



Health for All Project

Phase 2

April 2019–March 2023



HAP Center

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Summary of the Second Phase Project Document

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Enhanced capacities of primary health care providers will improve the quality of the PHC service



Successful models of home-based care will increase the access to health care



Implementing an inclusive approach while drafting PHC development policies and strategies is at the base of initiatives presented by HAP

Background

Albania has shown encouraging developments in recent years underlined by economic growth. At the same time the health sector is affected by a broad array of challenges, ranging from issues of health service financing, resource mobilization, health service management, as well as challenges regarding citizen's participation, steering and governance of the sector. The country has a health system which is relatively wide-ranging but inefficient. Insufficient considerations are given to the demographic change and the raising burden of Non-Communicable Diseases (NCDs) such as diabetes or hypertension. Citizens and patients namely in rural areas have limited access to Primary Health Care (PHC) services due to low quality of care, imperfect availability and financial costs, in some cases. Home-based care is under-developed while the role of nurse in dealing with NCDs is ill defined. These patterns are further aggravated by prevailing migration of health workers, from rural to urban areas as well as from Albania to Western Europe, leading to inadequate

health service coverage and regional inequities in the health workforce distribution. Strengthening of management, planning and steering capacities at national, regional and local level for improved planning and oversight and are an acknowledged priority for moving towards a more efficient and sustainable health system.

The SDC Health for All Project is being implemented in Albania since 2015. The first phase, implemented by a consortium of three international organisations (Swiss Tropical and Public Health Institute leading part, Terre des hommes and Save the Children) has been finalized in 31 March 2019.

Phase 2 of the Project covers the period April 2019 to March 2023 and is implemented by Swiss Tropical and Public Health Institute through HAP Center.

Objectives and expected results

Embedded into the SDC cooperation strategy 2018 to 2021 for Albania, the **overall goal of the Health for All Project (HAP) is:** "The Albanian population benefits from better health thanks to improved primary health care services.

Expected outcomes are:

- 1.** Outcome 1: MoHSP and its regional entities improve the stewardship, management and effectiveness of primary health care services
- 2.** Outcome 2: Citizens in target regions have access and use effectively primary health care services of better quality

MoHSP and its regional entities improve the stewardship, management and effectiveness of primary health care services

MoHSP is presently working for implementation of the Albanian National Health strategy 2016-2020. This document is very broad and comprehends every area and sub-sectors of the health system, creating challenges for the real implementation of the strategy and for achievement of all

announced goals and objectives. As a frame document, the Strategy leaves space for further elaboration of more detailed documents. This has been highlighted and recommended also by the mission of WHO experts in 2018 that carried out an assessment of PHC in Albania.



1. The elaboration of PHC and HRH policies and strategies in Albania is assisted based on inclusive approaches associating the educational sector and civil society

HAP-2 is providing the necessary technical expertise to MoHSP to elaborate policy and strategic documents related but not limited to the following areas: 1) improvement of referral and counter-referral system with a focus on making the existing system more flexible, redefine roles and responsibilities of PHC physicians, define better plans of care for patients with multiple conditions, inclusion of referral; 2) redefinition of job profiles of PHC physicians and nurses; 4) elaboration of clinical guidelines and standard protocols at the level of PHC and establishment of a mechanism for monitoring their implementation; 5) development of home-based care and action plan of scaling up the new model; 6) elaboration and implementation on a selective scale of models of PHC service integration, including laboratory services; 7) elaboration and implementation of a model related to PHC environments for clinical internships of family nurses etc. The task force

established in early 2019 by MoHSP to develop a primary health care strategy with support of HAP (phase 1 and 2) offers an excellent opportunity to englobe the here mentioned area in the national plan, to test the innovation through HAP and anchor it thereafter in the primary health care system.

The elaboration of the above-mentioned documents cannot be possible in the absence of the background databases and information. Consequently, HAP-2 is working simultaneously in two parallel directions: 1) support data collection and processing within the existing information systems at the national and regional level (for instance, data on HRH; PHC service accessibility, quality, utilization etc.); 2) support operational research in order to generate information that could be used for elaboration of policies and strategies and decision-making purposes.

Moreover, Albania is facing an important challenge related to health workforce. The most important problems related to HRH can be summarized as follows: **1) Insufficient number of personnel in order to respond to health needs of the population.** Namely at PHC level it is becoming increasingly difficult to recruit and retain health workers for delivering services to the population. Different reasons contribute to this pattern as low remuneration, relatively unattractive working environment or social prestige of working as family doctor respectively nurse. In this situation, MoHSP is struggling to provide services to remote and poor communities. It should be highlighted that nurses of PHC are more numerous and many of them live inside their own communities, but the range of services they provide is narrow and their capacities are weaker, especially in health posts. **2) Unequal distribution of health professionals in the territory of the country.** The PHC system faces the challenge of health manpower distribution on one side, and the capacity of personnel to cope with existing and new health challenges the population is dealing with. Empirical data show that not all remote and rural communities are covered with medical services provided by family physicians. This is due to many factors among which: i) distribution of

the population all over the territory of the country, including in small and remote rural villages; ii) limited number of family physicians that have a low motivation to continue providing services to small remote communities. **3) Out of the country migration.** According to the Order of Physicians of Albania, 762 physicians might have left the country between 2013 and 2017, based on the fact that they have asked and received from the Order the Certificate of Good Standing that helps them find a job abroad. The situation is further aggravated by an increasingly active recruitment of nurses by Western European countries namely Germany so to tackle domestic shortages in the health workforce.

The Albanian Government does not have a specific long to medium-term strategy on development of HRH. Different reasons can explain this situation: 1) lack of a sound information system on HRH. There is no such a comprehensive database on health manpower production and distribution. 2) a rapidly changing context in the recent years with physicians migrating in Western Europe, which was not the case a few years ago; 3) lack of local capacities at MoHSP and other government agencies to address the problem of HRH and the respective medium to long-term consequences.



HAP phase 2 is providing the necessary expertise to:

1. Perform a rapid assessment and situation analysis of health manpower in Albania. This will include but not limited to number of personnel and their distribution, trends over time related to production of different categories of personnel, needs of the country in terms of skill mix taking into considerations the burden of diseases and the demographic trends, forecast in terms of new health professions the country will need in the medium to long term and how they will be met etc.
2. Draft a medium to long term Policy and strategy for development of Human Resources of Health in Albania. The document must contain very clear recommendation on how to tackle and address different issues and challenges Albania is facing on health manpower.

Further a more in-depth work will be completed in relation to retention of health personnel in rural areas (distribution and motivation of physicians and nurses in order to satisfy the needs of rural remote communities and vulnerable categories of the population, especially elderly people and patient with chronic disease living in remote rural areas). Further the project will contribute to monitor migration patterns and trends.

HAP-2 is providing the necessary technical expertise in order to share the best models that are considered successful in selected countries with similar economic and social conditions.



In a nutshell the Project is:

- Supporting the MoHSP to develop a PHC strategy and human resources for health strategy by:
 - Producing evidence and make it available to key stakeholders related to PHC and family medicine as well as HRH, including aspects related to graduate training, post-graduate training and CME of doctors and nurses
 - Supporting development of planning and management tools necessary for HRH development and monitor general trends in health workforce production and migration.
 - Elaborating and proposing approaches for retaining health workers in rural areas



2. Updated job profiles of PHC personnel with the purpose of task shifting between physicians and nurses are outlined and tested

The primary health care system faces the challenge of health manpower distribution on one side, and the capacity of personnel to cope with existing and new health challenges the population is dealing with. Empirical data show that not all remote and rural communities are covered with medical services provided by family physicians. This is due to many factors among which: 1) distribution of the population all over the territory of the country, including in small and remote rural villages; 2) limited number of family physicians that have a low motivation to continue providing services to small remote communities. In this situation, MoHSP is struggling to provide services to remote and poor communities in small rural and urban centers by deploying the existing personnel, but this solution has its own limits. It should be highlighted that nurses of PHC are more numerous and many of them live inside their own communities, but the range of services they provide is narrow and their capacities are weaker, especially in health posts. Nursing is generally considered a women's profession and their position is considered as sub-ordinate to doctors and with limited autonomy.

HAP-2 is supporting the initiative of MoHSP and other partners of the health sector to redefine roles and responsibilities of PHC personnel with a focus on health centers and health posts. The purpose of this undertaking would be to redesign job profiles of community nurses in order to capacitate this professional category to face the new health challenges and the burden of disease in Albania, especially those related to NCDs and cancer, women children and adolescents' health and care for elderly people in the ageing population of Albania.

HAP-2 is providing the necessary technical expertise in order to share the best models that are considered successful in selected countries with similar economic and social conditions. The experts will work closely with Albanian policymakers and representatives of the most important stakeholders (MoHSP and related agencies, professional orders and associations, academic institutions, local authorities etc.) in order to elaborate and develop the most suitable models that have high probability to be successfully implemented.

The model will be piloted and implemented in selected areas in order to test the feasibility and fine tune the necessary measures needed to make the intervention successful, not only at the areas of the project but also at national scale. An important training and technical support will be provided to health professionals in order to enable the necessary conditions for the take-off of the pilot intervention and capacitate and motivate the nurse professionals to adopt and implement the newly introduced roles and functions. The support of the project will be necessary also to diminish and control within reasonable limits the resistance of different groups that might oppose to these interventions.



Scaling up the models beyond the project covered geographic areas and creating the necessary conditions to ensure the sustainability of these interventions are of paramount importance for HAP-2. Therefore, the project will support Albanian partner organizations for elaboration of an action plan for scaling up the newly piloted models in other areas than those covered by the project.

This output will be synergetic to other outputs of HAP-2 such as development and implementation of the Master's in family nursing as well as elaboration and implementation of a policy/strategy for development of HRH.

In a nutshell the Project will:

- Assist the development of redesigned profiles and job descriptions of PHC personnel in Albania, with an emphasized role of nurses
- Assist testing and validating new PHC service delivery models along updated job profiles in selected geographical areas of the project;
- Provide training to the PHC personnel in fulfilling these new roles (mostly nurses, but also GPs)
- Assist MoHSP in the development of an action plan for scaling up at national level of the pilot experience





3. New Master's Program for Family Nurses is established

Training of nurses at the undergraduate level is already institutionalized in Albania. Universities have also institutionalized different post-graduate training programs such as Master's in nursing, with an emphasis on specific professional categories. However, no professional Master's in family nursing has been developed and implemented so far. There is a clearly articulated need to establish such a program in order to enhance training of this professional category that will be able to respond to the growing needs of an ageing population. Therefore, HAP-2 is closely collaborating with the Faculty of Technical Medical Sciences at the Medical University in order to develop and implement a professional Master's program in Family Nursing.

HAP-2 will provide technical expertise from a specialized academic institutions from Switzerland and/or other Western European country in order to work with the academic personnel of the Faculty of medical technical sciences regarding the following tasks: 1) identify the competences that family nurses must have in order to be able to cope with the needs of families and communities; 2) elaborate a program that is based on these competences; 3) introduce as much as possible new pedagogical approaches in terms of teaching and clinical practice that allow the nurse students to master these competences.

The project will provide training in order to increase the technical and pedagogic capacities of the academic personnel of the Faculty. Moreover, support will be provided for the improvement of the teaching infrastructure of the Faculty of medical technical sciences in order to increase the quality of the teaching process.

A specific aspect of this new master's program will be the affiliation of selected PHC centers to the Faculty of medical technical sciences in order to create the necessary environments for the clinical practice of the students. HAP-2 will support the improvement of infrastructure conditions in these teaching PHC centers as well as creating the necessary spaces to facilitate the teaching and mentoring process. This affiliation will have a double impact: on one side, the nurse students will benefit as much as possible from the clinical environment of the PHC centers and on the other, the personnel of the centers will be affiliated to a university and will benefit from the new status and capacity-building activities.

The project will support research operational capacities of teachers and students of the Masters's program(s).



In a nutshell the Project will:

- Assist development of a new Master's program in family nursing tailored to NCD control and rural community needs
- Provide material support to the Faculty of Nursing to improve teaching infrastructure;
- Strengthen pedagogical and technical skills of nurse teachers;
- Facilitate the process of affiliation of a few health centers to the Faculty of Nurses with the purpose of creating the practice environment for the students
- Support learning environments for the young family nurses at the Health Centres affiliated to Faculty of Nurses



4. The Master program in Health Management is consolidated jointly with the Faculty of Medicine, Faculty of Economy and the Swiss partners

Establishing a new Master's program in health management with the contributions of two faculties from two different universities is considered a success for HAP-1. However, the program is in its' first steps and this achievement is fragile. The capacities of the teaching personnel need to be further strengthened. The departments in charge for this program don't share the same culture and the collaboration should be further consolidated through well-established rules and procedures. Practice-oriented internships for management students are not a very common model in Albanian universities that are more rigid and advocate for a research-oriented thesis. Finally, it should not be underestimated the fact that in spite of the successful collaboration and good relations, there is a discrete tension and competition between the two departments that might have negative consequences if not channelled towards positive and constructive collaboration approaches.

The Project is supporting consolidation of the Master's program in health management through further training of the teachers in technical subject but also in new innovative pedagogical approaches. The Faculty of Medicine must develop teaching capacities in management as

this is an evident handicap of their academic personnel. Faculty of Economy must extend their teaching management expertise to cover health institutions. The project will continue providing support in these directions. Moreover, the project will play an advocacy role at the University of Medicine and Faculty of Medicine for adding new academic personnel in order to strengthen management teaching capacities of the Department.

In addition, the leadership of the two departments have expressed clear ambitions to bring further the initiated program, but also to create additional training opportunities for health managers in Albania. Thus, the two departments are ready to undertake the establishment of a new program in "hospital management" as a specialty option of the existing program or a completely new program that could share existing modules with the already developed Master's. The legal modalities for the establishment of the hospital management program will be explored and used in due time. HAP-2 will support development of the new "option" or "program" in hospital management, always in collaboration between the two faculties.

Moreover, HAP-2 is strongly supporting establishing new model(s) for practice-oriented internships of the students. This model should be introduced and gradually institutionalized through these new program(s) as the benefits resulting from such an approach are more evident compared to conventional research-oriented thesis universities of Albania apply historically.

The project is supporting the teaching institutions to develop and establish continuing education capacities and programs targeting managers of the health system. Creating the training offer is of paramount importance and goes in parallel with the other intervention of the project to support re-

certification of the health service managers that will be implemented in close collaboration with NCCE and MoHSP.

Last but not least, the project is supporting research operational capacities of teachers and students of the Masters' program(s). This activity will be synergistic with output 7. Teachers and students will be supported to finance and carry out operational research that supports decision-making in the health sector. This will in addition enhance the capacities of the faculties in terms of teaching and research health service management and related areas.

In a nutshell, the Project:

- Is providing support for consolidation and sustainability to Master of health management;
- Supports the development of technical and pedagogical capacities of teachers.
- Will create and facilitate conditions for internships of the master's students and operational problem-oriented research in the frame of the Master thesis (link to Output 7)
- Will provide support for development of a series of specialized modules in hospital management with the purpose of developing an optional program (ex: hospital and PHC management).
- Will support the two departments for development of capacities to increase the offer of continuing education targeting health managers
- Supports operational research activities of teachers and students





5. Capacities of regional directorates of health service Operator and/or public health directorates are enhanced in support of the local public health functions.

This output is directly linked with the reform of governance in the health sector that is presently being implemented by MoHSP. In fact, the Government of Albania decided to establish an intermediate level of governance between the central level and the 36 directorates of public health that are presently in charge for the provision of health services in 61 municipalities of Albania: thus, the Operator of the health services is created. This new organization is being constituted by a national directorate and four regional directorates based in Tirane, Shkoder, Vlore and Elbasan. Information received from MoHSP, indicate that the present directorates of public health are being considered as "local units of health services" and will have more technical responsibilities in terms of monitoring, supervision and information collection rein relation to public health and PHC services.

HAP-2 will assist the health Operator to perform specific functions namely through the provision of technical assistance (if requested), management training support as well as the provision of evidence for example in respect to accreditation of PHC services, quality improvement at PHC level and/or NCD control as emerging from the Project experiences.

An area for HAP-2 intervention could be the support for building and operating a health database system at regional directorate level and covering mostly PHC related information. This could be coupled with the support for development and elaboration of regional strategic plan(s) of development in the new geographic health areas of Albania. It is clear that HAP-2 cannot support all levels of the Operator, but the support could be provided on a selected basis and limited scale. The model(s) developed could therefore be scaled-up through all the levels of the operator and in all geographic areas of Albania.

In a nutshell the Project will:

- Support the development of general management capacities for Regional Health Service Operators/ DPH
- Foster capacities of DPH for data collection assembling and analysis at the regional level
- Support monitoring capacities for the quality of health care system/services
- Set-up and facilitate the operation of supportive supervision system for PHC services
- Assure that available information is effectively used for planning and management of public health services at regional level



6. Operational research capacities on health system and services in Albania are strengthened

Evidence-based management and decision-making requires fresh and specifically tailored information that is often collected and processed through operational research. HAP has supported the process of operational research during phase 1 through ADHS, quality and household studies in the geographic areas covered by the project, study on vulnerability (in process) etc. However, research capacities remain weak in Albania and there is a need to further strengthen competences of young researchers in related areas such as elaboration of research protocols, research data processing and statistics, fund raising for research, scientific writing and publication. Moreover, it is necessary to contribute towards development of a culture of policy translation, i.e. integration of research findings and conclusions into policies and strategies and decision-making processes.

Moreover, the experience has shown that more ethical competences and regulations are needed in order to avoid unpleasant situations for research teams and related actors. Therefore, the support of HAP-2 for building capacities

and enhancement and implementation of the regulatory frameworks related to research ethics could be an area for intervention (if required).

The support for operational research activities is being materialized through different interventions of HAP-2 such as: 1) the support for the two Masters' programs, where students could benefit from training and capacity building activities of the project but also micro-project financing for their research thesis or internship activities; 2) support for operational research activities conducted by IPH and other project partners; 3) support for capacity building of other partners that might be interested to conduct practice-oriented research at the local level (if necessary) etc.

HAP-2 is supporting also publishing the results of research and the conclusions and recommendations in the format of policy-papers that could be disseminated in order to influence policy-formulation and decision-making processes.

In a nutshell the Project will:

- Strengthen capacities of organizations with a research mandate for instance through specific workshops on proposal elaboration, research funding or scientific writing articles
- Provide micro-funds for operational research related to health services, PHC, HRH and non-communicable disease control
- Assure the effective dissemination of newly generated evidence to policy and practice
- Provide support and opportunities for national/international conferences to disseminate research results
- Support functioning of the National and/or university-based Committee of Ethical Clearance in health-related operational research

Citizens in target regions have access and use effectively primary health care services of better quality

HAP-2 is providing support to up to two selected regional directorate of the Operator of health services to strengthen their organizational development and elaborate regional strategic plan(s). Moreover, HAP-2 is supporting

implementation of selected pilot intervention with the purpose of improving accessibility and quality of health services. The project is also fostering the role of LGUs and other local actors for health infrastructure maintenance.



7. **Quality of PHC service delivery is improved through the accreditation procedures and the promotion on use of clinical protocols as well as e- and digital health solution at PHC level**

Several attempts have been conducted in the past to formulate clinical guidelines and protocols. Some of them exist for specific diseases or groups of diseases. The Health Insurance Fund has elaborated also a series of guidelines on good practices of drug-use this organisation imposes over PHC physicians.

The Project will first and foremost promote a joint validation across relevant actors of clinical protocols in place in Albania. Here working groups may play a constructive role. Further the Project will promote the use of existing clinical protocols for NCD as established by other countries in the Balkans and Eastern Europe.

The project will publish and make available to every PHC physicians, in paper and electronic format, the guides and protocols that will be validated with the concerned actors of the health system in Albania. The project will support training and other related conditions in order to facilitate implementation in practice of the clinical guides and protocols.

HAP-2 will explore with the health care providers as well as the MoHSP and other concerned agencies the possibility to introduce e- and digital solutions in order to facilitate the use of protocols. Family physicians have been already equipped with laptops by HAP-1 in the two regions covered by the project and these pieces of equipment can be effectively used for other programs beyond e-prescription.

It has been strongly recommended to support also developing monitoring and supervision capacities of selected Albanian organizations in order to make sure the finalized and validated protocols are effectively used in practice by health care providers. The details of this latest activity need to be further elaborated and agreed with the organization(s) that will be appointed to perform such a function.

Finally, HAP-2 is supporting primary care teams to elaborate all the package of the necessary documents required for accreditation. These documents must be adapted to the context of every health centre. Moreover, the management team is being supported to implement other necessary procedures for achieving the quality standards elaborated by MoHSP.

In a nutshell, the Project:

- Will support the updating and assembly of existing and possibly elaboration of new protocols and guidelines in the area of NCDs and elderly care
- Will disseminate clinical protocols and guidelines and train PHC personnel in their use
- Will conceive, test and monitor e- and digital health solution at PHC level in relation to clinical protocols
- Will disseminate clinical protocols and relevant documents as well as e-health solutions on national level thereby contribute to national scaling-up
- Is supporting the further improvement of accreditation process relating PHC accreditation
- Is assisting the accreditation of PHC providers.



8. New services models for home-based care are outlined and tested and related to specialized services (partially overlapping with output 3)

The preliminary results of the vulnerability study (February 2019) show that several factors impact accessibility of health services in Albania such as: 1) financial constraints, 2) poor health conditions and inability to go to the health center; 3) distance from the health centers and cost related to transportation; 4) lack of trust in the health care system; 5) constraints related to work or inability to leave the work. These factors impact to a larger extent specific vulnerable categories such as elderly people with limited mobility in the communities, mentally handicapped individuals living isolated in their families or other categories

of patients with limited mobility (such as patients after surgery interventions or affected by cancer in terminal phase or other serious diseases) and finally, very poor and marginalized citizens. For these and other categories of patients, it is necessary to organize home-based services in order to avoid exclusion of these citizens from health service coverage.

Home-based care has been, and it is still being offered by PHC personnel to some specific categories of population such as new-born babies, young mothers, vaccination target groups,

etc. etc. This package of home-based care is very limited and should include additional services for other categories of patients and consumers. Moreover, a new model of home-based care needs to be elaborated and tested on the ground before being deployed at the national scale.

HAP-2 will provide the technical expertise to develop a home-based care model adapted to the context of Albanian rural and urban areas. The proposed model will be discussed, elaborated and agreed in close collaboration with MoHSP, PHC personnel, professional orders and associations, local health authorities, LGUs and NGOs representing the interest of patients and consumers. The home-based care model needs to be appropriate and accepted by the PHC personnel, especially nurses operating at the level of the communities.

In a nutshell the Project will:

- Outline approaches to home-based care for elderly people and patients with chronic condition(s), including the role of home base care to other type of services (e.g. palliative care)
- Pilot and evaluate new services models for home-based care (for elderly, chronically ill, and others).
- Based on initial results, assist MoHSP in the developing a national action plan (including costing and budget) for home-based care for chronic patients in view of the scaling-up of pilot experiences

As soon as the experimental model will be accepted, a training program will be put in place in order to train community nurses and other personnel with respect to services that will be provided with the package of home-based care. Community nurses in the HAP regions will be equipped with the bag of basic tools necessary for their clinical practice. If necessary, additional tools and equipment could be provided to PHC centers and nurse in order to facilitate implementation of this home-based package of services.

The model will be tested and evaluated before a scaling-up plan is elaborated by MoHSP with the support of HAP-2.





9. Continuing Medical Education (CME) of PHC personnel is carried-forward and scaled-up and recertification of health managers is embedded in national processes and standards

Continuing education for most of the categories of health personnel has been a central piece among SDC interventions during the last 10 years. HAP has succeeded to generate an important volume of CE activities by supporting PRGs of physicians, nurse and managers at PHC level. Recertification is in fact mandatory for physicians, dentists, pharmacists and nurses, but it is not for health service managers. Albanian partners have expressed their will to include this professional category in the recertification system, as well.

In the meantime, NCCE has asked HAP's support in order to assess the impact and sustainability of PRGs, as a new and specific approach for continuing education of family physicians and nurses. In addition, NCCE is looking forward to adopting new and innovative continuing education approaches due to the fact that the offer and the quality of CE for health care providers remain problematic in Albania. HAP has already started doing some preliminary and preparatory work with the purpose of supporting implementation of new tools such as clinical audits and supportive

supervision. These activities are being supported in HAP-2.

NCCE is gradually recognizing selected academic or other training organizations that have proved to possess the capacity for offering accredited CE programs and activities; these organizations would become recognised long-term CE providers. HAP-2 will provide support to the accredited long-term providers such as CE Unit at the Faculty of Medicine or other organisations in order to improve their management and didactic capacities leading therefore to an increase of the training offer.

NCCE has operationalized a platform to make possible the interaction between CE provider organizations and NCCE. The platform will serve as an interface allowing distance accreditation of CE activities. HAP-2 will support training of CE providers on the use of the platform in order to speed up and facilitate their accreditation and other procedures related to continuing education activities.

In a nutshell the Project:

- Continues to support consolidation and scaling-up / extension of PGs thereby ensuring a progressive transfer of the advocacy and support role to the respective Albanian institutions;
- Is carrying out the evaluation of sustainability, efficiency and effectiveness of PGs.
- Will support selected actors of the health/education sector(s) to become long-term CME providers.
- Will support introduction and implementation of new CME approaches such as clinical audits, supportive supervision, etc.
- Will support to include health care managers in the re-certification system.
- Is continuing its support to NCCE to ensure quality assurance of CME activities.



10. Collaboration across relevant local stakeholders is fostered for health service development and public health action

The reform of decentralization did not succeed elaborating models for integration of health care services within the direct responsibilities of LGUs. This is understandable as health care services have a multiple dependence from the central government and the Mandatory Health Insurance Fund, which make the decentralization process complicated. Moreover, LGUs have never been in charge historically for health care services and lack totally the necessary skills and capacities to undertake this major responsibility. Nevertheless, LGU-s have legally the ownership over health infrastructure (at least partly) and therefore will have to deal with the responsibility of infrastructure planning and maintenance.

HAP has invested (and it is still investing) important amounts of funds for rehabilitation of PHC facilities. The Swiss Embassy and SDC have clearly indicated that no civil works will be undertaken exclusively by the donor in the course of HAP-2 unless MoHSP, LGUs and/or other Albanian partners contribute.

In this context, HAP-2 and Albanian partners propose supporting elaboration and implementation of a planning mechanism with participation of LGUs, regional and local health authorities, the Fund and NGOs. This mechanism would produce among other: 1) local plans for rehabilitation of infrastructure; 2) financial responsibilities of different actors such as LGUs/ HAP/other, that would make possible a co-funding approach; 3) infrastructure maintenance modalities with clear responsibilities.

The rehabilitation and maintenance plans should respond to a large extent to the priority needs of the population and communities. HAP-2 will play an advocacy role for involvement of the civil society and citizens in the planning mechanism in order to make it as participatory and transparent as possible.

In a nutshell, the Project will:

- Outline, agree and implement co-funding schemes for infrastructure and equipment investments at municipal level
- Support elaboration and monitoring of annual plans outlining health priorities and interventions at local level with the focus on infrastructure and maintenance;
- Promote necessary conditions for citizens' participation in the discussion of health care related problems at the PHC at the municipal level.
- Advocate and promote allocation of financial resources for maintenance practices at local level.

Organization and management

The project is guided through a defined partnership agreement between the Council of Ministers of the Republic of Albania and the Government of the Swiss Confederation represented by the Swiss Agency for Development and Co-operation (SDC) of the Swiss Federal Department of Foreign Affairs, acting through the Swiss Embassy in Albania. Hereby the Ministry of Health and Social Protection constitutes the main 'owner' of the project.

The Project operates through the HAP Center, a non-for-Profit organization located in Tirana with outreach into the two regions covered (1 to 2 regional directorates of the health service operator). It follows an approach of strengthening local, regional and national government structures in a participative and inclusive way.

The HAP centre is under the leadership of international team-leader and assures the technical steering, the policy dialogue as well as program implementation and act as distinct program implementation unit assuring the visibility of the program.

The HAP centre benefits from technical assistance provided by the Swiss TPH which encompass the following areas: Human Resource Development, health management training, M&E and operational research, E-health, nursing training/teaching, home based care and nurse development and CPD systems for health professionals at the primary level.

The Project is implemented under the guidance of a steering committee. At six monthly intervals a strategic meeting will be convened so that the steering committee can provide overall direction and guidance for the Project within the frame of general health sector development in Albania.

Resources

The budget for the 4-year implementation phase amounts to CHF 5.9 million, not including funds for an external evaluation at the end of the phase. The budget and activities of the HAP are conceived to optimise health workforce development and PHC service development. All proposed interventions can be considered as essential to support the Albanian health reform and social inclusion and are thus an essential component to improve health systems performance and quality of care.

Regions covered

The phase 2 of the Project continues to collaborate where appropriate with municipalities and PHC providers where the project has heavily invested during Phase-1 and that have demonstrated a good potential for success. Consequently, for introducing new interventions such as home-based care, HAP is relying in a first instance on the 4 municipalities of the qark of Diber (Peshkopi, Burrel, Klos and Bulqize) and in 6 municipalities in the qark of Fier (Fier, Lushnje, Mallakaster, Divjake, Patos and Roskovec).

Practically, HAP-2 is operating based on the criteria of "high potential for successful and expandable interventions" rather than on simple geographical coverage criteria.



Beneficiaries

The prime beneficiaries of the Health for All Project (HAP) are; (i) General population, including adult women and men, adolescents and youngsters, as well as mothers and children.; (ii) patients with chronic diseases, especially elderly people and patients that need home-care assistance; (iii) poor and vulnerable population groups primarily in rural areas of Albania (such as elderly people), benefitting from better access to health services, and; (iv) PHC Services, namely family doctors, nurses and midwives as well as health managers.

Secondary beneficiaries and partners of the HAP include (i) Ministry of Health and Social Protection and affiliated entities namely Institute of Public

Health (IPH), the National Centre for Continuing Education (NCCE), National Centre of Quality, Safety and Accreditation of Health Institutions (NCQSAHI) and the Health Insurance Fund (HIF); (ii) Operator of health services (regional directorates) and the reformed Directorates of Public Health (Local Units of health services) in the geographical areas covered by the Project; (iii) Medical University with the Faculty of Medicine and Faculty of Technical medical sciences and University of Tirana with the Faculty of Economy in their role as training institutions; (iv) Local Government Units (municipalities), and (v) professional orders and associations (nurses and family physicians).



Gender and governance as transversal themes have been integrated across the implementation of the HAP phase 2 and incorporated in the planning of the phase.

By applying basic principles of good governance and gender sensitivity such as outlined by SDC, the project's implementation, especially its engagement at health service and community level closely adhere to the principle of "doing no harm".

Gender mainstreaming

The implementation team of HAP-2 is working closely with Albanian partners to build on HAP's project's achievements by maintaining gains on gender equality and by further contributing to its mainstreaming at any project level. In addition, HAP-2 is focusing on gender stereotypes related to professions and NCD gender-related risks. The most important strategic objectives regarding gender streamlining would be the following:

- Contribute to empowerment of women through a strong participation in decision-making processes
- Increase autonomy of the nurses
- Contribute to women's economic empowerment and their increased opportunities for employment and training
- Promote women's access to quality education and training
- Provide support to more disadvantaged groups of professionals and personnel (women and men) especially those operating at PHC (health centers and health posts) in remote rural areas

Mainstreaming of good governance principles

Generally spoken, good governance will be assured through the application of the five key principles: participation, accountability, transparency, non-discrimination and efficiency:

- Project inherently promotes **participative approaches** thereby including and associating local, regional and national authorities as well as professional associations and civil society representatives.
- Accountability mechanisms are of high importance and are promoted through the effective use and analysis of the M&E framework (e.g. access to care and quality of care) and the development and set-up of feed-back systems for citizens and other actors.
- Taking into account the widespread prevalence of corruption in Albania, measures to address corruption are a central aspect. The project will continue with a zero tolerance policy (including bribes, informal payments and fraud of any nature) in every aspect that concerns the use of project funds for rehabilitation, employment and procurement.



Annex 1 - Logical Framework

Hierarchy of objectives Strategy of Intervention	Key Indicators	Data Sources Means of Verification								
Impact (Overall Goal)	Impact Indicators									
The Albanian population benefits from better health.	<ul style="list-style-type: none"> Average life expectancy at birth 2017: 77 years for men and 80 years for women 2022: to be determined Death rate caused by cardio-vascular diseases 2017: 210/100,000 for men, 205/100,000 for women 2022: to be determined Quality of care (structure, process and outcome attributes) measured at health service delivery point 2018 <table> <thead> <tr> <th>Facility Infrastructure:</th> <th>Process Attributes (clinical consultations):</th> <th>Outcome Attributes (patient satisfaction):</th> <th>Facility Infrastructure: improvement 10% Process:</th> </tr> </thead> <tbody> <tr> <td>Diber: Median 66 % (max. 80, min. 49); Fier: Median 65% (max. 86, min. 42)</td> <td>Diber: Median 73% (max-88, min-61) Fier: Median 61% (max-73, min-40);</td> <td>Diber: Median 95% (max. 100, min. 67) Fier: Median 89%</td> <td>improvement 5% Outcome Attributes (patient satisfaction): no change</td> </tr> </tbody> </table>	Facility Infrastructure:	Process Attributes (clinical consultations):	Outcome Attributes (patient satisfaction):	Facility Infrastructure: improvement 10% Process:	Diber: Median 66 % (max. 80, min. 49); Fier: Median 65% (max. 86, min. 42)	Diber: Median 73% (max-88, min-61) Fier: Median 61% (max-73, min-40);	Diber: Median 95% (max. 100, min. 67) Fier: Median 89%	improvement 5% Outcome Attributes (patient satisfaction): no change	<ul style="list-style-type: none"> INSTAT Baseline and end phase study
Facility Infrastructure:	Process Attributes (clinical consultations):	Outcome Attributes (patient satisfaction):	Facility Infrastructure: improvement 10% Process:							
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Outcomes	Outcome Indicators	
Outcome 1. MoHSP and its regional entities manage more effectively and efficiently primary health care service	<ul style="list-style-type: none"> • Number of laws/strategies/policies/action plans endorsed and being implemented by MoHSP relating to PHC development and HR development 2018: not applicable 2022: 4 new policies/strategies/action plans relating to PHC, Human Resource in Health (HRH) • Number and percentage of graduates (male and female) of the professional Master Degree in management who hold management functions after their studies 2018: not applicable 2022: 50% of graduates (male and female) 12 months after the end of training • Regulatory documents and standards related to the Basic PHC service package are elaborated and/or updated. 2018: not applicable 2022: 8 regulatory documents on referral mechanisms, staff skill patterns, nurse's status and profiles, network of facilities and equipment, NCDs standard treatment protocols and guidelines, home based care. <ul style="list-style-type: none"> - Laws, strategies policies - Standards and package service 	<ul style="list-style-type: none"> • Policies and strategies of MoHSP • Database (tracking tool) of career development of master students • Research reports and publications

<p>Outcome 2.</p> <p>Citizens in target regions have access and use effectively primary health care services of better quality</p>	<ul style="list-style-type: none"> Percentage of PHC facility/outpatient department visits per person per year 2018: 37% (Diber) /43% (Fier) of registered patients 2022: At least 50% of registered patients Percentage of patients/clients (male and female) satisfied with the provision of PHC services 2018: 89% (Diber) / 98% (Fier) 2022: No decrease compared to 2018 Number and % of HC that are accredited in the project target areas 2018: 0 2022: 40% respectively 20 HC accredited % NCD patients (cardiovascular diseases, diabetes) receiving adequate advice and treatment as observed at service delivery point, disaggregated by gender <table border="1"> <thead> <tr> <th>2018</th><th>Patients with Diabetes type II</th><th>Patients with hypertension</th></tr> </thead> <tbody> <tr> <td></td><td>Asks questions 39% Conducts examinations 22% Advises/explains/instructs 52%</td><td>Asks questions 46% Conducts examinations 24% Advises/explains/instructs 60% receiving adequate advice and treatment as observed at service delivery point in Fier and Diber areas.</td></tr> <tr> <td></td><td colspan="2">2022: Increase of at least 15% compared to 2018</td></tr> </tbody> </table>	2018	Patients with Diabetes type II	Patients with hypertension		Asks questions 39% Conducts examinations 22% Advises/explains/instructs 52%	Asks questions 46% Conducts examinations 24% Advises/explains/instructs 60% receiving adequate advice and treatment as observed at service delivery point in Fier and Diber areas.		2022: Increase of at least 15% compared to 2018		<ul style="list-style-type: none"> INSTAT Health information system (Annual) surveys, including baseline and end of phase study Data base of Quality and Accreditation Baseline and end phase study
2018	Patients with Diabetes type II	Patients with hypertension									
	Asks questions 39% Conducts examinations 22% Advises/explains/instructs 52%	Asks questions 46% Conducts examinations 24% Advises/explains/instructs 60% receiving adequate advice and treatment as observed at service delivery point in Fier and Diber areas.									
	2022: Increase of at least 15% compared to 2018										

Outputs (per outcome)		Output Indicators	
Output 1	The elaboration of PHC and HRH policies and strategies in Albania is assisted based on inclusive approaches associating the educational sector and civil society.	<ul style="list-style-type: none"> Number of policy papers, strategy documents and concept notes jointly elaborated with MoHSP and disseminated through specific stakeholder events 2018: 2 2022: 8 documents 	<ul style="list-style-type: none"> Policies and strategies of MoHSP Project reports Technical assistance reports Acts, and normative decisions, of MoHSP
Output 2	Updated job profiles of PHC personnel with the purpose of task shifting between physicians and nurses are outlined and tested (partially overlapping with output 8).	<ul style="list-style-type: none"> Number of newly elaborated job profiles relating to PHC, approved by MOHSP 2018: 0 2022: at least 2 Number of trainings and trainees in relation to the new job profiles (male and female) 2018: 0 2022: 15 workshops and 320 nurses trained % of health centre that are supported and successfully implementing the new job profiles 2018: 0 2022: 30% 	<ul style="list-style-type: none"> Acts, and normative decisions, of MoHSP Project monitoring system HIF data / Project monitoring system

Output 3	<p>New Master's Program for Family Nurses is established.</p>	<ul style="list-style-type: none"> • Number of nurse teachers trained (male and female) in technical and pedagogical skills 2018: 0 2022: 100% of nurse teachers • Perception (male and female) of the learning environment by nurse students 2018: not applicable 2022: 80% satisfied /very satisfied • Number of health professionals (male and female) who received Professional master's degree in FM nursing 2018: 0 2022: 80 professionals successfully graduate 	<ul style="list-style-type: none"> • Project monitoring system • Secretariat of faculty of nursing • Memorandum of understanding between Faculty of Nursing and MoHSP/ HC • Evaluation tool of student satisfaction
Output 4	<p>The Master program in Health Management is consolidated jointly with the Faculty of Medicine, Faculty of Economy and the Swiss partners</p>	<ul style="list-style-type: none"> • Number of teachers (male and female) trained on technical and advanced pedagogical skills development 2018: 50% on technical, 20% on advanced pedagogical skills 2022: 100% technical and 100% advanced pedagogical • % of students (male and female) that are satisfied or very satisfied with the modules and the overall course of the program 2018: 75% of students satisfied or very satisfied with the modules 2022: 85% • Master in health management offering two options (general management and hospital management) is in place 2018: not applicable 2022: Master programme updated with two distinct specialities 	<ul style="list-style-type: none"> • External evaluation of master course • Project monitoring system • MoHSP HR data/ contracts of managers

Output 5	Capacities of selected regional/local health authorities are enhanced in support of the public health functions.	<ul style="list-style-type: none"> • Number of regional/local health reports and plans produced by regional health service operators (including monitoring of implementation) 2018: 0 2022: 2 situational analysis reports and 2 strategic plans covering up to 60% of population elaborated • Number of capacity building activities and training beneficiaries (male and female) targeting the personnel of regional health authorities 2018: not applicable 2022: 15 training activities targeting regional/local health personnel 50% of the personnel trained 	<ul style="list-style-type: none"> • Situational analysis reports • Local strategic and or operational annual health plans
Output 6	Operational research capacities on health system and services in Albania are strengthened.	<ul style="list-style-type: none"> • Number of junior researchers (male and female) attending capacitybuilding activities in implementation research 2018: 0 2022: 20 • Number of policy notes for MoHSP referring to research/studies conducted in Albania • Project monitoring system • Policy notes produced • Assumption: Readiness of national authorities to support establishment and functioning of health research ethical clearance committee(s) Swiss TPH, SC Project document phase 2 "Health for All (HAP) - Albania " 89 2018: 0 2022: 10 policy notes • Number of research/studies presented in national and international conferences and/or published 2018: not applicable 2022: 8 	<ul style="list-style-type: none"> • Project monitoring system • Policy notes produced

Output 7	<p>Quality of PHC service delivery is improved through the accreditation procedures and the promotion on use of clinical protocols as well as e- and digital health solution at PHC level</p>	<ul style="list-style-type: none"> • Guidelines and protocols for diabetes and CVD elaborated and endorsed by MoHSP, and successfully piloted in target health centres 2018: 0 2022: Guidelines/protocols related to diabetes and CVD successfully implemented • New e- and digital health solution at PHC level tested and introduced 2018: 2 2022: 5 • Set of quality-related model documents required for accreditation developed and endorsed by MOHSP and made available to health centers nationally 2018: 0 2022: Set of documents distributed to 400 HC 	<ul style="list-style-type: none"> • Study reports • Technical assistance reports • Database of National Centre for Quality, Security and Accreditation of Health Institutions • Project monitoring system
Output 8	<p>New services models for homebased care are outlined and tested and related to specialized services (partially overlapping with output 3).</p>	<ul style="list-style-type: none"> • Policy /strategy document describing the approach of home-based care approved by MoHSP 2018: NA 2022: Policy/strategy document available • Number of nurses (male and female) trained to implement the newly introduced approach 2018: 0 2022: 50 nurses serving in 6 HC 	<ul style="list-style-type: none"> • Policy documents • Acts, and normative decisions of MoHSP • Project monitoring system • HIF data • Consultancy reports

Output 9	<p>Continuing Medical Education (CME) of PHC personnel is carried-forward and scaled-up and recertification of health managers is embedded in national processes and standards</p>	<ul style="list-style-type: none"> • Number and % of doctors and nurses engaged in PGs (male and female) 2018: 75% of doctors, 45% of nurses. 2022: 85% of doctors and 60% of nurses in the target areas of Fier and Diber. • Number and % of key professionals (general practitioners, male and female) that have obtained the required number of recertification credits 2018: 80% of FD in regions covered 2022: 90% of FD in regions covered • New system of re-certification of HC directors (PHC managers) introduced and operating 2018: Not applicable 2022: Recertification system functional • Number and % of HC directors (PHC managers) registered in the recertification database and collecting management related credits according to the new requirements 2018: Not applicable 2022: 90% 	<ul style="list-style-type: none"> • Project monitoring system • NCCE database • New system for managers approved and in place/NCCE
Output 10	<p>Collaboration across relevant local stakeholders is fostered for health service development and public health action.</p>	<ul style="list-style-type: none"> • Number and percentage of health centres and health posts renovated and/or adequately equipped through co-funding mechanisms 2018: 0 2022: 10 HC • PHC centre maintenance rules, norms, regulation, standards developed in an accredited training curricula hosted by ASPA and MoHSP 2018: Not in place 2022: Package of rules, norms, standards approved and used • Number of municipalities in project areas that have adopted maintenance practices for PHC centres and have outsourced maintenance capacities through private sector 2018: 0 2022: 5 LGUs 	<ul style="list-style-type: none"> • Evaluation/assessment reports produced • Project monitoring system • Municipalities lists of activities/participants • Municipalities reports

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