

Maintenance of PHC Infrastructure: Introducing a more inclusive approach of key stakeholders

Health Centers are primary health care institutions connected directly to people's health and their welfare. Considering their very important role, it seems that despite the progress achieved in Albania, there is still a long path toward a full completion of primary healthcare centers rehabilitation and maintenance.

The Albanian Government, through the Ministry of Health and Social Protection, is aiming the rehabilitation of 300 health care centers by the end of 2021. Part of the actual 80 rehabilitated primary healthcare centers (PHC centers) have been renovated upon the financial contribution of international donors. The Swiss Agency for Development and Cooperation has invested, through its project 'Health for All', 3.3 Million Swiss Francs for the rehabilitation of 16 buildings where are located 17 PHC centers and 1 polyclinic of specialties. Following the initial investment for the rehabilitation of PHC infrastructure, an important issue has emerged regarding the proper maintenance of premises and equipment that would make possible to meet the standards required throughout their entire working life.

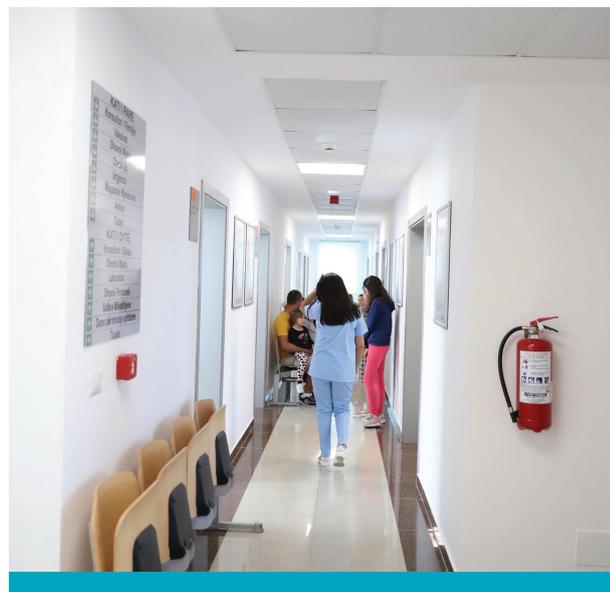
This paper gives an overview on the key findings and recommendations on the maintenance of PHC infrastructure following the survey conducted in the primary healthcare sector in Fier and Dibra region where the SDC project 'Health for All' operates since 2015¹.

¹ GREEM Design, 2019, "Report on the situation assessment on maintenance of PHC infrastructure: issues, challenges and recommendation"

METHODS USED

The information has been collected through the following methods:

- a) Deskreview of the regulatory documents, Albanian Laws and additional documents that impact the development, organization and maintenance of PHC centers and in relation to the role of key stakeholders.
- b) Interview with key informants from the Ministry of Health and Social Protection and entities at local level in Fier and Diber qark, namely two Regional Directories of Health Insurance Fund, 9 Municipalities, 5 Directories of Public Health (recently named Local Units of Healthcare Services) and 28 PHC centres
- c) Group Discussions with representatives of key stakeholders



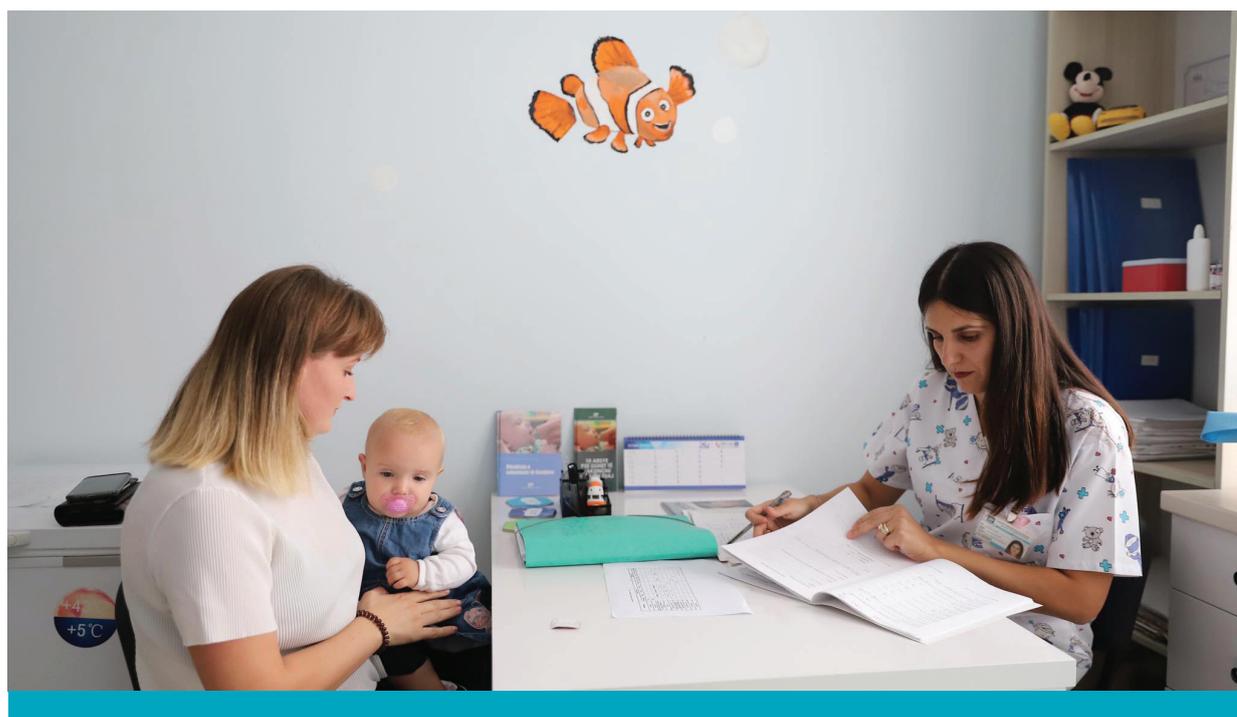
KEY FINDINGS:

I. Legal framework

Based on the legal framework of primary healthcare in Albania, the present responsibility for PHC services, including maintenance of PHC infrastructure is shared among the following entities at national and local level:

- *MOHSP* is the authority in charge for *policymaking and planning about PHC services and the related investments* according to Law No. 10107, date 30.03.2009 “On Healthcare in Republic of Albania”, Article 8, “Primary Healthcare service” is the entirety of the measures and activities undertaken by a network of professionals and health institutions providing basic medical care for the population”.
- The *Operator of Healthcare Services*: is a new entity established in early 2019 that affects the PHC governance. The Operator has Central directorate and 4 Regional directorates (Tirane, Shkoder, Vlore and Elbasan) and the former Directorates of Public Health (DPHs) are named Local Units of Healthcare Services (LUHSs).
- The *Compulsory Health Insurance Fund*, according to a mutual agreement signed annually with PHC facilities, ensures financial support to each PHC centre.
- *Municipalities* are responsible for *the maintenance of health care centres located* within their territory upon the new “Administrative-Territorial Reform” (2015) and “Cross-cutting strategy of decentralization (2020) introduced by the Albanian Government and the law Nr. 68, date 27.04.2017, “On the finances of self-governance of local government”

Despite the above-mentioned laws and regulations, some of LGUs and PHC centers have stated they are not properly informed about the new Laws in force regarding the Decentralization Process and functions of each institution. They are not properly informed about changes in Laws either.



II. Financial context

The PHC centers in Albania have the following financial resources:

1. *Total budget allocated from the Directory of Compulsory Health Insurance Fund.* This budget is used for: wages, social and health Insurance, goods and services. All PHC Centers visited during the survey confirmed that the entire budget used for infrastructure maintenance is being drawn from the budget line of “goods and services” (line 602). Under this budget line, only a provisional sum is used for the maintenance, while most of it is used for purchasing drugs and consumables, paying water and electricity bills, covering office expenses and staff training etc. Therefore, the budget used for maintenance is barely enough for painting walls or other small repairing works and it varies from 30,000 ALL for small PHC centres to 100,000 ALL for bigger centres. The line includes also the works for maintenance of health posts under their responsibility.
2. *Secondary income entry* generated by “non-essential” services provided by PHC centres such as: evaluation of Work ability, health check for Driving License, health check for Firearm License Permits, KML (Medical and Legal Committee for evaluation of disabilities). Most of the PHC centers use the secondary income to cover additional expenses for their maintenance of buildings including purchase of electrical equipment and consumables (bulbs, power sockets etc.), plumbing materials, painting or partially plastering works. All visited PHC centers during this survey have confirmed that approval to use secondary incomes for the above-mentioned purposes must be given by regional directorates of Compulsory Health Insurance Fund (recently even the Operator has to grant an additional authorization), thus having a limited autonomy regarding the use of their generated funds:

- 60.7 % of the PHC Centers stated they request each year the Regional Directorate of CHIF to increase their respective budget of “Item 602”. However, they consider having a low chance to get the approval since the budget is already decided by MOHSP in collaboration with Ministry of Finances on a historical basis (referring to the previous year figures); 21.4 % of the PHCs stated that even if they officially address their request for an increase of the budget for “Item 602”, they never get an answer from RDCHIF, 45.1% of the PHC-s get negative answer for the approval of the budget “item 602” and only 33.5 % of the applying centers get increased budget approval;
- 39.3% of the PHC-s do not apply for a budget “item 602” increase. Of which, 23.5 % of the PHC centers stated that they feel demotivated to continue to do such, since their demands submitted constantly over the previous years were never given any approval. 76.5 % of these health centers state that they don’t need additional budget of “item 602”, due to the fact that the respective centers are small and they need more investments that maintenance.

As for the LGUs, they confirm that they cannot maintain or invest in PHC facilities if there is not any allocated budget from the Central Government for this purpose. Municipalities under this survey have not any earmarked budget dedicated to the maintenance of the PHC infrastructure.

The Ministry of Health and Social Protection – has an important budget for investments at all levels of health care, including PHC infrastructure, but this is directly controlled and managed by the Ministry.

III. Property issues

Property registration issues of PHC facilities seem to be unresolved.

- According to DCM No. 691, date 29.07.2015 “On Approving the Cross-Cutting strategy of Decentralization and Local Government 2015-2020” all the public properties have to be registered in the name of Municipalities as property owners. During the survey three situations were observed: (a) municipalities claiming that they have not yet received any official communication to start the process of property registration, even though the Law is very clear about the responsibility and functionality (55%); (b) municipalities claiming that they are informed but no action on property registration from their side has been taken yet (22%); (c) municipalities have undertaken registration and implementation accordingly but the process is progressing slowly (23%)
- From 28 PHC centers visited during this survey, only one of them confirms to possess the property title. Nevertheless, during the meeting with MOHSP, the following

information was provided on property titles and responsibility over inventories for both regions:

- In **Dibra region**: in 60.1% of cases it is not clear whether the ownership over buildings of HCs belongs to the Municipality or to the HC itself; b) for 22.8% it was not possible to get any information about the ownership, and c) for 17.1% of the PHC centers, the official ownership is with the Municipality. Moreover, in the same region, 52.8% of the inventory of the Health Centers belong to the former DPHs/LUHSs, 25.7% to the Municipality and 31.5% of the inventory is own by the PHC’s.
- In **Fier region**: 59.1% of the total Health Centers are owned by the Municipalities, while the rest belong to former DPHs (present LUHSs). In the same region, 50% of the inventory is under former DPHs (present LUHSs), 9 % under the Municipalities and the rest of 41% belong to PHCs centers.



According to the Albanian legislation, the Property title is obligatory in order to obtain a (re) construction permit in public and private sectors investments. All PHC centers contacted have stated to be only users or holders of the facilities. They cannot invest (even if they have the needed budget) in these buildings if they are not official owners of the facilities. On the other hand, all Municipalities also confirm they cannot neither invest nor maintain these facilities until these properties will be registered under their name.

RECOMMENDATIONS:

I. Regulatory/legal framework

- In Albania exists a vacuum of legislation thus making it necessary for the government to adapt the relevant legal framework based on EU and regional frameworks regarding maintenance requirements in the health sector.
- Government should support LGUs structures for implementing the new important reforms/process of decentralization with a specific focus on health and take a regulatory role establishing maintenance regulations which guarantee that healthcare institutions perform effectively, accurately, and safely.
- MoHSP should prepare a National Manual as a Guiding Principles, “How to Organize the Maintenance of the Healthcare Facilities” in order to assist respective institutions in their work.

II. Property issues

- Clarification and final solution to the lack of property titles is mandatory for further steps toward maintenance process improving. The Ministry of Health and Social Protection in collaboration with Municipalities, the Operator (regional and LUHS) and PHC centres needs to evaluate the entire situation and documentations to finalize the process of property transfer to Municipalities as required by Law and in accordance with the Administrative-Territorial Strategy.

III. Clear financial responsibilities and roles

- As the Albanian Government plans the rehabilitation of 300 PHC centers, is of paramount importance to foresee an additional annual budget dedicated to maintenance of these facilities which according to international standards varies from 2% - 4% of the total investment.
- According to the decentralization Laws and Decisions of the Council of Ministers already mentioned, Municipalities are responsible for the infrastructure maintenance of PHC Centers so they must be entitled to plan and finance the process. Considering the distance of most of the PHC Centers from the respective Municipalities, it is recommended that current budget of PHC centers used for maintenance, which varies from 30,000 ALL to 100,000 ALL, must remain to each center as “emergency budget”. This amount can be used for small repair or maintenance works such as replacement of electrical bulbs, circuit breakers, hydraulic pipes, water mixer etc., which require a long time and cost for Municipalities to follow up (*refer to the table 1 below*)
- Secondary income budget distribution to be more flexible (without being indispensably 40% / 40% / 20%) in coordination and with approval of CHIF and the Operator.
- Compile a maintenance and investment checklist form for filling out by each PHC Center once a year (including health posts or ambulance) through a visual inspection performed in the respected facilities.
- Development of a training package in order for LGUs, Operator and Local Units (former DPHs) and all PHC Centers to be trained on(1) competences, functions and actions to be taken for each institution; (2) functions and actions plans for civil, mechanical, electrical, electronic works and equipment’s own by each PHC; (3) application modules, templates etc., for preparing the requested for budget in case of maintenance or investment needs. This training is suggested for

all PHC Centers even though some of them are not rehabilitated. Selection of representatives to attend the sessions must be done based on building size and services toward number of populations.

- The Municipality should organize maintenance workshops with PHC staff on how to manage the maintenance assets of PHC buildings.

Descriptions	Use of “Emergency” Budget by PHC	PHC Center Actions	Municipality interventions with investment budgets	Municipality Actions
Civil works issues	Painting	<ul style="list-style-type: none"> • Inspection once a year • Painting once a year • Other civil works - N/A • Immediately address the problems to Municipality (within 24 hours) 	<ul style="list-style-type: none"> • Roof leaking • Hydro insulation • Doors and windows • Plastering and other civil works 	<ul style="list-style-type: none"> • Inspection 3 times / year • Action based on conditions level, maximum delay 1 week
Hydraulic works issues	Hydraulic items (water mixers, flexible pipes, syphons, pipes max. 20m)	<ul style="list-style-type: none"> • Inspection 3 times / year • Action based on immediate needs 	<ul style="list-style-type: none"> • Toilet reconstruction • Washing basin • Water pumps • Electrical boiler • WC closet • Outside/inner portable water network • Outside/inner sewage water network • New contract with UK 	<ul style="list-style-type: none"> • Inspection 3 times / year • Action based on conditions level, maximum delay 1 week
Electrical work issues	Electrical items (sockets, lamps/lighting fixtures, wires/cables max. 20 m, circuit breaker)	<ul style="list-style-type: none"> • Inspection 3 times / year • Action based on immediate needs 	<ul style="list-style-type: none"> • Total/partial electrical/IT network rehabilitations • Grounding resistance and residual current circuit breaker check • Ne/power increase contract with OSHEE 	<ul style="list-style-type: none"> • Inspection 3 times / year • Grounding resistance check 1 time per year • Residual current circuit breaker checks once a year • Action based on conditions level, maximum delay 1 week
Heating/cooling work issues	Inside equipment's - filter cleaning Disinfection of coils in inside equipment's	<ul style="list-style-type: none"> • Inspection 3 times / year • Action based on immediate needs 	<ul style="list-style-type: none"> • Outside equipment's - cleaning of the filter and coil • Checking the conditions of the thermal insulation of the pipes 	<ul style="list-style-type: none"> • Inspection 3 times / year • Action based on conditions level, maximum intervention 1 time per year

Table 1: Recommendations on financial responsibilities and roles

This document is based on the situation assessment mission carried out in 2019 by GREEM Design with the support of Health for All, a Swiss Agency for Development and Collaboration SDC implemented by the Swiss Tropical and Public Health Institute (STPH).

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