

STRENGTHENING THE MANAGEMENT OF NON-COMMUNICABLE DISEASES AND IMPROVING QUALITY OF CARE IN PHC

Since 2015, the **Health for All Project (HAP)** has been supporting Albania's Primary Health Care to respond to the growing burden of **non-communicable diseases (NCDs)** by improving clinical practice, strengthening workforce capacity, and standardising care through evidence-based approaches.



CONTEXT

The Burden of NCDs in Albania¹

- » NCDs account for **80% of total mortality**
- » Over **75% of disease burden** linked to chronic conditions
- » Cardiovascular diseases represent **53.4% of deaths**

System Challenges

- » Need to standardise clinical practices across PHC;
- » Need to enhance early detection and follow-up;
- » Need for continuous upskilling of the PHC workforce.

¹ Data from "Programi i Parandalimit dhe Kontrollit të Sëmundjeve Jo të Transmetueshme (SJT) 2021-2030".



1. Clinical Protocols and Standardisation of Care

HAP contributed to the elaboration and institutionalisation of **clinical guidelines and protocols (CGP) in PHC**:

- » Clinical guidelines and protocols for NCDs such as **diabetes, hypertension, dyslipidaemia, asthma, and COPD**;
- » **Manual on Elderly Care in PHC**;
- » **Manual of Health Education for NCDs in PHC**;
- » **Manual of Health Education for the Elderly in PHC**.

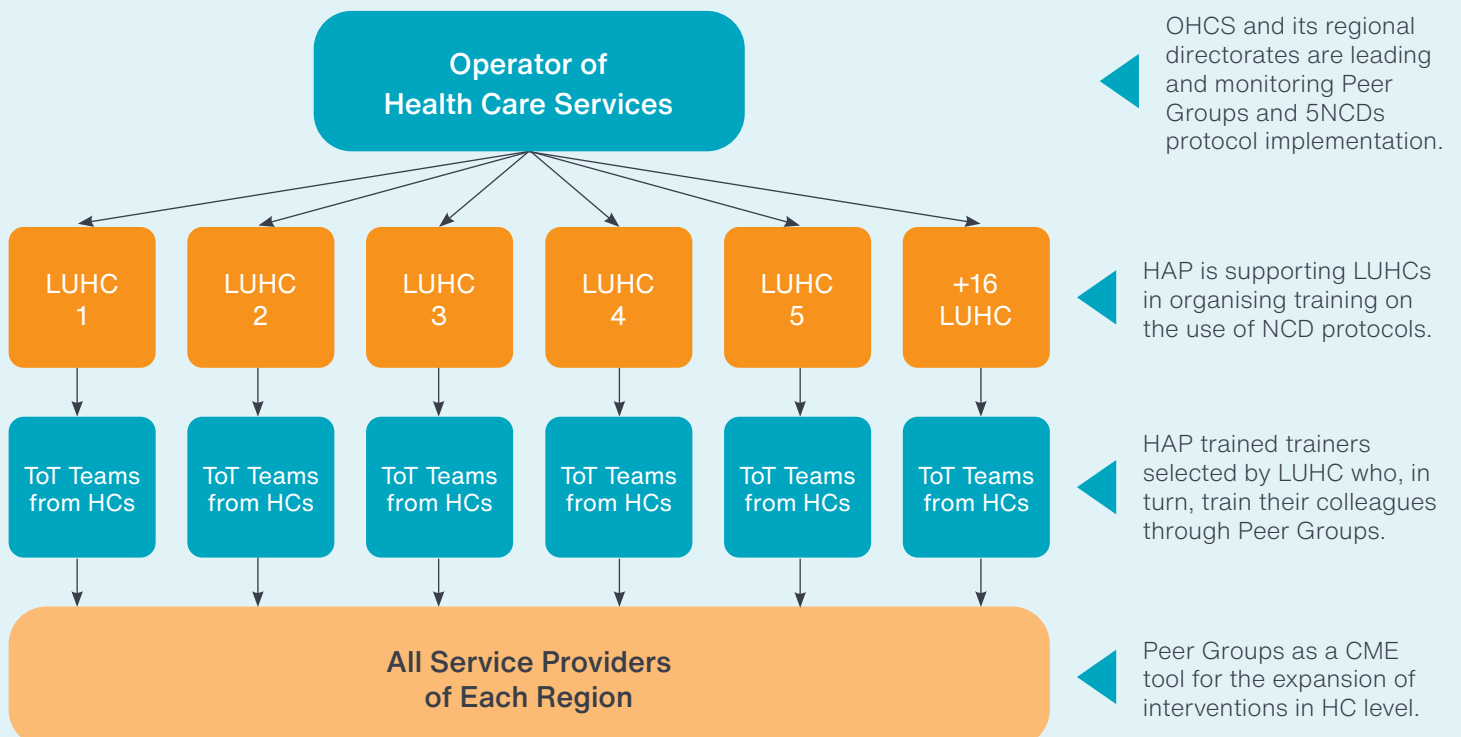
These documents were approved by MoHSW in March 2022. All of them contain a strong pedagogical component, which makes them practical tools for continuing medical education and well-suited for use in training-of-trainer programmes and Peer Groups.

2. Continuing education through the cascade approach

HAP supported system-wide adoption of CGPs through continuing education of PHC professionals (training-of-trainers and Peer Groups):

- » **703 physicians and 1,716 nurses** trained as trainers on NCD management and elderly care;
- » **Family medicine teams in 208 health centres** trained in protocol implementation;
- » Training implemented through **21 LUHCs** using the cascade model.
- » All trainees supplied with clinical guidelines and protocols.

HAP'S CASCADE APPROACH FOR THE EXPANSION OF INTERVENTIONS



CONTRIBUTION

3. Strengthening Clinical Practice and Monitoring Capacity

HAP contributed to the capacity-building of regional and local institutions responsible for governance and **oversight of PHC services**:

- » **298 professionals trained** from:
 - › Local Units of Health Care
 - › Regional Directorates of the Operator of Health Care Services
 - › Health Insurance Fund
 - › Health Centres
- » Enhanced capacity to:
 - › Monitor the implementation of NCD treatment protocols
 - › Support quality improvement in Primary Health Care services



4. Tools and Enabling Environment

HAP improved the infrastructure of health centres and equipped health care providers with tools for **effective diagnosis and follow-up, creating better working conditions for the personnel and improving the quality of care for the patients**:



4,485

PHC providers have been equipped with medical bags and manuals (2015-2025);



216

health centres equipped with IT equipment;



356

health centres have access to digital clinical decision tools created in collaboration with HIF;



31

health facilities reconstructed or rehabilitated.

RESULTS & IMPACT

Standardised Clinical Practice Nationwide

PHC teams now use nationally approved clinical guidelines, protocols, and practical tools to manage NCDs and to address the health needs of older people, more consistently and effectively.

- » Evidence-based diagnosis, treatment, and follow-up are increasingly applied in routine practice by family doctors and nurses;
- » Clinical decision-making is more consistent across health centres;
- » Elderly care is better integrated into the management of chronic conditions;
- » Health education on NCDs and prevention of complications for chronically ill patients has become more structured, systematic, and primarily delivered by nurses.

Improved Quality of Care & Patient satisfaction

Independent quality-of-care surveys conducted between 2015 and 2025 show substantial improvements in the overall quality of Primary Health Care services and patient satisfaction:

- » Overall quality score increased from **84.6 points in 2015 to approximately 89 points in 2022–2025**.
- » Patient satisfaction levels have averaged **85% or higher** over the past decade.

Better Monitoring and Accountability

Institutions responsible for overseeing Primary Health Care are better equipped to monitor implementation and support quality improvement.

- » - Routine monitoring of protocol implementation is more systematic.
- » - Supervisory institutions have a stronger capacity to identify gaps, take corrective action and be more supportive to PHC providers

