

Conclusions

The usage of target therapy in this type of leukemia has made a lot of progress. Today, we have other kind of TKI like nilotinib, dasatinib, bosutinib some of which were better as far as molecular remission. Imatinib is still a good choice in the first line of therapy in patients with Chronic myeloid leukemia in chronic phase CP.

After a very long median follow-up of more than 60 months in our patients, imatinib still consistently provides high rates of remission and survival, without disease progression and severe long-term toxicities. In addition, this is the first data on our Albanian patients diagnosed with Chronic myeloid leukemia in chronic phase CP treated with Imatinib as first line therapy.

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The role of the private sector in developing the health system in Albania and governance

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Abstract

The private sector plays an increasingly important role in health systems in the countries with low and medium incomes. "Private health sector" includes a large variety of actors, including providers, financiers and physical and knowledge suppliers for the health sector. Boundaries between the public and private sector are often unclear, as many private actors act outside the framework health sector regulator on the basis of informality. Public sector institutions often have limited experience of engaging with the private sector due to lack of communication, concerns about sustainability, and complexity. This paper presents an analytical framework for conceptualizing the functioning of health care system governance and the role of government in the context of expanding private and public services its financing. Governance is increasingly recognized by the World Health Organization and other national and

global actors, to have an essential role in the center of the health system, and central part of their healthcare sectors and strategies for development. Governance is a multi-dimensional concept, and there are norms, instruments, and pragmatic models of the administration. In our conceptual model, the government interacts with the private sector on three different levels: protecting the public interest, working with the private sector, and learning from each other. The possible roles of governance are identified in the context of a growth of the private sector. Progress indicators are also suggested. The framework recognizes many public and private sector actors, including individual consumers, civil society, and donors. These actors are in complex interconnections involving the exchange of funds, skills, inputs, services, information, influence and accountability. The framework is applied in the case of Albania illustrating how differences in context affect the nature of the administration function and approaches adopted for the governance of mixed health systems.

Key words: *Private Sector, Health system, Governance*

Introduction

The Albanian health system consists of two sectors, one focused on the health of the population, which is called the public health sector, or “Public Health”, and a disease-focused sector called diagnostic-curative or otherwise “Medicine” sector.

Referring to the objectives of international organizations such as the World Health Organization, a health system should have key objectives such as continuous improvement of the health of its population, high responsiveness to the needs and demands of citizens and patients, as well as fair funding, which includes support, the protection of citizens, especially the poorest from the financial burden of sickness costs. Medicine itself consists of the public and private sector, which compete the market, a different concept from that of the commercial market, to which the main goal is the profit.

The competition between the sectors of medicine is complementary and cooperative, with the aim of providing a better quality of service and responsiveness to the needs of the patient, in terms of the opportunities offered by each sector for quality, standards, cost, applied technology, attendance and respect.

Undoubtedly, the public sector remains irreplaceable and indispensable for hospitals and university hospital centers, as a clinical-diagnostic base, but also to the scientific, teaching, methodological centers, as well as for the continuing education and training of doctors and medical personnel.

Any health care system that does not pay attention to the elements that essentially constitute the objectives of its existence, such as equality in service delivery, justice,

economic efficiency, citizen information on health issues, high security of services medical care and choice, endangers the loss of public confidence in their health system and its leaders (Gudha, A. 2008)

The organization and functioning of the health system is initiated and supported by the Government at national, local and international level through legal acts, decrees, guidelines, etc. Different countries have drafted and adapted strategies for interventions in health policies. This is previously seen in the developed countries, and at last in the countries of the region, a similar pattern of political interaction, which on the one hand tries to maintain a stable balance between market-oriented mechanisms and, on the other hand, a mix of the decentralization of the public sector, with the tendency to increase the role of the private sector in the provision of health services and their financing.

Market elements are applied to healthcare providers (healthcare personnel) in the form of payment for work performed, as well as for healthcare providers (citizens, patients), through mechanisms such as cost sharing and increased options of choice. This is associated with the increasing role of patient-citizens in the development of strategies for development of the health system and their participation in clinical decision-making.

In Albania, the history of the health system is relatively new and closely related to political developments. The beginnings of a proper health system are found during the Zog leadership. Its strong influence was from the health system according to the Italian model of its organization. With the coming of the communist system that led the country during the years 1945-1990, significant changes occurred in the health system. Like any other aspect of the economic, political, social and cultural life, the Albanian health system was oriented and influenced by the model of the Soviet Union. The health system in Albania was essentially the implementation of the Semashko type, designed for the countries of the Soviet Union, the core element of which is the centralization of competencies. During the years of implementation of this system, we have important developments both in terms of infrastructure and achieved results for a better population health. This system of organization of the health system stopped the private initiative in the provision of health services, everything was state-owned and propagated that health was free. Despite developments, this system (as in any other country where it was implemented) left behind the development of health sector (pharmaceutical, medical, dental, and public health sectors) compared to Western countries whose health systems were based health insurance.

Among the weaknesses of the centralized health system we can mention low efficiency, low quality, slow pace of change, lack of response to external changes, and unsatisfied patients with the quality of services and overlooked decision making related to health issues.

Political changes in the early 1990 brought radical changes in the Albanian health system. In Albania was implemented the mix health system with dominant features of the German health system of organization, the Bismarck health system. It should be emphasized that private initiatives in health care were allowed in 1992 and the first steps of establishing a legal basis for allowing private initiatives and equal opportunities in the market were laid.

The importance of the private sector in health systems

The private sector plays an increasingly important role in low- and middle-income health systems. She has had insufficient attention due to lack of information about her role and importance. Public sector institutions often lack the skills and competences to engage with non-performing actors, without excluding motivation and interest in it (Balabanova, D. Oliveira-Cruz, V, Hanson K, (2008).

The World Bank, in the 1990s, has undertaken initiatives for the private sector as a partner in reforming the financing and delivery of healthcare, including the introduction of public access facilities in low and middle income countries, and finally re-evaluate the role of the private sector in relation to outsourcing, social reinsurance and the incorporation of public hospitals (Preker, A. & Harding, A. 2003).

The existence of a large private sector has many effects on the health care system. A high level of direct payments from the pocket for private health care is often the cause of catastrophic health spending (Das & Hammer 2007). When the public sector of the health systems are weak and poorly funded as in the case of Albania, patients and service providers may experience corrupt and informal payment phenomena (also a form of private sector unregulated practice) (Balabanova, McKee 2004). The use of the private sector can lead to irresistible and poor quality care, especially for the poorest groups, who have limited alternative options (Das and Hammer 2007).

The private sector, despite challenges, often undertakes initiatives that the public sector qualifies as unsuitable and ineffective by offering an inadequate service. In this regard, the pharmaceutical and dental sector has made an important contribution since 1992 to providing a quality service despite the risks.

Referring to a World Health Organization study (WHO 2007) in 39 low and middle income countries, healthcare services were available to citizens by 20% in the public sector and 56% in the private sector. This indicates not only the tendency of citizens for a better quality service but also the bureaucracy faced in the public sector, as well as the need for regulation through policies and other legal acts that regulate the activity of respective sectors, especially the public sector.

It is important to emphasize that the private sector can have interaction and relationship with different actors of the health system such as (Dina, B. Valeria, O. Kara, H. 2008) institutions that provide health services, health policy makers. The

role of this sector is complementary to the public system that fulfills the needs of the population for health services.

Objectives and Objectives

The purpose of this study is to identify the role of the private sector in the Albanian healthcare system in the development of specific health services, increase of the quality of health care system in the areas it operates, problems it faces during the development of its activity, opportunities and challenges for development of this sector while guaranteeing equity in the market.

The objectives of this study are:

- Analyzing the legal framework and other regulatory practices that imply the private health sector.
- Finding opportunities for this sector to interact with the public sector in favor of patients.
- The study should serve as an opportunity for Albanian healthcare policy makers to make appropriate interventions in the relevant legislation.
- Encouraging a debate between the actors of the Albanian healthcare system and the patient community.

Methodology

The study is qualitative, which is based on literature research, legal basis and data on organization, governance, management of the health system and aspects that imply it.

This paper presents an analytical framework for conceptualizing the functioning of the health system governance and the role of government in the context of the extended provision of private services and its financing. Governance has increasingly been recognized by the World Health Organization and other national and global actors, to be a core function in the health care center, and central to their health sectors and development strategies.

Results and Discussions

The first beginnings of the private sector in the Albanian health care system date back to changes in the political order of the early 1990s. The first sectors undergoing

their almost complete privatization were the pharmaceutical sector (excluding pharmacies of public hospitals) and the dental sector (emergency dentistry and dentistry in the schools). The performance of the pharmaceutical and dental sector compared to the health care and public health sector, which have been much more marked with regard to privatization, have been more effective both in terms of quality offered to patients and in terms of access the public and the patients have them.

Also in the early 1990's there was the opportunity to develop private initiatives for both primary care (family medicine) and hospital care.

The legal changes at that time were the most important steps through which the private sector developed rapidly and helped the development of the Albanian health system. In this regard, Law No. 7670, dated 13.10.1994 "On Health Insurance in the Republic of Albania" (www.shendetesia.gov.al) constitutes a real step by which the government not only accepts the private sector as complementary, but also contracts it to do a give health services. Pharmacists and pharmaceutical agencies that were then state-owned, are now being privatized and a large part of them that meet the pre-established conditions are contracted by the Health Insurance Institute to offer the reimbursable medicines to patients according to the respective definitions. This service has grown steadily from 1994 to 2018, as well as the number of pharmacies and contracted pharmaceutical agencies, as well as the number of medicines included in the list of reimbursable medicines. This scheme has proved efficient, flexible, and has increased the access of patients for the medications they receive.

Unlike the pharmaceutical sector, which was treated as an important partner by outsourcing its services to citizens, the dental sector did not pay such attention to the health policies that regulate its activity. Dental services remain over 90% of the games that they offer entirely private (with direct payment from citizen and patient) and less than 10% entirely state providers (emergency dentistry and school dentistry services). Despite this fact, the development of these two sectors of the health system, they had a very positive performance compared to that of medicine sector.

It is noticed an interruption of rapid development in the private sector during the years of political and social problems in the late 1990s.

In the beginning of the year 2000 there was an increasing tendency to increase the number of private medical clinics offering single services according to different specialties to patients, mainly concentrated in the large urban city.

After 2005, private hospitals started to operate in the Albanian medical market. There are currently 6 well-functioning hospital units as well as a number of clinics that are specialized in specific hospital services. These operators are concentrated in the Albanian capital city, and only one of them with several branches in other

cities. In all major cities of Albania there are clinics that offer services as primary and hospital care.

The role of private healthcare institutions that provide services to patients every day is with greater importance, both in the volume of procedures, medical visits, operations, examinations and laboratory analyzes, as well as in the enhancement of the quality of these services. Private sector not only has invested a lot of money in our health system but has brought advanced technologies, which have consequently increased the quality of health care. Law No. 10383, dated 24.2.2011 "On compulsory health insurance in the Republic of Albania", amended, created the possibility for private institutions providing health services to be contracted for certain needs by the compulsory health care fund .

Since 2014, a number of health services as in Table no 1 have been contracted for private hospitals for the provision of these services due to the overpopulation of public hospitals, increasing patient demand, and increasing the capacity of private hospitals to perform these services according to approved standards and protocols.

TABLE 1. Service packages covered 100% by Compulsory Health Insurance Fund (CHIF)

No	Type of service
1.	Dialysis
2.	Renal transplantation
3.	Therapy of Acute Renal Failure
4.	Pacemaker definitive
5.	Coronary Angiography
6.	Coronary angioplasty
7.	Valve interventions
8.	Congenital interevents
9.	Coronary By pass
10.	Cochlear implant for children with hearing problems

Source: Ministry of Health

The beneficiaries of these 10 packages, approved in June 2014, are covered 100% by the Compulsory Health Insurance Fund (CHIF), both in the case of receiving public and private hospitals that have already been contracted by Compulsory Health Care Fund (www.fsdksh.com.al).

The implementation of these packages can be considered as a major beginning of the application of public and private sector competition in the Albanian health system.

Another development over the last 5 years in public and private sector relations is the forms of cooperation initiated by the Albanian government. Concession and private public partnership in some health services, mainly medical, have been carried out over the years.

It is noticed a tendency of the government to organize tenders for 10 years, in some cases the subjects do not provide technical guarantees for achieving within the standards of the services for which they are contracted.

Dialysis case as a model of cooperation between private and public sector

TABLE 2. Number of patients treated with hemodialysis over the years

No	Year	Number of patients treated with hemodialysis
1.	2007	60
2.	2013	734
3.	2015	880
4.	2017	1050

Source: Ministry of Health

Its beginnings the Hemodialysis Service dates very late in 2007 to about 60 patients, based on the capacities the public sector provided at a time when the demand for this service was high and had no capacity for its coverage. From this moment and according to the needs, the private sector operates as a public sector planner in order to meet the growing needs for this service. Thanks to this initiative in 2013 this number reaches 734 patients treated with hemodialysis. Then in 2014 as a result of the initiatives of the Ministry of Health to concession to a part of the public health services, the Hemodialysis service was granted with a concession for a period of 10 years, thus increasing the capacity for the treatment of the patients, the number of beds, and dialysis centers in the cities of Tirana, Durres, Elbasan, Shkodra, Lezha, Berat, and Korça.

Increasing patient care capacities is a very good opportunity that should be encouraged also in other health services for which the public sector can not develop with the flexibility of the private sector.

The last five years in the Albanian healthcare system, services trusted to the private sector through concessions or public private partnerships are as follows:

TABLE 3. Hospital services provided with concession / PPP (private public partnership)

No	Private public partnership, type of service
1.	Check-Up
2.	Sterilization of medical and surgical equipment
3.	The hemodialysis service
4.	Treatment of hospital wastes
5.	Laboratory examinations in medical laboratories in public hospitals

The role of government in relation to the private sector

When describing relationships between different actors of the health system, the role of the government is understood as a Service Provider (WHO 2000) or the Health System Leader (WHO 2007) is considered to be a central role in guaranteeing a good governance of the system health care (Kaufman, Kraay 1999).

TABLE 4. Public and private sector cooperation tools

Public and private sector cooperation tools		
Protecting public interest	Cooperation with the private sector	Learning from each other's experience
Ensure good governance	Increase interventions in order to improve the quality	Dissolution of the best practices of the respective sectors in favor of the patient's interest
Ensure law enforcement	Reduce fragmentation and reach synergies	
To set the goals of health policies	To increase co-operation by creating a coalition between the two sectors	
To provide a healthcare service (access to the health system and its quality guaranteed)	Establish bodies that mediate and facilitate policy progress with common goals.	

TABLE 5. Forms of public and private sector engagement

Forms of public and private sector engagement		
Strengthen current legislation	Increase in the contribution of compulsory health insurance	Health system (public and private sector)
Applying quality standards for health services	Extending public money financing from the mandatory health insurance scheme to private operators	The private sector of the health system (dental sector, pharmaceutical sector, primary private health care sector, private hospital care operators)

Strengthening transparency and public information	Increasing the schemes that fund the healthcare infrastructure	Health system (public and private sector)
Strengthening the role of the patient and his rights	Application of the co-payment principle (to be recognized the right to use health insurances and to private operators)	Private healthcare providers
	Public-Private Partnership	Services by specification (those not provided by public operators, or in case of overload)
	Inclusion of other private and public health insurance funds	All public and private operators

Platform for an effective approach to private and public sector cooperation

1. Platform for effective public-private cooperation (annual meetings for problem-solving)
2. Joint initiatives (eg, trainings)
3. National strategic plans and technical policy documents
4. Health Information Management Systems
5. National System of Transparency regarding health
6. Annual performance reports
7. Improve and unify treatment protocols
8. Health insurance of patients from bad medical practices (insured physician)
9. Strengthen audit practices on insurance schemes for their private sector

Conclusions

The private sector has developed relatively recently compared to political, economic, and social development as a whole.

Health system sectors that have been subject to privatization since the early 1990s (whenever possible) have a much better performance than the public sector over the two decades of their activity.

The Ministry of Health has not responded during years to the velocity of development of the private health sector through legal or regulatory acts that regulate, specify, outline their activity not only as institutions providing health services, but also forms of cooperation with other public health institutions, as well as responding to patient requirements. Increase cooperation between public and private operators as well as create spaces for expanding the activity of healthcare providers for services that have high demand from patients, as well as specific services for which the state does not interest to develop them .

To increase the transparency of private healthcare providers to the public, in relation to their capacity as well as the quality of the service they provide.

Consider the possibility of increasing compulsory health contributions by expanding the mandatory health insurance scheme with other services that are not currently offered, but also extended to other private operators. It is also necessary to assess the possibility of entering into the health insurance market of funds, that imply other public health contributions, or even increase the cooperation with the private funds of health insurance. Parity in the financial treatment based on the health contribution of the public and private sector, based on indicators of the quality of the health service. The patient should choose which operator to spend his / her healthcare contribution for a particular service that has previously been costly.

To use the potentials of potential investors for the development of certain health services through possible forms of legal-financial cooperat

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