OFERTA DHE SHFRYTËZIMI I KUJDESIT SHËNDETËSOR

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Administratively, Albania is divided into 12 circuit which include 36 districts, 65 city hall and 309 municipality. The health care sector also follows the same sub-division and district and prefecture. Each prefecture includes over three districts who are responsible for the management of district hospitals, polyclinics and primary health care centers (PHC) through public health departments in the county and some who are administrated by MOH. Health care is provided by a large number of public providers and a limited number of private providers.

MOH is a leading provider of health care in Albania. She offers this caution through an extensive network of hospitals,

ambulance and primary health care centers. PHC system are also integrated specialized services as obstetrics-gynecology and pediatrics. Institute of Public Health (IPH) which is administrated by Ministry of Health is responsible for protecting the health and environmental health, it works primarily through public health departments in the districts.
Another health care provider is the private sector which is subject to licensing and accreditation to promote an orderly continuous improvement of service quality.

Although health delivery network suffers from a considerable inefficiency was reflected by a lower productivity at all levels of its harmonization, preparation and approval of master plans is an important requirement to the future health of the sector.
A consolidation of the information base is essential for the health sector to support decisions for a better use of the offered resources.

Introduction

The Ministry of Health plays a leadership role in the organization of the health system toward the public sector. Diagnostic and curative health care is provided and is organized in three levels: Primary, secondary and tertiary hospital service. Public health services and health promotion are provided in primary health care, but they are supported and monitored by the Institute of the Public Health. Primary health care is organized in health centers and polyclinics. Health centers in the primary health care provide services to the population based on the "basic package of services" which includes:

1. Care in case of emergency
2. Health care for children
3. Health Care for Adults
4. Health care for women and reproductive health
5. Health care for elders
6. Mental Health Care
7. Promotion and health education

However, all primary health care facilities operate under
The overall administration of MSH's branches in districts and regions, in exception of Tirana County. In the context of a pilot project for decentralization, is set Tirana Regional Health Authority to manage all PHC, including polyclinics and public health in the Region. The government has drafted an administrative policy for primary health care aim to reach an ambulance in every village and a health center in every municipality, and create teams of family doctors PHC. Non-hospital care in the public sector is provided in health centers, ambulances, polyclinics and home visits. In general, health centers are located in the administrative centers of municipalities and small towns and villages. Health centers in rural areas have limited medical technology and an small number of beds, mainly for maternity care. Health centers are equipped with general practitioners (GP) and the nurses. In rural areas, a typical health center has a staff nurse and a midwife. Polyclinics are equipped with medical specialists and (GP) – the last ones are appointed to the polyclinics to serve as the first checkpoint for all the patients who are addressed to the polyclinics. Primary care teams led by MJP in PHC facilities are supposed to act as gatekeepers to secondary care. However, overpassing is frequent because of the point of view that quality of care is low.

- **Aim**

Evaluation of supply versus providing service-level-care utilization priority in our country in order to identify issues that implicate the organization and efficiency of this system.

- **Materials and methods.**

The work refers to several sources to analyze the function of the goal that is set.
So are mainly used:

Analytical annual reports of the Institute of Health Care Insurance
Database of the Ministry of health information referred mainly
on primary health care
A variety of models are used on-line to help describe the analysis in the work.

The work prepared seeks to ensure information on the supply and use of primary health care trying to contribute modestly to identify the relationship which implicate issues in our country and to develop further interest and improve accountability for progressive issues raised in relation to the delivery of services, human resources and their efficiency.

This paper represents certainly not an comprehensive approach to this aspect of the health organization, but is an selective analysis based on available information and current practice to us.

- **Results and discussions**

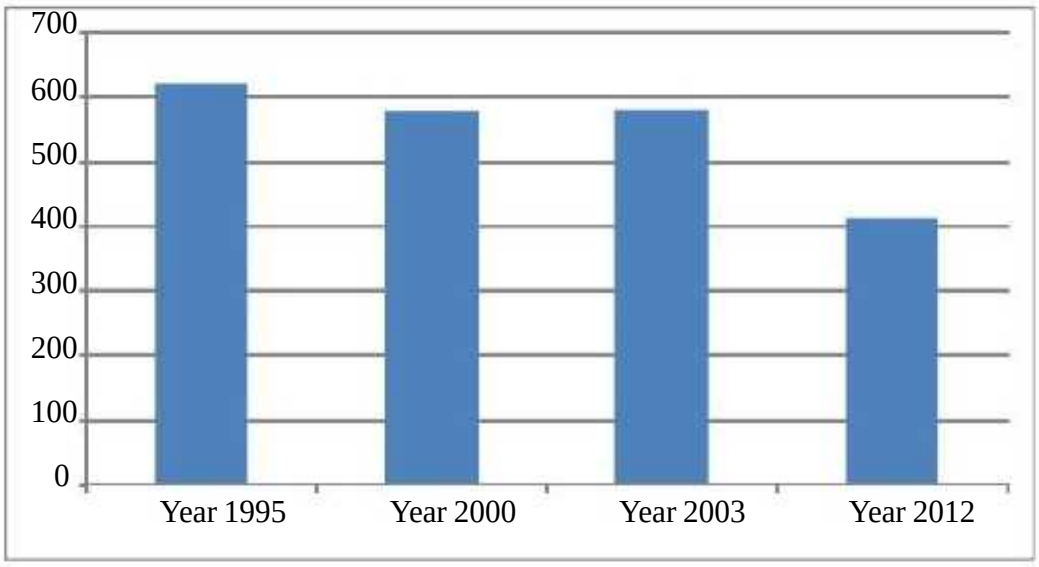
Number of ambulances in the city is depending on its population size.

In 2012, the total of 413 health centers (Figure 1) were reported. All these facilities are in operation.

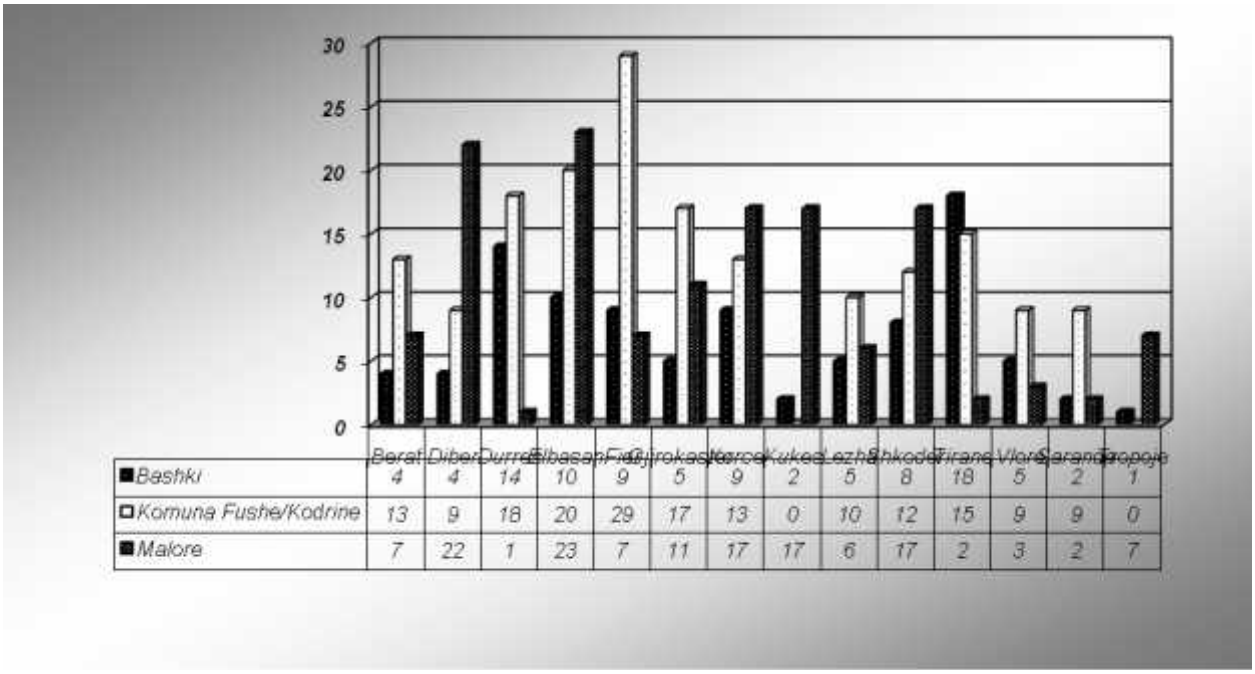
Table 1. Number of health centers throughout years.

Year	Number of Health Centers
1995	622
2000	580
2003	582
2012	413

Graph 1.Number of health centers throughout years.



The table and graph above displays a number of health centers according to yearsstarting from 1999 to 2012.We observe that a reduction in the total number of health centers, a s a result of health policies that are aimed at raising the health centers to be functional depending on the number of population in the cities / municipalities,with at least one health center for each municipality.



	Berat	Diber	Durres	Elbasan	Fier	Gjirokaster	Korce	Kukes	Lezhe	Shkoder	Tirane	Vlore	Sarande	Tropoje
Bashki	4	4	14	10	9	5	9	2	5	8	18	5	2	1
Komuna Fushe/Kodrine	13	9	18	20	29	17	13	0	10	12	15	9	9	0
Malore	7	22	1	23	7	11	17	17	6	17	2	3	2	7

As we see from the data distribution of the health centers is done according to DRSKSH (14ones) a nd according to administrative division (municipality, municipality) and geographic reach (flat, hilly and mountainous).

Table 2. The number of health centers and population according to DRSKSH, and number of the health centers per 1,000 inhabitants.

Directory of HII	NR HC	POPULATION	HC/1000POP
Berat	24	222,727	0.10
Diber	35	193,744	0.18
Durres	33	491,608	0.07
Elbasan	53	442,893	0.12
Fier	45	468,589	0.09
Gjirokaster	33	152,639	0.22
Korce	39	343,149	0.11
Kukes	27	111,860	0.24
Lezhe	21	210,216	0.09
Shkoder	37	319,680	0.12
Tirane	35	874,522	0.04

Vlora	30	350,524	0.09

The table above shows high variability in terms of regional availability and coverage of primary health care facilities. The number of health centers per 1,000 inhabitants in Tirana is smaller compared to other cities because of the existence of hospitals that provide outpatient services.

Table 3. Total number and the number of average visits, the percentage of benefit depending on health centers.

Directory of HII	Area	Number of visits	Avarage number of visits per day/physician	% benefit from the service
BERAT	Bashki	141935	15.09	99.8
BERAT	Komun fush/kodri	123403	9.96	96.4
BERAT	Malore/thell.mal	20157	6.25	95.2
BERAT	TOTALI	285495	10.43	97.1
DIBER	Bashki	88018	14.86	100
DIBER	Komun fush/kodri	47542	11.04	98.5
DIBER	Malore/thell.mal	57522	7.06	95.2
DIBER	TOTALI	193082	10.99	97.9
DURRES	Bashki	363206	11.58	94.3
DURRES	Komun fush/kodri	217203	8.87	92.7
DURRES	Malore/thell.mal	1627	5.79	92.1
DURRES	TOTALI	582036	8.75	93
ELBASAN	Bashki	271542	11.34	85.9

ELBASAN	Komun fush/kodri	118000	9.25	95.5
ELBASAN	Malore/thell.mal	78207	5.72	91.7
ELBASAN	TOTALI	467749	8.77	91
FIER	Bashki	295834	13.1	90.9
FIER	Komun fush/kodri	225466	8.82	88.5
FIER	Malore/thell.mal	14523	5.74	79
FIER	TOTALI	535823	9.22	86.1
GJIROKASTER	Bashki	90881	14.75	95.3
GJIROKASTER	Komun fush/kodri	48015	8.91	94.9
GJIROKASTER	Malore/thell.mal	23679	5.79	97.8
GJIROKASTER	TOTALI	162576	10.12	95.8
KORÇE	Bashki	274395	14.13	99.6
KORÇE	Komun fush/kodri	156852	11.14	98.4
KORÇE	Malore/thell.mal	66341	7.91	93.8
KORÇE	TOTALI	497588	11.06	97.2
KUKES	Bashki	34688	12.35	96
KUKES	Komun fush/kodri	0	0	0
KUKES	Malore/thell.mal	36481	6.26	84.9
KUKES	TOTALI	71169	9.31	90.4
LEZHE	Bashki	145391	11.54	95.3
LEZHE	Komun fush/kodri	96778	8.59	91.6
LEZHE	Malore/thell.mal	14410	6.73	94.1
LEZHE	TOTALI	256579	8.95	93.6
SHKODER	Bashki	227714	15.62	98.1
SHKODER	Komun fush/kodri	101770	10.62	97.3

SHKODER	Malore/thell.mal	36045	6.48	89.2
SHKODER	TOTALI	365529	10.91	94.9
TIRANE	Bashki	1481345	13.33	92.1
TIRANE	Komun fush/kodri	244772	10.62	92.9
TIRANE	Malore/thell.mal	10388	9.37	99
TIRANE	TOTALI	1736505	11.73	94.3
VLORE	Bashki	195791	10.77	95
VLORE	Komun fush/kodri	92415	8.75	91.9
VLORE	Malore/thell.mal	11416	6.27	93.9
VLORE	TOTALI	299622	8.59	93.6
SARANDE	Bashki	46531	10	95
SARANDE	Komun fush/kodri	25400	8.24	84.6
SARANDE	Malore/thell.mal	6297	4.3	68.2
SARANDE	TOTALI	78228	7.51	82.6
TROPOJE	Bashki	11491	14.76	99.6
TROPOJE	Komun fush/kodri	0	0	0
TROPOJE	Malore/thell.mal	21746	7.62	98.9
TROPOJE	TOTALI	33237	11.19	99.2

Presented in the table above is the total number and the number of average visits, the percentage of benefit depending on health centers.

Number of visits per day per doctor are an indicator of use of primary health service according to the administrative division of each geographical region. By analyzing the data and taking into consideration the population distribution we observe a significant change of this parameter. Thus the highest level of utilization of PHC has Tropojë, while that with the lowest Saranda.

Table 4. The total and average number of visits, the percentage of benefit depending on health centers and polyclinics of the specialties of Tirana

ISKSH	Area	Nr QSH	Number of visits	Avarage number of visits	% benefit
	Municipality	96	3668762	13.09	95.5
	District Plain/Hill	175	1497616	9.57	93.6
	District Mountain	142	398839	6.52	90.9
	Total HC (MPF)	413	5565217	9.74	93.3
TIRANE	HC (MPF)	35	1736505	11.73	***94.3***
TIRANE	HC Specialities	6	407959	9.18	***90***
TOTALI ISKSH		419	5973176	9.46	91.7

A review of the productivity of physicians of ambulatory care in the region of Tirana shows that medical specialists productivity is lower than the general physicians. Family doctors are less productive than most specialist doctors, which indicates an excess supply of medical specialists. Given that Tirana reported higher use rates than other regions, productivity outside Tirana should be even lower. Others have found that the productivity of PHC centers in the city is significantly higher than in the countryside, and low productivity is associated with excess personnel and limited use of facilities, which causes significant increase in the average cost of a visit to a PHC health facility. Variability of the availability and use of building and primary care staff highlights the need to see once again the standards of primary care services and to restructure the implementation of this service accordance with the distribution and population needs.

References:

1- World DataBank – World Bank (as per September 2011)

2- World Health Report 2008: Primary Health care-Now more than ever

3- Institute of Health Care Insurance – Annual report 2012