



1st Balkan Forum
On
“Reforms on Health Care Systems”



7-8 November 2007
Tirana, ALBANIA



I-st Balkan Forum “Reforms on Health Care Systems”

The First Balkan Forum “Reforms on Healthcare Systems” was organized in Tirana by Health Insurance Institute of Albania. This forum bring together experts from all the Balkan Countries as well as organizations active in health and the work was focused on a deeper analysis of the financial impact and sustainability of health care services, developing a framework that could be use for health care purchasing, studying the reasons for mobility and the need for purchasing health care, providing information on quality, safety

and continuity of care as well as on patients’ rights and responsibilities. Considering the mobility of citizens (emigration) and availability of health services in Balkan countries is needed an overall health systems information strategy in a Balkan context, establishing an Action Plan for health issues and on outlining activities for the implementation of the Health – Action Plan which should be available for patients, professionals and policy-makers.

Topics:

- * Short description and analysis of the health insurance scheme of the representatives countries.
- * Effective strategies to improve the performance of health systems, ensuring sustainability and solidarity.
- * Decentralization in health care sector.
- * European Integration – undertaken reforms for achieving the EU standards in health insurance field according to the objectives of new health strategy of EU.



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This edition is prepared by Health Insurance Institute of Albania. You can find all the articles in full version in CD.

Opening Speech

“Reforms on the Health Care Systems”

By Mrs. Elvana HANA

General Director of Albanian Health Insurance Institute



Honored Mr. Minister of Health!

Honored Colleagues!

Ladies and gentlemen!

It's a real pleasure for me today, to open the 1st Balkan Forum on “Reforms on Health Care systems”, here in Tirana.

Apropos, I would like to welcome our honored colleagues, with the good wish that during the two working days of this forum, we can derive efficient outputs for respective countries.

The initiative of the Health Insurances Institute in organizing this first Balkan Forum coincides with an important moment for our health system. Our imminent challenges are the new law for the health care, the step which makes the Institute to be the single payer of medical services, as well as the opening of the market for the private sector.

The opportunities of establishing the private schemes will have an effect on increasing the service quality for our citizens, but our main aim remains the strengthening of the public sector and minimizing the informality.

In this purpose, as we are oriented from some of other countries schemes, will be essential the widening of the health insurances scheme after the primary health care services, in hospitals also.

Nevertheless the differences or similarities in our health systems, our common mission in giving a qualitative service is meaningful in this meeting.

The exchange of experiences in this first forum will help us in the approximation between systems, peoples and approaching our common purposes towards a safe and healthy future.

I am convinced that achieving the precious experience of your health systems will help us in walking safely towards the reform in our health care system.

In the same time, I wish this forum becomes an annual meeting of estimating and launching projects and ideas, to help the reforms in health insurances systems in each of our countries.

I wish you success during this forum!



Greeting speech

“Reforms on Healthcare systems”

By Mr. Nard Ndoka
Minister of Health, Albania



Dear participants!

Let me greet this initiative aiming to treat such an important and actual issue! This gets more important when the health care in Albania is in front of a deep reform process. This forum is among the first of the kind and I wish it serves as promoter of a process that aims firstly to make reforms in mentality, in concepts, in ways of managing which, for many reasons, didn't involve as it should to program and coordinate the covering of health system impact in the economic growth and as consequence, in the population health.

The health system needs a deep structural reform in the regulatory and financial system, in distributing the sources.

In this context, is necessary the creation and perfection of 'the health services market', which would fix more transparent relations, would minimize the corruption, would increase the control over the offered services, would make comparable the work of every individual and the clinics between them and would identify better the needs for services.

The Ministry of Health is conscious of its role in

preparing politics, strategies and planning on a national level, as an institution whose burden is to manage all the sources and institutions that generate health activity in Albania, in its strategy for concluding the aims. That's the reason that one of Ministry's priorities is the extent of health insurances scheme in all the health service.

It's close to an end the Law for the Health Care and the Law for Health System Financing, lawful changes that will pave the placement of impartial relations between health structures as generators of health and insurance services as their financiers.

Implementing the health system strategy already fulfilled, parallel to priorities in the primary health care and hospital field, priorities to Health Ministry are also:

- The extent of health system scheme, extending it in all the hospital system, considering the hospitals as enterprises which product health service.
- Increasing the role of HII as strategic customer of services in the market of the public health care and as soon as it takes, in the private sector.
- Applying a more effective scheme in contributes-gathering, especially from rural populations.
- Finding the mechanisms to decrease the payment in cash, which represent the majority of money flowing and left aside the managerial control and evading every efficiency improvement politics (only in the two last years the salaries of health employers increased with 48%).
- The improvement of reimbursed medicaments list, oriented from diagnoses that threaten the life, also the opportunity of reimbursement of all medicaments registered in the Republic of Albania, with the respective limitations.

In the end, I wish to thank the organizers of this forum, our guests coming from abroad and honor us with their presence and contribute to this conference, as well as all the participants in this activity.



Nard Ndoka, Minister of Health, Albania

ALBANIA: An overview of the health system & health insurance scheme

By Mrs. Elvana Hana
General Director, Albanian Health Insurance Institute



Albania has an evolving health care system. Health services in Albania are delivered by a mix of public and private providers.

- Hospital services are primarily provided by the MOH and other public bodies.
- PHC is provided through a network of GP's with increasing levels of private ownership planned for this sector
- Pharmacies, dentists and other auxiliary health services have been fully privatized for some time

The Ministry of Health remains the key policy maker and regulator of the health sector

Albania supports a national health insurance scheme that is managed by the Health Insurance Institute (HII).

The regulation & effective use of the private sector remains a concern

The HII it's under the process of reformulation of the legal framework which aims to adapt with an increasing sophisticated private sector. The accreditation of private providers, setting up of the standards, providing of health care quality and patient's safety are imperative demands. At the same time there are developed some standards, quality and accreditations indicators, but the improvement of right mechanism to measure and to implement as well as to make more efficient, remain a system challenge.

Financing of health care is fragmented

Year	2007 (m lek)	2007 (%)	2008 (m lek)	2008 (%)	2009 (m lek)	2009 (%)
Total Budget for Public Funding (million lek)	30,318	100	34,527	100	38,975	100
- State Budget	23,885	79	27,560	80	31,858	82
- Extra Budgetary Funds	4,913	16	5,257	15	5,888	15
- Donor Funds	1,520	5	1,710	5	1,229	3
1. Administration (including all donor funds)	2,432	8	2,762	8	2,338	6
2. Public Health Services	760	2.5	1,036	3	1,170	3
3. Primary Health Care	12,102	40	13,810	40	16,370	42
4. Hospitals	15,024	49.5	16,919	49	19,097	49

Recent health financing reforms have focused on PHC. HII is now the single purchaser for all publicly financed PHC in Albania.

The HII was established with the intention that it would become the single purchaser of health services for the public sector, but still financing of health care is fragmented.



Elvana Hana, General Director of HII, Albania

General Information about health care system in SLOVENIA

By Mr. Samo Fakin
General Director of Slovenian Health Insurance Institute

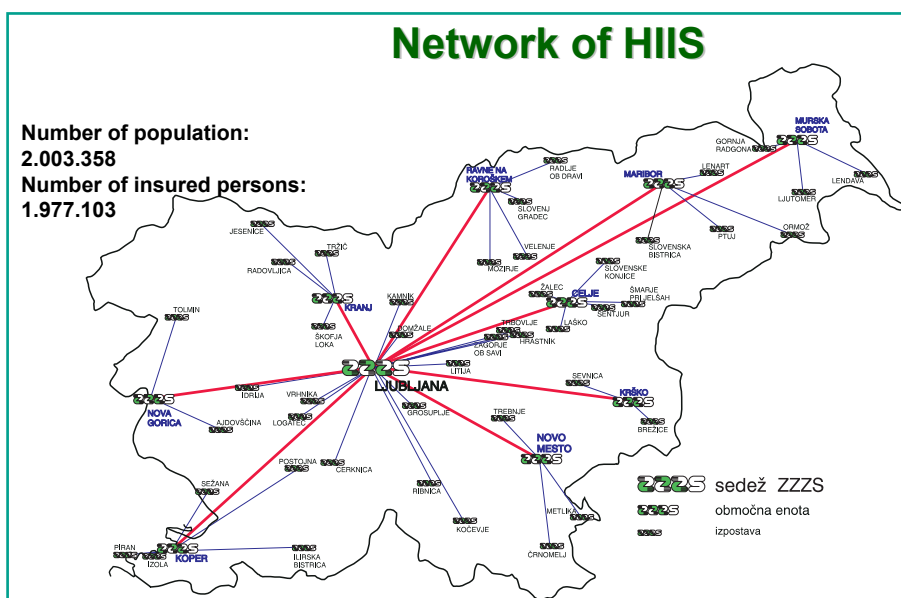


The Health Insurance Institute of Slovenia (HIIS) was formally constituted in 1992 as part of comprehensive health care reform which enabled: structural changes in the health care financing, structural changes in the delivery of the health care services and changes in organization, new roles in the system. Compulsory Health Insurance (CHI) in Slovenia covers entire population (100%), follows basic principles of social model of health protection: universal coverage, solidarity, equity, special attention to vulnerable groups. HIIS is the single provider of CHI. Three key processes of CHI are: financing, mobilization of resources, coverage – system of benefits, allocation procedures – relations to HC

providers.

The system of voluntary health insurance in Slovenia involves:

- Complementary VHI – coverage of several risks for co-payments in the CHI system



- Other forms of VHI: substitutional VHI and additional VHI and VHI for services abroad.

As conclusion we have to emphasize the need for further modernization and reforms due to demographic and socioeconomic changes, demanding clients, constant technology and organization changes, enormous pressures on cost. The future health system characteristics are: new partnership in the system, people centered client and services oriented organizations in highly developed technological environment, system focused on quality.

Innovation in Health Insurance Financing in the Republic of Macedonia

By Mr. Latif Alili

Deputy General Director of Macedonian National Health Found



*Latif Alili
Deputy General Director
of Macedonian National Health Found*

The national health system and the realization of the health insurance are financed from the Fund with 85%. The remaining part is financed from the state budget, different donations and direct payments for health services. Concerning the health services for the insurers, the Fund finances the health houses from the public and private sector.

We overtake the old way of financing and leave space for the new methods in all levels of health insurance. The changes made to the Act for health defense has originated premises for the transformation of public health institutions.

Medicinal centers were devised in two juridical different subjects, health houses and hospitals (division in primary and secondary level).

Preventive health care, first aid and domestic cure are going to be financed in base of the overall pre-

assigned budgetary limits of the health institution whom is a part of.

The Health institution is obligated to offer qualitative health insurance to the insurers, in the right time, effective and economic, in accordance with the standards, the acceptable sanitary acts.

The plan of the kind and the volume of the Health Services should be in accordance with the activity of the HI referring to the approval of the Health Care, this plan is part of the contract. The compatibility between, the budgetary determined elements and the kind/volume of the health services that are going to be performed it is really necessary;

The goals to be achieved through the work results are determined in the contract depending from the activity, kind and volume of the services.

The contribution rate is determined in base of the budgetary procedures and limited budget (approved from the Supervising Board of the Fund). The next phase, it is necessary to prepare the methodology for determine the prices of the diagnostic groups according to the KNS – 10, which is going to be responsible for define the price of the DRG (Diagnostic Related Groups). For this purpose, besides the standardization of the health services that has to be in accordance with the instructions for practicing medicine in base of the facts, should be standardized drugs and medical material.

During 2008 it is planned to continue with the implementation and the advance of the reforms, as well the join and implementation of new reforms toward the development of the health sector of MR.

Short description and analysis of Health Insurance scheme in Montenegro

By Mr. Ramo Bralic

General Director of the Republic Health Insurance Fund of Montenegro



Ramo Bralic

General Director of the Republic Health Insurance Fund of Montenegro

The Republic Health Insurance Fund of Montenegro is the main body responsible for Health Insurance. It operates through the head office and 21 branch offices, has 185 employees, 7 M.Sc, four doctors, a dentist, a pharmacist and one head nurse. The fund provides implementation of rights from mandatory health insurance;

- 1- The right for health care,
- 2 – The right for reimbursement of salary during contemporary inability to work and
- 3 – The right to reimbursement of travel cost incurred as a result of using health care. Rights determined by Law are financed from revenues for mandatory health insurance: health contributions, resources from the Republic Budget, excise, and donations, resources granted by conventions, damage reimbursements, interest rates, dividends, rents and other sources in accordance with the Law.

The reform process it has been focused in two main objectives:

- strategic development plan of Republic Health Insurance fund until 2011

- Reform of primary health care and activities of secondary and tertiary health care level optimization.

The operational goals of the health reform are:

- Improvement of quality and efficiency of the health services system.

o Primary health protection with accent on prevention

- Improvement of planning and management of health care system.

- Financial system reorganization.

o Control of cost growth

- Financially sustainable system.

Contributions rates

- 13.5% for employed persons (employers 6%, employee 7,5%).
- 19% for pensioners on the net pension amount.
- 13.5% for independent entrepreneurs, farmers on cadastral income amount.
- 7,5% for unemployment persons on the minimum wage amount.

Costs

- The Republic Health Insurance Fund of Montenegro has a budget of 118.00 Mil euros in 2006.
- The cost of health care of the insured persons in 2006 was 104.986.429.43 euro.
- The total cost of prescribed medicines and medical supplies in health centers and hospitals amount to 34.234.591.46 euro and participate in total expenditures with 29.03%.

Overview on the Austrian Health Care System and the Pharmaceutical Market

By Mrs. Claudia Habl
GÖG/ÖBIG, Austria



Claudia Habl
GÖG/ÖBIG, Austria

What is GÖG

GÖG = Gesundheit Österreich GmbH - Federal Law, with no 3 units:

- ÖBIG (Bundesinstitut für Gesundheitswesen - Austrian Health Institute), which governs and promotes the Austrian Health Care system (www.oebig.org).
- FGÖ (Fond Gesundes Österreich - Fund for a Healthy Austria), www.fgoe.org
- BIQG (Bundesinstitut für Qualität im Gesundheitswesen - Federal Institute for Quality Assurance in Health Care), www.biqq.at

Organisational Structure of Austrian Health Care - Division of Competencies

- Federal Government (Federal Ministry of Health, Family and Youth - BMGFJ):
general health policy, protection against risks to general public health, structural policy and planning,

education of health professions, enforcement of laws e.g. health insurance

- Provinces and municipalities: health administration and hospital legislation on implementation (hospital sector: government sets only basic law)
- Self-governmental organisations: Social Insurance (mandatory insurance) implementation of social insurance acts, negotiations with service providers;

Pricing of Medicines:

- Price notification on manufacturer level
- Statutory pricing on wholesale and pharmacy level via regressive mark-up schemes
- Pharmacy market strongly regulated (no vertical and only limited horizontal integration)
- Neither voluntary nor mandatory generic substitution

Reimbursement of Medicines

- Pharmaceuticals are paid by Sickness Funds
- Patients pay a flat co-payment rate of € 4.60 per prescribed pack
- App. 20 - 22% of population exempt from co-payment
- Reimbursement level same for all covered persons, irrespective of their sickness fund / social insurance type facilitated by FASI
- New Positive list ("Reimbursement Code, EKO") since 1/05

Red – yellow – green box à always 100% reimbursement, but in yellow and red box only if specific conditions apply

- For some red box and yellow box products prior approval by a social health insurance head doctor ("Chefarzt") is requested
- FASI sets reimbursement price basing on medicinal and pharmaco-economical criteria including international price comparisons.

Health & insurance in Turkey

By Mr. Hakan Koyuncy
Social Security Institution (Istanbul Department)



*Hakan Koyuncy
Social Security Institution, Turkey*

Headlines of the Health Reforms

- New arrangements at the administrative role of MOH Leadership, planning and supervisory role.
- General Health Insurance.
- New arrangements at the production of services.
- Highly motivated, well informed and talented health service workers.

• International health information system(e-health)

Arrangements on general health insurance with 5510 numbered law:

People comprised by the health insurance law numbered 5510

- All citizens.
- Foreigners who are stayed longer than one year at Turkey.
- Statelessness and refugees.

To benefit from law no. 5510 you have to be covered by insurance at least 30 days with no premium debt.

Health services comprised by law no. 5510

- Illness, maternity, work accident, occupational disease.
- Protective health services.
- Examination of oral health, laboratory analysis with other diagnosis services and emergency services.
- Abroad health services.
- Temporary or permanent assignment at abroad.
- Illnesses which are not possible to be treated at Turkey.
- Fare and essential expenses.
- Attendance expenses.



Strategies for improvement of health systems performance

By Prof.dr. Maksim Cikuli
Advisor of the President of The Republic of Albania



Maksim Cikuli
Advisor of the President
of the Republic of Albania

One of the main problems that most of the countries have is how can their population benefit basic health care, with a reasonable price. Users of health services should be the main objective of every financing health system.

So, a good financing system and consequently a good health insurance system must:

- Generate secure financing resources for the health services
- Make an optimal use of them
- It must have a principle base that the health services should be accessible for all.

The health condition of the people, the responsibility and the equity in front of users assess the effectiveness of the system.

Possible options of financing health.

- The overall taxation The funds that are concentrating mainly to the central authorities are being used for purchasing services from public structures and also private ones.
- The universal health insurance. which is based on the

existence of some funds (cash boxes) that are funded from the mandatory contributions of the budgetary and non budgetary employees, liberal professions, national authorities and enterprises

- The mix system of health financing where a part of the population is covered from the overall taxation and other groups from health insurance.

Whosoever is the financing system, private health insurance, must play a complementary role and finance the uncovered health service in the traditional base package.

Financing the health systems through universal insurance should fulfill some conditions:

- Should have been formed the labor – market
- Should have sufficient personnel qualified to manage the insurance system.
- It's necessary a healthy legal frame that is going to determine the objective of health insurance system
- The necessary consensus between the main stakeholders

The transition in the universal coverage is gradual and through a phase of transition. The countries that apply the universal coverage have passed through decades installing the system, this doesn't mean that other countries have to pass through overlong periods of transition. The experience of countries like Germany, Australia, Belgium, Israel, Japan etc allows a shortened period.

The role of public authorities during the instauration of universal health insurance

The principal duty of the governments is to determine the main elements of the system conception

- Schedule for systematic coverage of population or special groups
- Financial resources of health insurance
- Determine contributors and beneficiaries
- Allocation of the funds and determine the way of payment to the service provider.
- Realize the administrative and organizational frame.

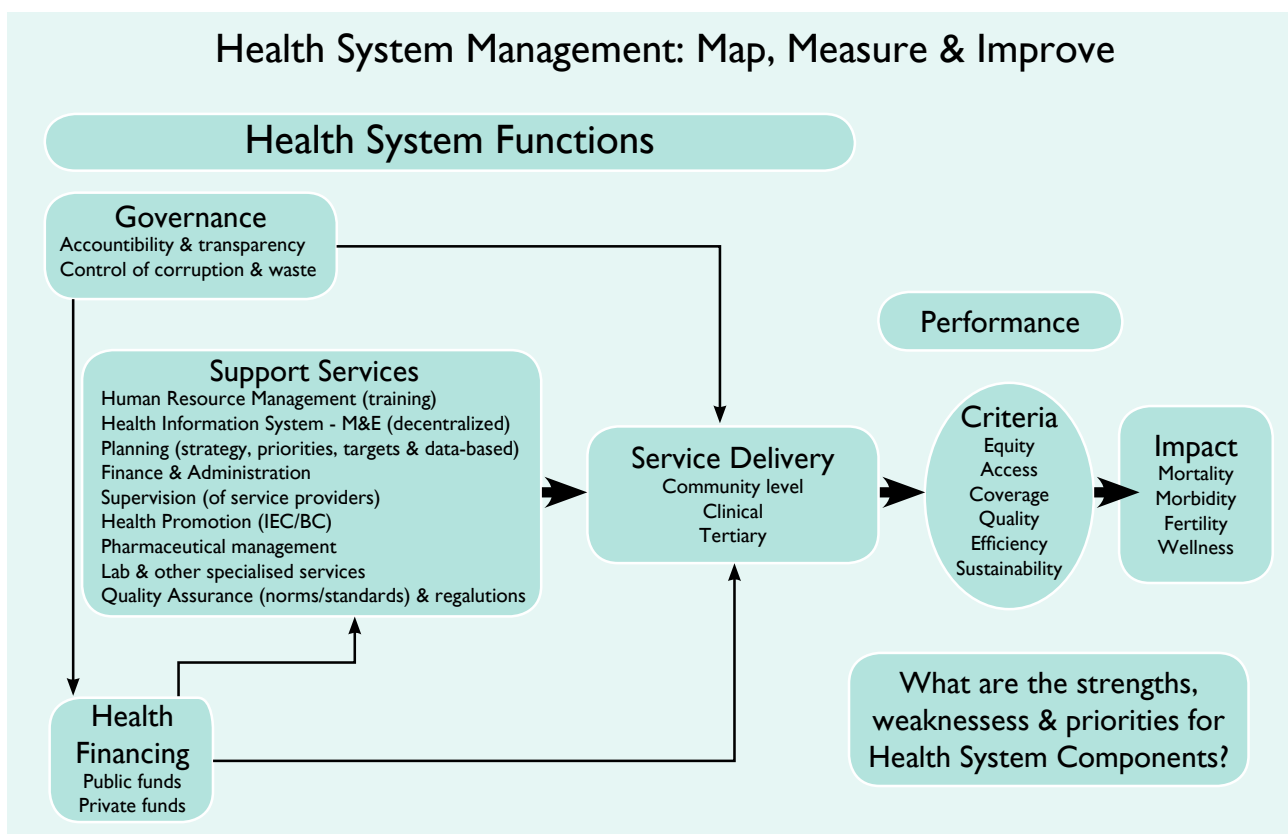
Common Challenges in Developing Health Care Systems

By Mr. Paul Richardson (*PRO Shendetit project*) & Mrs. Kristen Maddock (*Health Financing Consultant*)



To begin addressing challenges of Health System, map and describe your Health System -use generic model in slide to inform mapping of current Health System

Measure how Health System is performing - use service data or other data to establish how various components work or do not work, and are able to meet future challenges. Focus on core operations and support services that need to be improved.



Redesign or gradually improve the Health system: Two approaches:

- 1) thinking out of the box little or no measurement of current system
- 2) redesign based on data [data-based Health System design or redesign] Most health reform and quality improvement efforts use a combination of these two approaches. Redesign should move toward ongoing data-based quality and performance improvement.

What are the experiences or methods used by participants to identify gaps and inform the redesign or improvement of the health sector?

Second day

Decentralization in health care sector



By Prof. Dr. Tritan Shehu
Head of Parliamentary Commission for Labor, Social Issues and Health

Let me greet the organizers and participants of this 1st Balkan forum for the health insurances. The organization of such international event in our country is very important, because this way we can face our ideas with those of other countries. From here, we can see where we are, to look for and find different models and to implement the ones with most fit to our country.

This forum gets more important in a time when the market of health services cannot bear the borders of an only country, but without doubts will fit to that of other regional Balkan and European countries in the frame of the free moving.

During these years, the health insurances scheme in Albania has known some developments, trying to adapt them with new elements of economy, but still there is a great lot to do. Including the primary health service in the insurances scheme is a positive thing, but from the lack of extent of this scheme the hospital service is still centralized, the same as during the communist system, in a time when Albania progressed faster and faster towards the market economy, creating this way a huge contradiction.

The first and very evident element is that in Albania the health market is already rudimentary. There's no doubt that without a health insurance scheme extended in the whole system, the health market cannot be provided

There is a debate concerning the future of our country for the system followed about the insurances scheme. Personally, I think that our country's future is the contribution system for the health insurances. I'm against the general taxation, because, even the countries that followed this system, are abandoning it, because the special contribution for health insurances makes the citizen more conscious of his role and direct contact with health insurance. As well, makes more transparent the scheme and makes possible that it includes within more elements of the

market economy. This last one is the only moving force for the health system and this way creates the basis of the health market, which is indispensable for this crucial sector. On the other hand, the state has a huge range to undertake such social politics. I think that we should maintain the contributions' scheme and that these contributions should increase in a shorter time, at least 7%, firstly to observe and then to increase further in the extension of the scheme in hospitals also.

Concerning the decentralizing the health system, a growing role should take also the local governing. It should become a co-participant in organizing the health system in areas of its jurisdiction, not simply for the primary health care, but also in the hospital one. It should be participant as an alternative financier of the health system, but as well as a very interested structure on the developing of such a health system in its territory. Personally, I think it's time that the local government takes an important role in organizing the health system scheme and consider itself an important participant concerning the decisions for health system in the local area under its jurisdiction.



Tritan Shehu
Head of Parliamentary Commission for Labor, Social Issues and Health

Health Sector Decentralization: What Works?

By Mr. Paul Richardson
"PRO Shendetit"



The objectives of the presentation are to discuss the main features of decentralization in the health sector, raise issues regarding decentralization as part of health care reform, and share experiences among the Balkan participants.

There are three major reasons for decentralization of the health sector:

1. Technical: improve administrative and service delivery effectiveness and performance
2. Political: increase local participation and autonomy, and redistribute power
3. Financial: increase cost efficiency, give local units greater control over resources and revenues, and improve accountability

In developing a health reform strategy, reasons for decentralization need to be assessed, and addressed in the strategy document, accompanied by a detailed implementation plan and budget.

Health reform characterized is often characterized by a dynamic interplay and even conflict between centralization and decentralization. Centralization gives way to decentralization of authority and responsibility, but often central authorities attempt to regain their authority. The following figure illustrates three types of decentralization: de-concentration, delegation and privatization (sometimes referred to as divestiture).

What are the experiences of Balkan participants in achieving these results? Are you able measure improvements in equity, utilization, efficiency, quality of care, and so forth?

Based on the experiences of the Balkan countries, what is your experience? And what have you learned about transitioning from a centralized health sector to a more balanced structure (of centralized and decentralized authority and responsibilities):

How does central MOH develop capacity to support decentralized capacity?

What are the roles of donors, and other non-governmental groups to support decentralized capacity development?

Should decentralization be phased implementation with capacity building, monitoring and evaluating, &

redesigning before nation-wide decentralization?

What is risk of moving rapidly from central to local authority, without preparing the capacity of middle management? For example, planning, health information system, human resource management.

Update on the Pharmaceutical Pricing and Reimbursement Information

By Mrs. Claudia Habl
GÖG/ÖBIG, Austria

Objectives

The PPRI project aims to improve knowledge and promotes information exchange about the pharmaceutical systems in the enlarged Europe

- by establishing a vivid network of competent authorities and relevant institutions,
 - by providing country reports on the EU Member States and Associated Countries,
 - by developing a common terminology as well as comparable indicators
 - by offering a comparative analysis on pharmaceutical pricing and reimbursement in the European Union
- Conclusions:

- Due to budgetary restraints regulatory authorities have to consider / implement cost-containment measures.
- Cost-containment has a negative impact on affordability.
- Measures targeting both price and volume are more effective on containing costs.
- Generics promotion is a policy option worth to be considered (cost-containment, rational use, affordability).
- A joint, consensual (cost-containment) policy has a positive impact on acceptance.
- Consumption monitoring is an important analysis tool.
- A "pendulum effect" takes place: Cost-containment shall be implemented long-term; measures have to be adapted.

Approach of implementing the total quality management

By Samo Fakin, Marko Kiauta, Biserka Simčič
Slovenian Health Insurance Institute



Top down approach The Ministry of Health

Performance indicators of health care and patient safety and indicators for monitoring hospital performance. There are two special boards the first is the Quality and Patient Safety Board, and the Quality and Patient Safety Committee.

Very important is to perform regular internal expert control and performing safety visit rounds which the goal is to improve safety for patients, staff and visitors.

In the Slovenian Healthcare System is very important to improve the staff performance with regard to safety of the patients, staff and visitors. So to have

this performance is very important to conduct safety discussions and regular morbidity and mortality conferences. To have a total quality management the hospital business performance should be balanced, which means that the expenses should not exceed revenue. Every hospital should use all of its depreciation funds in line with the adopted long-term and annual investment plan. In Slovenia patient satisfaction is monitored with a standardized Slovenian questionnaire and the satisfied employees are among the key factors of success in any organization. Is very important in the medical service quality to be a positive organizational climate, which is the responsibility of the management, will give way to attaining a solid level of medical service quality.



Private health insurances

By Mr. Avni Ponari
Chairman of the Private Insurance Companies Association



Private Health Insurance is an insurance agreement where the Insurer takes over against a paid premium to pay or reimburse all the expenditures in case of a medical treatment that becomes necessary due to a disease or injures caused by an accident. Governments consider Private Health Insurances as a secondary resource for financing the health expenditures and as a way to develop the health system.

Private Health Insurances in Albania.

Private Health Insurances market was liberalized in 1994, but only products of travel health insurance have been provided.

The private companies have not really entered the health market in Albania, while according to a study of the market made by the Department of Marketing, Albanian patients have spent for private healthcare around 10-15 million Euro during the last 5 years.

In 2003, Bulgaria had a GDP per capita of USD 2.870, almost the same rates with GDP in Albania in 2006

(USD 2.900). During the same year, the level of private health insurance premiums in Bulgaria ran at 0.03% of GDP, around USD 8.5 million.

Assuming that the Albanian market will walk on the traces of the regional markets, such as Bulgaria, and taking into consideration GDP rates, we may express the belief that the Health Private Insurances market in Albania may easily reach the target of USD 2.7 million (0.03% of GDP in 2006).



“Responsibilities of partners, the Patient and HII challenges

By Dr. Minella Mano

Deputy/head of Health Insurance Institute Administrative Council



Minella Mano

Deputy/head of Health Insurance Institute Administrative Council

We are talking together about embarrassment of Health Insurance Institute concerning the real situation in the health care service, taking into consideration the patient's needs and complaints, requirements of professional groups of interest. We are based during our job performance on the basic human rights in order that everyone may benefit from the health care service and we are trying to work with professionalism, quality, and ethics, free of discrimination and violence.

We are discussing about the opportunity to expend the scheme, grow the quality level of the service, to inform the population and computerize the service, to motivate the employed in this sector, to conduct a professional competition and establish cooperation with the private sector. We are also talking about researches and studies conducted in this field, continuous qualification efforts, inter-regional cooperation on health sector and implementation of contemporary standards by all health institutions and structures etc.

We, as social partners have supported the

Government's position towards this sector in order to make it a prior one and have assisted the application of undertaken reforms. We have asked for a greater attention and budget, higher professional skills and leading responsibility with the intention to alleviate the situation and evade damages that may be caused to the diseased and their family members, but also to the health system as a whole. But we have not neglected the significant role that the employees, specialists and managers of this service at all the health care institutions must play. HII observes the basic rights of the patient while providing a just health care service and is making continuous efforts to respect the patients, provide equal and qualitative health care at all the specialized levels and services, accepting the existing deficiencies and incapacities.

In order to realize the necessary changes, the vision must be clear for all the institutions, each administrative council, for each of the leaders and in general for each individual. In this context, it is necessary to conduct studies and give contributions at all the levels and structures of health care, something that will help in raising the professional level and the human responsibility and senses. We must think and behave upon conviction that health service must not get the patient tired, overstrain and impoverish him, but on the contrary must welcome, help, treat and cure him.

We, as representatives of different groups of interest, as part of the HII Administrative Council, are doing our best to motivate the employees in order they can realize a contemporary, qualitative and a quick health service at all the institutions and levels, offering the same benefits, meeting the needs at the same level, offering the same usage possibilities of this service. We are also trying to improve infrastructure, to raise motivation, confidence and quality of the health care for all.

Health policies concerning the people's health care have to be upgraded in order that all of us to be involved and become a significant part of the contribution towards the health service.

Conclusions

I-st Balkan Forum “Reforms in the Health Care Systems”



Elvana Hana
General Director of HII, Albania

Dear ladies and gentlemen!

Dear colleagues!

In the end of this event, firstly I would like to thank all those who made possible this activity. A special thank goes to our colleagues from Montenegro, Slovenia, Macedonia, Turkey, Austria, USAID, as well as all the representatives of international associations and organizations.

This forum firstly, served as a presentation ground of Balkan states that act in the health insurance field. In this way, we made an important step towards collaboration, of knowing each-other and keep up contacts between us.

Nevertheless there has been a bilateral cooperation between the regional countries, this collaboration on a multilateral plan, we started today, gives bigger opportunities for all of us in exchanging of experiences on a wider plan.

Actually, as it came out from the presentations of

participants in this conference, the main problems of the countries and the displayed tendencies from the participants in this forum, concerns mainly with:

- The deficiency within health insurance schemes and with the work to be done for the run up of contributors.
- A better and effective use of allocated financing.
- The inclusion within these supplementary financing schemes using the private investments.
- Increasing the number of drugs and their quality.
- Creating a better collaboration between the public and private sector in the health field, always aiming an improving of health service for the population.

Within this frame, we would suggest that this forum serves as a landmark for the collaboration between our countries. At the same time, we would propose that this collaboration continues on the technical level, constituting of working groups and organizing bilateral and multilateral meetings on common behalf issues.

After the consultation with the participants from different countries, I have the pleasure to inform you that the regular forum will take place in Slovenia.

Concluding, I would like to thank our sponsors and supporters: TIRANA BANK, SIGAL, INTERALBANIAN, SICRED, SIGMA that made possible the holding of this forum. We thank the media for performing this event, as well as the organizers of this forum.

Thank you!

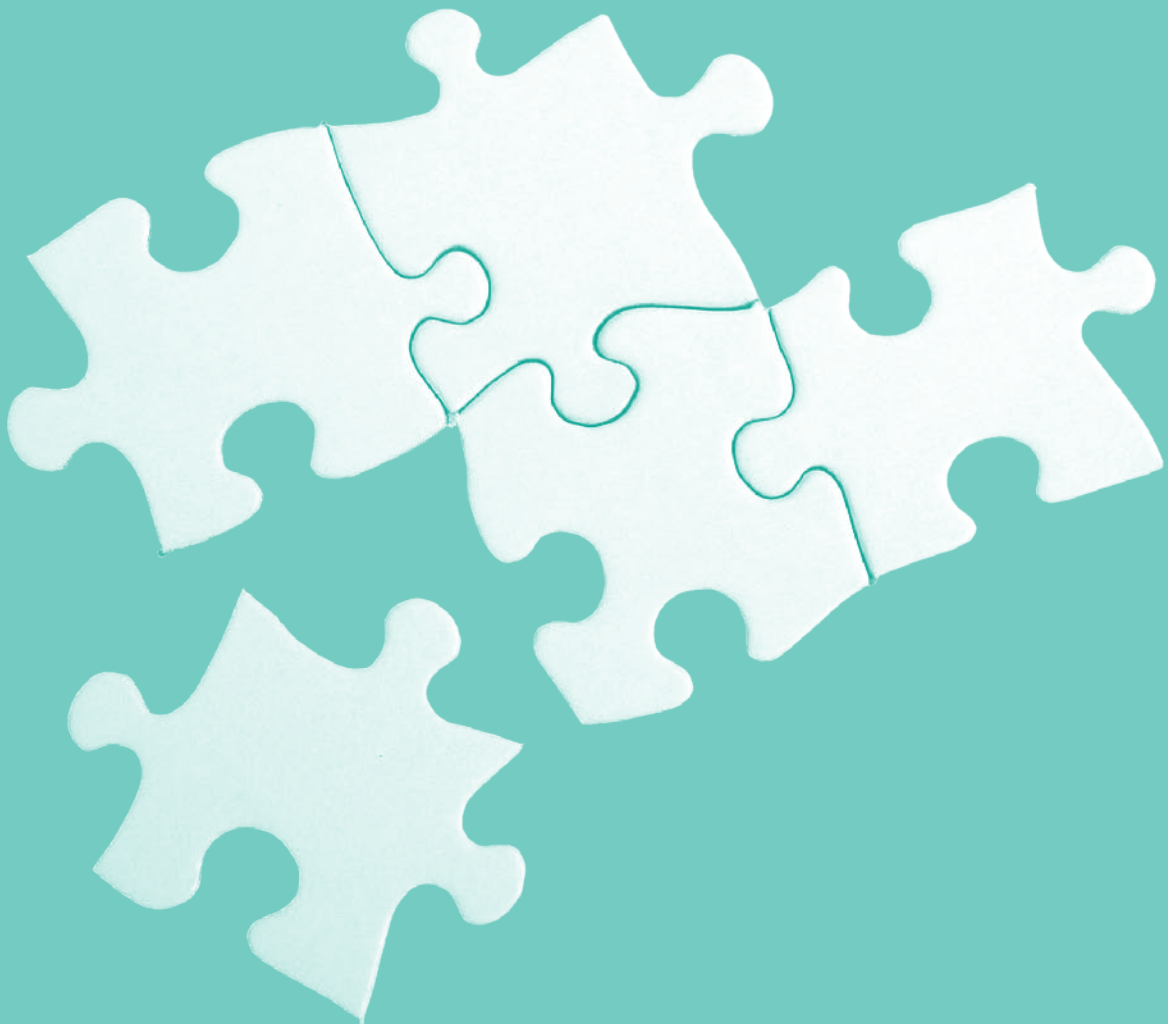


Official photo of the first Balkan Forum
“Reforms on Health Care Systems”



I-st Balkan Forum “Reforms on Health Care Systems”

Tirana, 7 – 8 November 2007



Organized by Health Insurance Institute of Albania

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