achieved so as attain specific objectives (Result = what is expected in terms of achievements up to and including the intervention which may be an intervention in the legal basis, a project, a training session, etc.)										

TABLE 3

ACTION PLAN FOR THE IMPLEMENTATION OF THE STRATEGIC DOCUMENT
(Ageing Plan 2020-2024)

II. AIM OF POLICY 2: Capacity Building of the Systems of Health Care and Social Services, suitable to respond to an ever larger proportion of elderly in the population

III. BUDGETING PROGRAM 1 CONTRIBUTING TO POLICY AIM (Write the name of the PBA contributing in achieving the police aim) (Consider that a Policy Aim may be implemented through more than one budgeting program) In the case of PAK Policy Document establish if the Policy Aim is financed by a Program or a few Budgeting Programs.

Nr.		Result Reference with the products of the budgeting program	DETAILS OF ACTIVITIES	Responsible Institutions		Implementation Deadline (for PAB years 1-3 specified in trimesters; for years beyond PAB specified possibly in 6-month periods)		Indicative Cost (in thousands of ALL) (these are the total costs calculated as per the costing formats Costing Format IPSIS)	Coverage Source		Financial Gap
						Start Date	End Date		State Budget	Foreign Financing	
TOTAL								**2,962,683**	**2,949,383**	**-**	**13,300**
A.	**A.Specific Objective 1. To develop an integrated community-based system of health care and social services**			Write the Responsible Institution (Leading)	Contributing **Institution** (if any)	Trimester I, 2020	Trimester IV, 2024	**25,022**	**21,422**	-	**3,600**
A..1	1. Establishment of Coordinating Structures (with responsible persons) on the social support at the Regional Health Operators. These structures will enable the preparation of annual information at the municipality and regional level regarding the number, location and needs of the sick elderly in need of social assistance and the sharing of this information between the municipalities and the primary health care centres. Indicator: 4 structures with approved responsible personnel.	Public Health Service (program code 07450). Objective 4; Product 1 "Inspections carried out by the Health Care Operator in Hospitals, local units of Health Care and Health Centres", code	Preparation of an Evaluation Report regarding the needs for establishing structures at the regional health operators. (Local Experts 20 experts *30 000 ALL/day x 1 expert). Adoption of a DCM on the addition of structures at the 4 regional health operators. Preparation cost of a normative act from the PBA, a total of which is = 9100 ALL/currently: composed of [5595 costs (wages + soc insur)+ 3500 expenses 604 transfers for individuals). 4 units one sector head (categ IIIb= 95694) and 3 specialists categ IV a=81690 (300 000 administrative expenses per annum)	MHSP	MHSP, SSS,Health Operator	Trimester I, 2020	Trimester IV, 2024	12,913	12,313	-	600
A.2.	2. Preparation of a basic social and health services for the elderly in the community. The package will also include the required competencies, tasks at different levels and quality standards. Indicator: 1) Document has been prepared and adopted 2) 100,000 elderly people benefit from this packet	Planning Administration Management Code 01110 Product 1: Adopted legal and sub-legal acts	Evaluation Report of the type of package, 3 local experts *30 days *30 000 ALL + 300 000 expenses (Calculation of the cost of the package of services). Adoption of a normative act (aw or DCM). The cost of the preparation/draft of a legal act from PBA, a total of which is = 9100 ALL/ currently: composed of [5595 costs (wages + soc insur) + 3500 operational costs + 14 transfers for individuals).	MHSP	MHSP	Trimester I, 2020	Trimester III, 2021	12,109	9,109	-	3,000
B.	**B. Specific Objective 2. B. To expand the services in community centres and create models of community appartments**			**MHSP, Municipality**	**MF/MHSP/SHSH/Municipalities**	**Trimester I, 2020**	**Trimester IV, 2024**	**624,700**	**624,700**	-	-
B.1	1. Establishment of new daily centres at the municipalities. The centres will serve as safe environments for the elderly mostly in need and apart from others they will provide health and social care. Indicator: 1) 10 new daily centres. 20 municipalities provide at least one daily centre for the elderly. 2) 3000 elderly that visit the daily centre at least once a month.	Prog of Social Care and Solidarity Code 10140	Approximate cost with that of a current centre, such as the experience of the multi-disciplinary centre that costs 600 601=17 900 000 ALL/ annum 602 = 6 900 000 ALL/annum and 2 000 000 investments: (on average the establishment of two new centres per annum)	MHSP, Municipality	MHSP/SHSH/Municipalities	Trimester I, 2021	Trimester II, 2022	268,000	268,000	-	-
B.2	2. Establishment of a model of social appartments in Tirana with partial subsidy renting for the vulnerable and homelss elderly. In cooperation with the Government and Municipality. Indicator: 50 social appartments for the elderly, who pay only 30% of the rent.	Housing Code (06190) Product 3: Rent Bonus	Pursuant to the Law on Housing, as per Article 3, of Law No. 22/2018 "On the Social Housing", the average Housing cost of a family based on the PBA Ministry of Finance Program "Housing", approximately 70 000 ALL/annum. Total will be 50 families x 70 000 ALL/month	MF; MHSP	MF/MHSP/SHSH/Municipalities	Trimester I, 2020	Trimester IV, 2024	17,500	17,500	-	-
B.3	3. 3. Establishment of a new residential centre for long-term care for the elderly, completely financed by the Government or through the subsidy schemes, private initiatives Indicator: A new residential centre provides long-term shelter and social and health services for 100 elderly individuals	Planning Administration Management Code 01110 Product 1: Adopted legal and sub-legal acts	Approximate cost from PBA of MHSP (the cost for one beneficiary of the residential centtres is 847 000 ALL/annum for one beneficiary [(total 600+602 = 564 000 000 + 368 000 000 ALL)/1100 beneficiaries] . (approximately for one beneficiary the indicative cost is 847 000 composed of (600 +601 =513 000 dhe 602=335 000) ,	MHSP, Municipality	MHSP/SHSH/Municipalities	Trimester I, 2021	Trimester IV, 2022	339,200	339,200	-	-
C	**C. SPECIFIC OBJECTIVE 3: C. To establish the home assistance programme for the elderly who have lost their autonomy**			MHSP, ShSSh, IPH, FSKSH	MHSP, ShSSh, IPH, Elderly Associations	Trimester I, 2021	Trimester IV, 2024	**979,209**	**971,309**	-	**7,900**
C.1	1. Preparing home care standards and guidelines for the elderly. Preparing a help manual for caring for the elderly at home based on best international practices. Short-term training course and a website with home care information for the elderly. Indicator: 1) Manuals and guidelines prepared. 2) Website has been prepared with plenty of information. 3) Training courses conducted with informal and professional carers.	Social Inclusion and Social Care code 10 430)	Drafting guidelines: 3 types = (6 local experts *15 days *30,000 lekë/day) + 300,000 administrative expenses. building a website lum sum 2 000 000 ALL. 3 courses per annum. (organising 3 lecturers (head of section at the ministry, salary category, level III (a)= 118 000 lekë/month) x 2 days/course + 5 wds as preparatory work. Administrative expenses 20 000 lekë per course	MHSP, ShSSh, IPH	MHSP, ShSSh, IPH	Trimester I, 2021	Trimester IV, 2024	5,391	2,691	-	2,700
C.2	2. Assigning dedicated personnel and systematic visits (monthly in old people's homes who have lost their autonomy and at least 2 visits in the home of over 80-year-olds despite their level of autonomy, with primary health care nurses and social workers. Assessing their home conditions, preparing home care plans and support, and where necessary, for carers with intructions on specialised services, such as changing the catheter, treating chronic wounds, etc. Indicator: 1) 300 nurses and social workers dedicated to home visits. 2) 50,000 visits conducted per annum	Primary Healthcare Services code 07220 Product No. 1 the number of visits in primary care	The average salary for a nurse and a social worker (kateg VI b = 66,0000 lek/month	MHSP	MHSP, HCOIF	Trimester I, 2021	Trimester IV, 2024	950,400	950,400	-	-
C.3	3. Reviewing the legal framework on social support for family carers and its recognition (e.g. enabling a special permission for family carers who also work, akin to maternity leave, making it easier for them to return to the labour market when they are over 50, ensuring they have a pension, as well as enjoying priority status in homeless lists, etc. Indicator: Draft packet of the necessary legal amendments	Planning Administration Management Code 01110 Product 1: Adopted legal and sub-legal acts	Assessment Report (RIA) on the review of the normative act dealing with care for the elderly. (Local experts 20 days/expert *30,000 leke/day x 2 experts). Cost of drafting a normative act is = 9,100 leke/act: including [5,595 costs (wages + social insurance), 3,500 operational expenses + 14 transfers to individuals.	MHSP	MHSP	Trimester I, 2021	Trimester I, 2022	10,309	9,109	-	1,200
C.4	4. Drafting a national care plan for persons who suffer from dementia (including Alzheimer's) by a group of experts including informal carer representatives. Indicator: The Plan is drafted and funded	Planning Administration Management Code 01110 Product 1: Adopted legal and sub-legal acts	Drafting a detailed working plan, 4 local experts *30 days *30,000 lekë/day + 400,000 lekë administrative expenses. Council of MInisters' Decision on the adoption of the care plan. The cost of drafting a normative act which comes to a total of = 9,400 leke/act: including [5,595 costs (wages and social insurance) + 3,500 operational expenses, + 290 transfers abroad + 14 transfers for individuals)	MHSP, ShSSh, IPH, Elderly Associations	MHSP, ShSSh, IPH, Elderly Associations	Trimester I, 2022	Trimester I, 2023	13,109	9,109	-	4,000
D	**C. SPECIFIC OBJECTIVE 4: Enhancing geriatric and gerontological capacities of the health and social services professionals**			MHSP, ShSSh, IPH	MHSP, ShSSh, IPH	Trimester I, 2021	Trimester IV, 2024	**1,333,752**	**1,331,952**	-	**1,800**
D.1	1. Drafting protocols and establishing specific instruments for doctors and nurses in the primary health care sector in relation to evaluating prevalent problems for the elderly, such as losing cognitive skills, visual and hearing impairments, pain, reduction in mobility and the critical space, managing multipathologies, medication advice, etc. Specific guidelines re: dental care, ophtalmological, audiological and physiotherapy for the elderly Indicator: 1) Clinical protocol and the guidelines are prepared. 2) 400 health centre equipped with the packet of relevant instruments. 3) 50 000 visits for the elderly in primary cary with improved quality.	public Health Service (program code 07450). Objective 4; Product 1 "Inspections carried out by the Health Care Operator in Hospitals, local units of Health Care and Health Centres", code	Drafting guidelines (local expert 30 days/expert *30,000 leke/day x 2 experts + 400,000 lekë/operational expenses). The cost of purchasing equipment on average 30,000 lekë/center although this will be determined after the guidelines; will be equipped within 2 years	MHSP, ShSSh, IPH	MHSP, ShSSh, IPH	Trimester I, 2021	Trimester IV, 2023	12,000	12,000	-	-
D.2	2. Preparing an intensive programme for geriatric training at the national level. Organising short-term training as part of continuous development. Indicator: 1) 5 accredited courses. 2) 100 participants	Social Inclusion and Social Care code 10 430)	A total of 5 courses per annum for 100 doctors (organising 2 lecturers, at least head of section at the ministry, level III (a) category. on average 118,000 lekë/month (accounted for 1 wd of course work + 5 days of prep work in preparation of the courses. Administrative expenses 10,000 lekë.	MHSP, IPH	MHSP, IPH	Trimester IV, 2021	Trimester IV, 2024	457	457	-	-
D.3	3. Reorganization of bed services and adoption of norms that guarantee a suitable distribution of hospital beds for the elderly. Long-term care for the elderly. Piloting of units dedicated to geriatric care at the University Hospital Centre and 2 Regional Hospitals with a minimal orienting standard of 2 beds per 1000 residents of over 65, including psychiatric beds for the elderly. Determination of beds dedicated to the palliative care. Tregues : 1) Plani i miratuar. 2) 5 njesi pilote funksionale prane spitaleve te perzgjedhur.	Secondary Health Care Services (Code 07 330) Producti 3: Treated patients at the psychiatric hospitals	Local expert 30 days/expert *30,000 leke/day x 2 experts) A Council of MInisters Decision should be adopted for this care plan. The cost of drafting a normative act in total comes to = 9,100 leke/act: including [5,595 costs (wages + social insurance) + 3,500 operational expenses + 14 transferts for individuals). the administrative cost for dedicated beds in palliative care (inlcuding psychiatric beds for the elderly after the drafting of the plan, indicative costs per patient from the PBA = 546,000 lekë per annum x 800 persons.	MHSP, IPH, HCOIF	MHSP, IPH, HCOIF	Trimester I, 2022	Trimester IV, 2024	1,321,295	1,319,495	-	1,800

2,962,683

Year 1 2020												Year 2 (2021)												Year 3 (2022)					
Expenses Wages + Social Insurance	Operational Expenses	Consultancies Studies	606. Transfers for Families and Individuals	604. Internals Transfers	Investments	Total	Financed by the Budget	Financed by the Donor (WB)	Donors UN, etc.	Financial Gap		Expenses Wages + Social Insurance	Operational Expenses	Consultancies Studies	606. Transfers for Families and Individuals	604. Internal Transfers	Investments	Total	Financed by the Budget	Financed by the Donor (BB)	Donors UN, etc.	Financial Gap		Expenses Wages + Social Insurance	Operational Expenses	Consultancies Studies	606. Transfers for families and individuals	604. Internal Transfers	Investments
41,736	17,600	3,600	3,500	14	4,000	70,450	66,850		-	3,600		330,813	53,210	5,700	3,914	-	4,000	395,437	391,537	-	-	3,900		502,008	325,910	5,800	3,514	-	10,000
5,936	**3,800**	**3,600**	**-**	**14**	**-**	**13,350**	**9,750**	**-**	**-**	**3,600**		**5,936**	**3,800**	**-**	**14**	**-**	**-**	**9,750**	**9,750**	**-**	**-**	**-**		**341**	**300**	**-**	**-**	**-**	**-**
5935.8	3800	600		14		10,349.80	9,749.80	-	-	600		340.8	300					640.8	640.8	-	-	-		340.8	300	-	-	-	-
		3,000				3,000.00	-	-	-	3,000		5595	3,500		14			9,109	9,109	-	-	-		-	-	-	-	-	-
35,800	**13,800**	**-**	**3,500**	**-**	**4,000**	**57,100**	**57,100**	**-**	**-**	**-**		**87,100**	**47,300**	**-**	**3,500**	**-**	**4,000**	**141,900**	**141,900**	**-**	**-**	**-**		**87,100**	**47,300**	**-**	**3,500**	**-**	**4,000**
35,800	13,800	-	-	-	4,000	53,600	53,600			-		35,800	13,800				4,000	53,600	53,600	-	-	-		35,800	13,800				4,000
-		-	3,500	-	-	3,500	3,500			-			-		3,500			3,500	3,500	-	-	-			-		3,500		-
-	-	-	-	-	-	-	-			-		51,300	33,500					84,800	84,800	-	-	-		51,300	33,500				-
-	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**		**237,713**	**2,060**	**3,900**	**-**	**-**	**-**	**243,673**	**239,773**	**-**	**-**	**3,900**		**243,308**	**3,560**	**4,000**	**14**	**-**	**-**
		-				-				-		113	2,060	2,700				4,873	2,173			2,700		113	60	-			
-						-	-			-		237,600						237,600	237,600			-		237,600					
						-				-				1,200				1,200				1,200		5,595	3,500		14		
						-				-								-				-				4,000			
-	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**64**	**50**	**1,800**	**400**	**-**	**-**	**114**	**114**	**-**	**-**	**-**		**171,259**	**274,750**	**1,800**	**-**	**-**	**6,000**
-	-	-	-	-	-	-								1,800	400														6,000
						-						64	50					114	114					64	50				
-	-	-				-	-					-	-	-				-	-					171,195	274,700	1,800			

						Year 4 (2023)												Year 5 (2024)										
Total	Financed by the Budget	Financed by the Donor	Donors UN, etc.	Financial Gap		Expenses Wages + Social Insurance	Operational Expenses	Consultancies Studies	606. Transfers for families and individuals	604. Internal Transfers	Investments	Total	Financed by the Budget	Financed by the Donor	Donors UN etc.	Financial Gap		Expenses Wages + Social Security	Operational Expenses	Consultancies Studies	606. Transfers for families and individuals	604. Internal transfers	Investments	Total	Financed by the Budget	Financed by the Donor	Donors UN, etc	Financial Gap
847,232	841,432	-	-	5,800		496,413	322,410	-	3,500	14	10,000	832,337	832,337	-	-	-		490,818	318,910	-	3,500	-	4,000	817,228	817,228	-	-	-
641	**641**	**-**	**-**	**-**		**341**	**300**	**-**	**-**	**-**	**-**	**641**	**641**	**-**	**-**	**-**		**341**	**300**	**-**	**-**	**-**	**-**	**641**	**641**	**-**	**-**	**-**
640.8	641			-		340.8	300					640.8	640.8	-	-	-		340.8	300					640.8	640.8	-	-	-
-				-		-	-	-	-	-	-	-				-		-	-	-	-	-	-	-				-
141,900	**141,900**	**-**	**-**	**-**		**87,100**	**47,300**	**-**	**3,500**	**-**	**4,000**	**141,900**	**141,900**	**-**	**-**	**-**		**87,100**	**47,300**	**-**	**3,500**	**-**	**4,000**	**141,900**	**141,900**	**-**	**-**	**-**
53,600	53,600	-		-		35,800	13,800				4,000	53,600	53,600			-		35,800	13,800				4,000	53,600	53,600			-
3,500	3,500	-		-		-	-		3,500			3,500	3,500			-			-		3,500			3,500	3,500			-
84,800	84,800	-		-		51,300	33,500					84,800	84,800			-		51,300	33,500					84,800	84,800			-
250,882	**246,882**	**-**	**-**	**4,000**		**243,308**	**3,560**	**-**	**-**	**14**	**-**	**246,882**	**246,882**	**-**	**-**	**-**		**237,713**	**60**	**-**	**-**	**-**	**-**	**237,773**	**237,773**	**-**	**-**	**-**
173	173			-		113	60					173	173			-		113	60					173	173			-
237,600	237,600			-		237,600						237,600	237,600			-		237,600						237,600	237,600			-
9,109	9,109			-								-				-								-				-
4,000				4,000		5595	3500			14		9,109	9,109			-								-				-
453,809	**452,009**	**-**	**-**	**1,800**		**165,664**	**271,250**	**-**	**-**	**-**	**6,000**	**442,914**	**442,914**	**-**	**-**	**-**	**-**	**165,664**	**271,250**	**-**	**-**	**-**	**-**	**436,914**	**436,914**	**-**	**-**	**-**
6,000	6,000										6,000	6,000	6,000															
114	114					64	50					114	114					64	50					114	114			
447,695	445,895			1,800		165,600	271,200					436,800	436,800					165,600	271,200					436,800	436,800			

II. Policy Aim (Write the goal of the policy as outlined in the Social Protection and Inclusion Strategy, including the PAR Action Plan) (This Policy Goal is placed at the Budget Programme. Do consider that a Policy Goal may be implemented through more than one budget programme)												
III. PBA Programme II financing the goal of this policy (The case, for instance, when the goal of the policy goes across two programmes. The table is repeated albeit specifying the policy goal, the specific objectives are outlined in Programme No. 2) (Write the name of the PBA Programme fot the attainment of the policy goal.) (Do remember that e Policy Goal may not be implemented through more than a budget programme.) When dealing with the Disability Policy Document, find whether the policy goal is funded by a single programme or various budget programmes)												
No		The Reference of the Result with the budget programme products		Competent Institutions		The Implementation Timeline (PAB years 1-3 specified in 3-month slots, whereas anything beyond the PBA to be specified, if possible, in 6-month slots)		Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)	The source		Financial Gap
						Starts on	Ends on		State Budget	Foreign Funding	
B	**III. SPECIFIC GOAL A (write the name of the specific objective)**	(pls do not complete this box)		**Write the name of the competent institution** (Lead institution)	**Contributing Institution** (if any)						
	Please list below the results you expect will be achieved so as attain specific objectives (Result = what is expected in terms of achievements up to and including the intervention which may be an intervention in the legal basis, a project, a training session, etc.)										

TABLE 4

ACTION PLAN FOR THE IMPLEMENTATION OF THE STRATEGIC DOCUMENT
(2020-2024 Aging Plan)
I. STRATEGIC AIM

III. Aim of Policy 3: Support to health promotion, disease prevention, the prevention of disability and abuse for better aging and a more positive perception/image of aging

III. BUDGETING PROGRAMME 1 CONTRIBUTING TO THE POLICY AIM (Write name of PBA programme that contributes to the attainment of this goal) (Remember that a policy aim may be implemented through more than a single budget programme). With regard to this policy, establish whether it is funded by one budget programme only or several budget programmes instead.

No		The Reference of the Result with the budget programme products	Competent Institutions		The Implementation Timeline (PAB years 1-3 specified in 3-month slots, whereas anything beyond the PBA to be specified, if possible, in 6-month slots)		Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)	The source		Financial Gap	Financial Gap
					Starts on	Ends on		State Budget	Foreign Funding		
	TOTALI							1,201,496	1,169,546	-	31,950
A.	**Specific Objective 1. A. To raise awareness and provide more information to persons over 50 on different kinds of behaviour, various practices, healthy and active aging, and what it means to live life autonomously at an older age**	(The completion of this box relates to the results rather than the objective.)		Competent/Leading Institution	Contributing Institution (if any)			1,156,996	1,154,546	-	2,450
A.1	1. Raising awareness amongst older adults and the elderly on healthy and active aging, and the prevention of diseases or damages. Indicator : 1) 5 campaigns are organised. 2) 200,000 people have obtained information	Social Inclusion and Social Care (code) 10430	Primary Healthcare Service (Code 0720); Product	MHSP and municipalities	MHSP and municipalities	1st quarter, 2020	4th quarter, 2024	2,000	-	-	2,000
A.2	2. Increasing the systematic use of programmes of early detection of hypertension and diabetes at the healthcare service for over 50-year-olds. Raising awareness about depression and the elderly , and the fight against stigma in identifying signs as early as possible and appropriate management in primary healthcare services. Indicator : 1) 80% of over 50-year-olds have had at least one examination hypertension and diabetes. 2) 50% the population over 50 that has completed the questionnaire on depression in the basic health check programme	Primary Healthcare Service (Code 0720); Product 2 (no. of people benefitting from the check up)	Approximate cost of a check up 2,000 lekë/person (total of the 50-70 population is: = 713,779 x 80% = 571,023) which will be achieved by the end of the 5-year period	MHSP and HCOIF	MHSP and HCOIF	1st quarter, 2020	4th quarter, 2024	1,142,046	1,142,046	-	-
A.3	3. Preparing instructions/standards to prevent the elderly from falling either at the care institution, or in their own home for those above 70. Making sure that over 70-year-olds at high risk have protection (hip protectors) Indicator: 1) Instructions/standards have been prepared. 500 institutions have started applying these. 3) 500 devices have been handed out.	Primary Healthcare Service (Code 0720); Product 3: Patients treated by the GP with a prescription for reimbursement medication	Preparation of Standards: 3 = 1 local expert *15 days *30,000 lekë/day) + 100,000 administrative spending. Reimbursement for the hip protector, for instance, for persons at risk. At least 500 devices handed over every year and for over 70-year-olds	MHSP and HCOIF	MHSP and HCOIF	1st quarter, 2020	4th quarter, 2024	12,950	12,500	-	450
B	**Specific Objective 2. To improve public information on aging by discouraging all forms of prejudice and discrimination**					1st quarter, 2020	4th quarter, 2024	30,000	15,000	-	15,000
B.1	1. Protecting the dignity of the elderly, in particular those with a confirmed disability; Encouraging self-assessment by fighting against all types of prejudice, negligence, abuse and discrimination. Indicator: 5 information campaigns	Social Inclusion and Social Care (code) 10430	Information Campaign Lum Sum (3,000,000 leke per annum)	MHSP and municipalities	MHSP and municipalities	1st quarter, 2020	4th quarter, 2024	15,000	15,000	-	-
B2	2. Developing non-discriminatory images of the elderly and disseminating positive information about them in cooperation with mass media. Including the elderly in planning, implementation and evaluation of these types of programmes Indicator: 5 information campaigns	Social Inclusion and Social Care (code) 10430	Information Campaign Lum Sum (3,000,000 leke per annum)	MHSP and municipalities	MHSP and municipalities	1st quarter, 2020	4th quarter, 2024	15,000	-	-	15,000
C	**Specific Objective 3. Improving information on and monitoring one's health/the welfare of the elderly**			MHSP	MHSP and municipalities	1st quarter, 2021	4th quarter, 2024	14,500	-	-	14,500
C1	1. The Ministry of Health and Social Protection shall commit itself to working with INSTAT, the Institute of Public Health and the State Social Service to prepare a set of aging indicators based on international standards. Indicators shall include the health situation, the economic outlook, social inclusion, etc., and services for the elderly. Indicator: The Indicator analysis is ready and operational	Planning Administration Management Code 01110 Product 1: the adopted legal and sublegal acts	Indicator framework, 5 local experts*30 days *30,000 lekë/per day	MHSP and municipalities	MHSP and municipalities	1st quarter, 2021	4th quarter, 2024	4,500	-	-	4,500
C2	2. Conducting a standard study for the over-65s every 5 years, and preparing a national report every 5 years on the situation of the elderly in the country and based on INSTAT data. Indicator : 1 study conducted 1 report prepared	Social Inclusion and Social Care (code) 10430	Study conducted and report prepared, Lum Sum 10,000,000 lekë	MHSP, IPH	MHSP, IPH, NGOs	1st quarter, 2021	4th quarter, 2024	10,000	-	-	10,000

1,201,496

Year 1 (2020)												Year 2 (2021)										
Spending salaries + social insurance	Operational expenses	Consultancy work, studies	606. Transfers for families and individuals	604. Internal Transfer	Investments	Total	Financed by the budget	Financed by the donor, WB	Donors, UN, etc.	Financial gap		Spending salaries + social insurance	Operational expenses	Consultancy work, studies	606. Transfers for families and individuals	604. Internal Transfer	Investments	Total	Financed by the budget	Financed by the donor, WB	Donors, UN, etc.	Financial gap
-	**8,000**	**450**	**-**	**230,909**	**-**	**239,359**	**233,909**	**-**	**-**	**5,450**		**-**	**6,000**	**14,500**	**-**	**230,909**	**-**	**251,409**	**233,909**	**-**	**-**	**17,500**
-	**2,000**	**450**	**-**	**230,909**	**-**	**233,359**	**230,909**	**-**	**-**	**2,450**		**-**	**-**	**-**	**-**	**230,909**	**-**	**230,909**	**230,909**	**-**	**-**	**-**
	2,000					2,000				2,000												
				228,409		228,409	228,409			-						228,409		228,409	228,409			
		450		2,500		2,950	2,500			450						2,500		2,500	2,500			
-	6,000	-	-	-	-	6,000	3,000	-	-	3,000		-	6,000	-	-	-	-	6,000	3,000	-	-	3,000
	3,000					3,000	3,000			-			3,000					3,000	3,000			-
	3,000					3,000				3,000			3,000					3,000				3,000
-	-	-	-	-	-	-	-	-	-	-		-	-	14,500	-	-	-	14,500	-	-	-	14,500
													-	4,500				4,500				4,500
														10,000				10,000				10,000

Year 3 (2022)										
Spending salaries + social insurance	Operational expenses	Consultancy work, studies	606. Transfers for families and individuals	604. Internal Transfer	Investments	Total	Financed by the budget	Financed by the donor, WB	Donors, UN, etc.	Financial gap
-	**6,000**	**-**	**-**	**230,909**	**-**	**236,909**	**233,909**	**-**	**-**	**3,000**
-	**-**	**-**	**-**	**230,909**	**-**	**230,909**	**230,909**	**-**	**-**	**-**
				228,409		228,409	228,409			
				2,500		2,500	2,500			
-	6,000	-	-	-	-	6,000	3,000	-	-	3,000
	3,000					3,000	3,000			-
	3,000					3,000	-			3,000
-	-	-	-	-	-	-	-	-	-	-
	-					-				-

Year 4 (2023)										
Spending salaries + social insurance	Operational expenses	Consultancy work, studies	606. Transfers for families and individuals	604. Internal Transfer	Investments	Total	Financed by the budget	Financed by the donor, WB	Donors, UN, etc.	Financial gap
-	**6,000**	**-**	**-**	**230,909**	**-**	**236,909**	**233,909**	**-**	**-**	**3,000**
-	**-**	**-**	**-**	**230,909**	**-**	**230,909**	**230,909**	**-**	**-**	**-**
				228,409		228,409	228,409			
				2,500		2,500	2,500			
-	6,000	-	-	-	-	6,000	3,000	-	-	3,000
	3,000					3,000	3,000			-
	3,000					3,000				3,000
-	-	-	-	-	-	-	-	-	-	-
	-					-				-

II. Policy Goal (Write the goal of the policy as outlined in the Social Protection and Inclusion Strategy, including the PAR Action may be implemented through more than one budget

III. PBA Programme II financing the goal of this policy (The case, for instance, when the goal of the policy goes across two programmes. The table is repeated of the PBA Programme for the attainment of the policy goal.) (Do remember that e Policy Goal may not be implemented through more than a budget single programme or various budget programmes)

No		The Reference of the Result with the budget programme products		Competent
B	**III. SPECIFIC GOAL A (write the name of the specific objective)**	(pls do not complete this box)		**Write the name of the competent institution** (Lead institution)
	Please list below the results you expect will be achieved so as attain specific objectives (Result = what is expected in terms of achievements up to and including the intervention which may be an intervention in the legal basis, a project, a training session, etc.)			

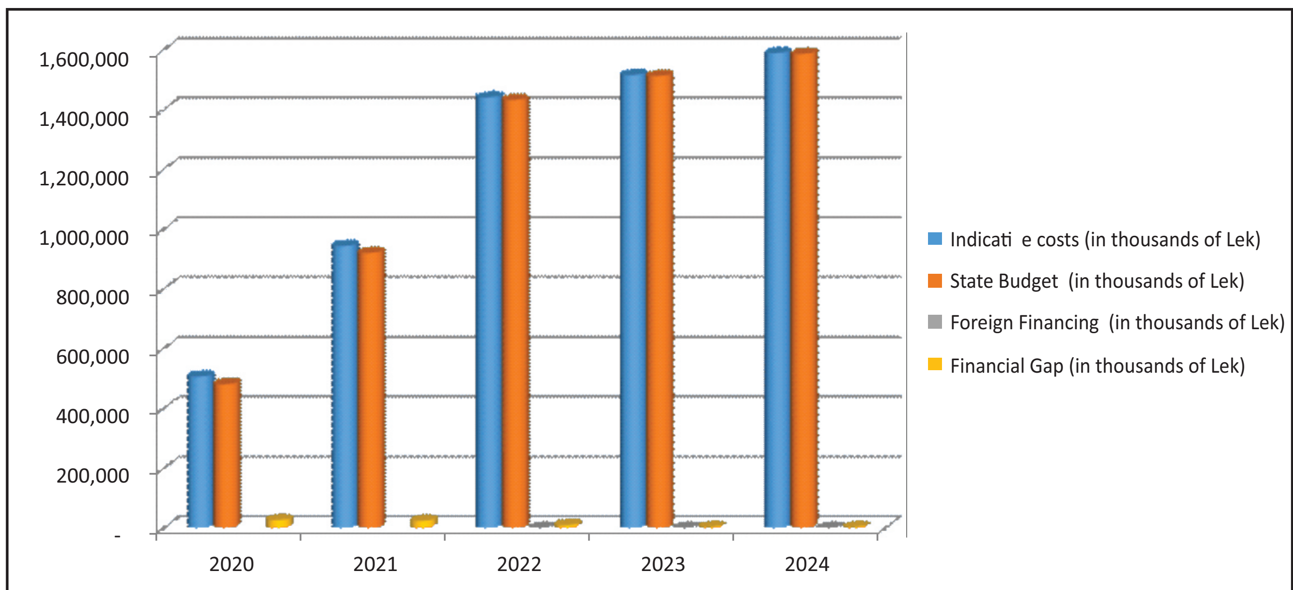
Year 5 (2024)										
Spending salaries + social insurance	Operational expenses	Consultancy work, studies	606. Transfers for families and individuals	604. Internal Transfer	Investments	Total	Financed by the budget	Financed by the donor, WB	Donors, UN, etc.	Financial gap
-	6,000	-	-	230,909	-	236,909	233,909	-	-	3,000
-	**-**	**-**	**-**	**230,909**	**-**	**230,909**	**230,909**	**-**	**-**	**-**
				228,409		228,409	228,409			
				2,500		2,500	2,500			
-	6,000	-	-	-	-	6,000	3,000	-	-	3,000
	3,000					3,000	3,000			-
	3,000					3,000				3,000
-	-	-	-	-	-	-	-	-	-	-
	-					-				-

Plan) (This Policy Goal is placed at the Budget Programme. Do consider that a Policy Goal programme)

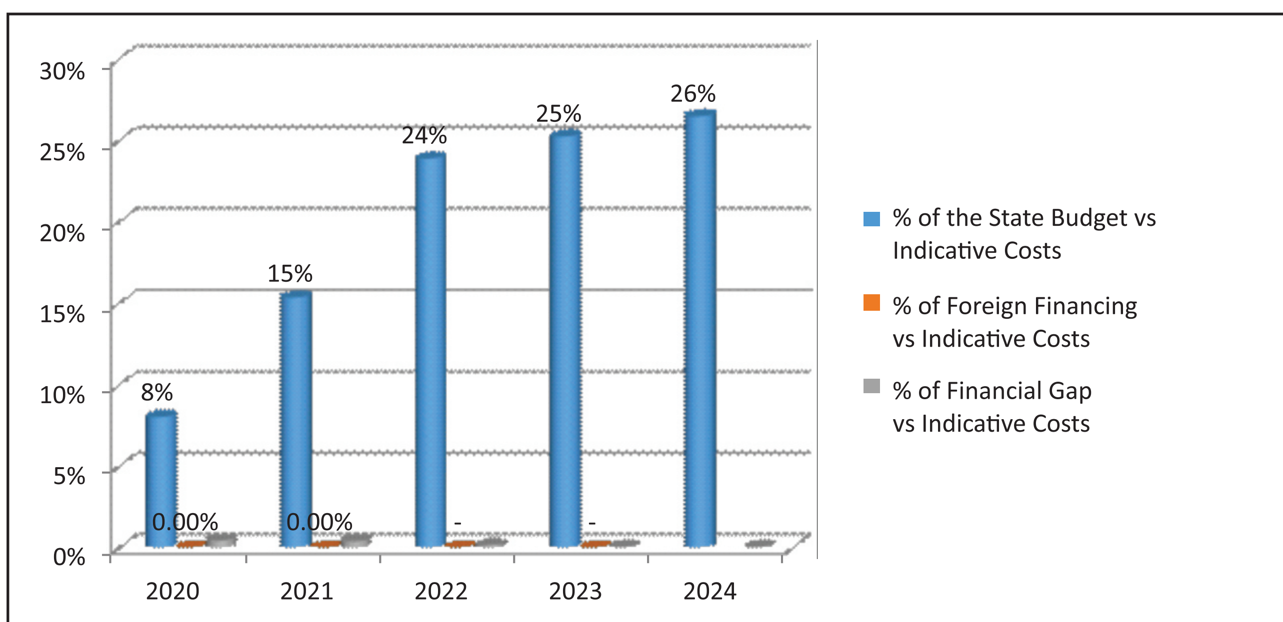
albeit specifying the policy goal, the specific objectives are outlined in Programme No. 2) (Write the name programme.) When dealing with the Disability Policy Document, find whether the policy goal is funded by a

Institutions	The Implementation Timeline (PAB years 1-3 specified in 3-month slots, whereas anything beyond the PBA to be specified, if possible, in 6-month slots)		Indicative cost (in thousands of ALL) (these are the total costs, as per the IPSIS cost formatting formula)	The source		Financial Gap
	Starts on	Ends on		State Budget	Foreign Funding	
Contributing Institution (if any)						

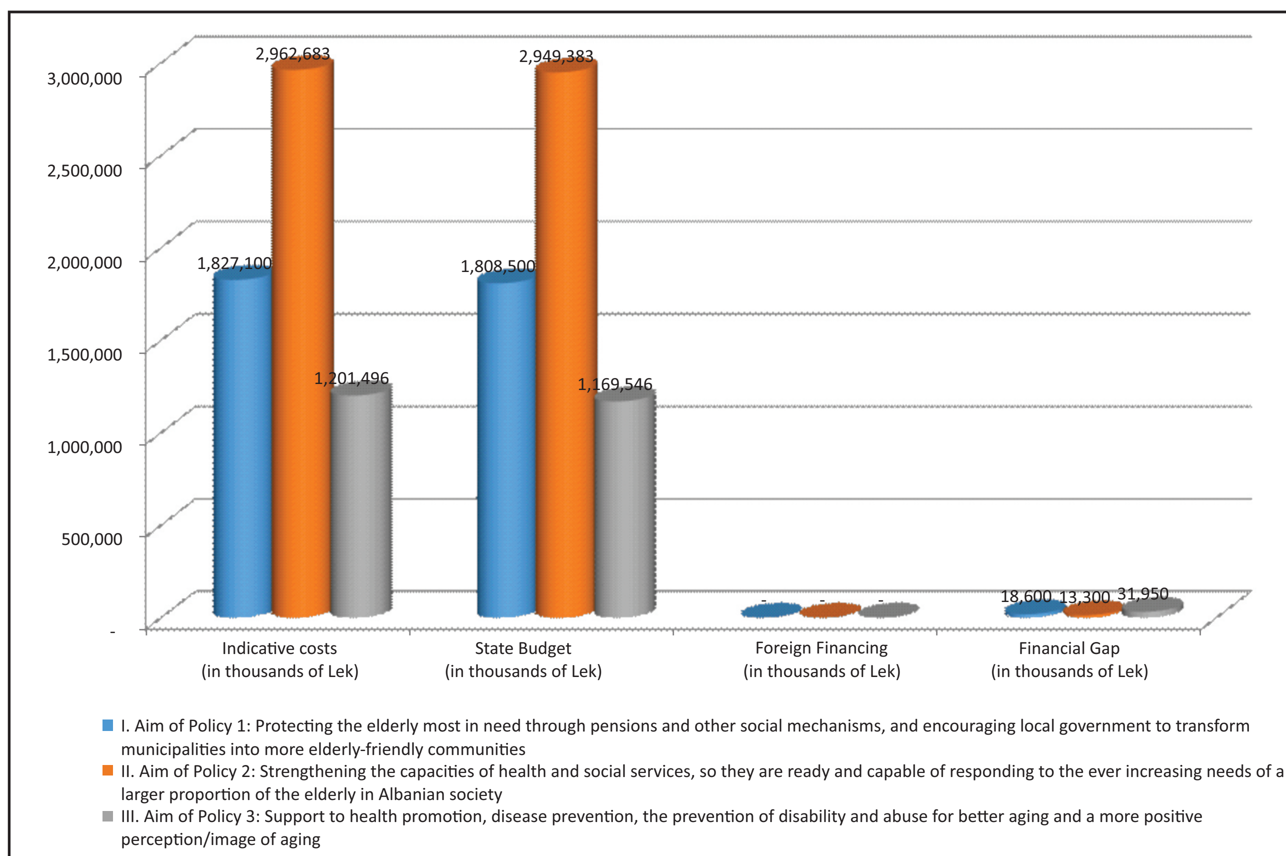
A.		Indicative costs (in thousands of Lek)	State Budget (in thousands of Lek)	Foreign Financing (in thousands of Lek)	Financial Gap (in thousands of Lek)
	2020	505,941	480,091		25,850
	2021	942,692	919,492		23,200
	2022	1,439,947	1,431,147	-	8,800
	2023	1,514,279	1,511,279	-	3,000
	2024	1,588,419	1,585,419	-	3,000
		5,991,279	5,927,429		63,850



A.		% of the State Budget vs Indicative Costs	% of Foreign Financing vs Indicative Costs	% of Financial Gap vs Indicative Costs
	2020	8%	0.00%	0.431%
	2021	15%	0.00%	0.387%
	2022	24%	-	0.147%
	2023	25%	-	0.050%
	2024	26%		0.050%



	Indicative costs (in thousands of Lek)	State Budget (in thousands of Lek)	Foreign Financing (in thousands of Lek)	Financial Gap (in thousands of Lek)
I. Aim of Policy 1: Protecting the elderly most in need through pensions and other social mechanisms, and encouraging local government to transform municipalities into more elderly-friendly communities	1,827,100	1,808,500	-	18,600
II. Aim of Policy 2: Strengthening the capacities of health and social services, so they are ready and capable of responding to the ever increasing needs of a larger proportion of the elderly in Albanian society	2,962,683	2,949,383	-	13,300
III. Aim of Policy 3: Support to health promotion, disease prevention, the prevention of disability and abuse for better aging and a more positive perception/image of aging	1,201,496	1,169,546	-	31,950



References

- 2015-2020 Development and Integration Strategy
- 2015-2020 National Social Protection Strategy
- 2015-2020 Policy Document on Social Inclusion
- Active Ageing Index at the local level, European Commission, 2016
- Albania National Report on the Follow-Up to the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA) in Albania during the period 2012-2016
- An Assessment of the Socio-Economic Situation, Social Participation and the Health Condition of the Elderly in Albania, AAGG – MOSHA, 2018
- Demographic Indicators, INSTAT
- Pension Scheme in Albania, Demography Magazine, 2016
- Population and Aging: The Situation of the Elderly in Albania, INSTAT, 2015
- Madrid International Plan of Action and Political Declaration, 2002
- Strategy and Action Plan of Ageing and Health, World Health Organization, 2017

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