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Tirana Healthy City: Albanian approach of local government in health competencies

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Abstract

Albanian health system is based on Bismark system since 1994 because still then was a Semashko one. Local government in albanian health system do not have competencies. Healthy cities is an international project implemented in several countries during 2 decades also in Balkan region but not yet in Albania. Also Tirana Municipality was member of Healthy Cities Network of WHO Europe at Phase 4. The goal of Tirana Healthy City is to promote policies and action for health and sustainable development at the local level. We aim to improve health for all and reducing health inequities and improving leadership and participatory of local governance for health. Tirana is the mos important city of Albania. It has a population about 1 million of people living there. We have over 11 Health Care Centers, 5 Universities Hospitals and 4 private ones located in Tirana. We are very interested to implement correctly this project based on most successful experiencies of other cities and countries. We created a working group assisted by all actors of healthy life in Tirana. We prepared the healthy profile of Tirana city and the working plan.

Keywords: Tirana Healthy City, Local Government, WHO, Healthy Profile

1. INTRODUCTION

Albanian local government organization:

Albania is organized into two (1) levels of local government organization. Municipalities are part of the *first level*, and the *second level* is the region. Albanian parliament these days voted a new administrative configuration of Albanian state. Only 61 administrative unit (municipalities). Albania is divided into 12 administrative units called Region. The Municipality of Tirana is organized in 11 smaller municipalities each one with a special status. Before of this reform we had also 12 Region but also we had: 36 Municipality – (Rrethe), 65 Municipalities and 308 Communes. Communes was arise generally established in the territories of the villages, and

villages usually comprise Communes subdivision. Prefectures (or regions, counties) represent the territorial and administrative units composed of several municipalities and Communes that have geographic, tradition, economic and social, as well as common interests. Districts are subdivisions of regions. Organization and functioning of local government is composed of two levels.

Albanian Health System Organization:

The beginning of the twentieth century, (2) Albania gain the liberty from the Ottoman Empire and finds no health organization system. After the Declaration of Independence in 1912 until 1939 Albanian state structures was not consolidated, especially in health sector. In 1914, government of that period created Directorate General of Health which was the first institution of health in Albania.

From 1944 to 1992 communists in Albania was in power. They like in every sector organized Albanian Health System, according to Eastern countries. As in all countries of Soviet Union, Semashko was the model of health system. This model functioned under the dogma of planning and strict centralization according to the principle: "service for all" and "Human life is the most precious capital". During this period a lot of investments was made in the infrastructure of health systems (was build hospitals, health centers, pharmacies, factories that produces medicaments, was created medical faculty were was educated almost all the doctors and other professionals that serves in health sector. Links between albanian Ministry of Health and the WHO began in May 1947.

In 1992 albanian political system changed and after democratic elections in every sector has changed. Albanian Health system with political consensus—was elected Bismark system. This was the most important change because changes the philosophy of the health system. During this 20 years several governments (from different political spectrum)—reformed our health system with the consultation with international experience of several institutions as WHO, World Bank etc. This reforms contribute to the consolidation and development of sectors like pharmaceutics or dentistry but still need a lot of work. In the parliamentary elections of 2013, the political parties campaign was based on health system promises. This model was based on U.S elections and the party that wan the election that now is made the government of Albania is working on changing the albanian health system from Bismark to Beveridge until 2017.

The health system in Albania (3) is generally dominated by the public sector, the private sector, as in the pharmaceutical, dental and private health care are gaining day by day to the public sector. The state provides the majority of services provided to the population as in the field of promotion, prevention, diagnosis and treatment. The private sector covers the largest pharmaceutical services, dental services and some specialty diagnostic clinics, which are mainly concentrated in Tirana. Healthcare to us is still centralized in the overall organizational level. This centralization is expressed through unique direction from the Ministry of Health through legislation, planning, budget, rules and regulations.

2. MATERIALS AND METHODS

This study material aims to evaluate the situation of the Albanian Health System approach of local government sustainability. The comparison with european experiences and WHO experiences are a good model for the Albanian reality.

Materials that are used in this study consists on overview literature that offers models of local governance in health. Also was studied all legislative acts of Albanian health system and local government competences on health issues.

This an descriptive study that is based on legislative acts and other initiatives of Albanian institutions in this field.

3. RESULTS (LITERATE REVIEW).

Healthy Cities - WHO initiative. In 1986 eleven cities were selected to demonstrate that new approaches to public health grounded in HFA would work in practice. The global Healthy Cities movement (4) has grown from this beginning. Thirty-five cities located throughout Europe are now part of the WHO/Europe Healthy Cities network. They are linked to each other and to the WHO project office in a shared effort to build political support and improve policy and practice through information sharing. Parallel to this, national Healthy Cities networks operate in 18 countries with approximately 375 cities and towns as members. The influence of the European Healthy Cities project extends beyond the boundaries of the Region. During the 1991 World Health Assembly technical discussions focused on Healthy Cities as a means of addressing urban health problems in both industrialized and developing countries. Regional networks have grown up in Australia, Canada and the United States and individual cities are working with the project model in other countries. They have taken the strategies used in the European project and adapted them to their unique circumstances.

European models to local government competencies in health issues. Related to one of the studies of the Council of European Municipalities and Regions (CEMR) (6) shows which are the countries with the competencies of health issues in local government level, in which level. In the table are the country of Balkans and most part of European countries. From the table we can see that most part of European countries at least in one level of local government have competencies in health issues. Only a few countries some of them smaller than Albania like Montenegro, Luxemburg or Malta that do not have competencies in local government level or countries like Belgium that have a consoled health systems and services.

Albanian approach to Healthy City and local government competencies. Tirana municipality has been part of the Healthy City Network during phase 4 since 2007 but in the next phase unexpected this collaboration stops. In 2014 the new Mayor choose that one of his advisers pursue health issues and to work especially on Tirana Healthy City.

During these 20 years of transitions in Albania in the 2 levels of local government does not have especially competencies in health issues. The local government structures have contribute only in reconstruction of building of health centers in communes or municipalities but not other competencies related to public health, health management or other health issues. In 2007 Ministry of Health consulted by USAID and other international partners sanctioned that managing of

primary health care will be made by a board. In this board, Region (QARKU) will have his representative. This was a good start but it was not pursued with other steps.

Also Tirana municipality after being part of Healthy City Network made a change in her structure, added a new sector of health promotion.

4. Recommendations

- 1. New administrative reform that was made in Albania to continue with the reform of health services delivering in accordance with new administrative units.
- 2. To contribute local government in health issues (health services, public health parameters) in accordance with the recommendations of WHO and other institutions.
- 3. Leaders of local government levels have to encourage representatives of central government and other policy makers to deliver competencies in health issues.
- 4. Local government in tourist regions (administrative units) above all should finance health services because they increase the budgets by the tourists.
- 5. Albania should analyze the most successful experiences of the other countries of the region in health competencies of local government approach.

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FIGURE 1 (7)



Figure 2 (5)

