Maternal and Child Health Care Services in Albania

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Albania has one of the youngest populations among the European countries.1 According to the most recent census in 2011,2 Albania has a population of 2,831,741 inhabitants, with a decrease of 7.7% from the 2001 census. The number of children 0-18 years of age is currently estimated to be approximately 1,000,000 (35.3%) compared with the data reported from the previous decade, which recorded this segment of population to be 24% of the total population of 3,172,000.3,4

Albania is an upper middle-income country geographically located in Southeastern Europe, whose trajectory and scope of socioeconomic transformation in the last 20 years have been among the most notable in the region.1 During the economic evolution of 1992-2013, the gross domestic product (GDP) of Albania rose by US $11.3 billion (8.1 times) to US $12.9 billion, and the GDP per capita increased by US $3614 (9 times) to US $4066. During the same period, the average annual GDP growth per capita in Albania was US $172.1 (38.1%).5 Between 2002 and 2008, poverty fell by one-half (to approximately 12.4%), with extreme poverty affecting less than 2% of the population. With the onset of the global financial and economic crisis, Albania’s growth rate decreased. However, in the period from 2009 to 2015, contrary to many European countries and in spite of the recent global economic downturn, Albania was able to maintain a positive growth rate and general financial stability.

Health Care System

Social awareness has grown following the introduction of democracy in the country in 1991. Albania has been, and continues to be, involved in a progressive improvement of standards for the protection and respect of basic human rights. In particular, Albania is among the nations that signed and ratified the United Nations’ Convention on the Rights of the Child and is actively engaged in its implementation.


Implementation of children’s rights to social protection and social inclusion, protection from violence and abuse, quality education and health care, and legal protection will continue to be one of the country’s priorities and obligations; hence, the continuity of social policies. At the same time, the National Action Plan for Children 2012-2015 reflects the important legislative and institutional changes that have taken place in Albania in the last year. Government of Albania National Action Plan for Children 2012-2015 emphasize the right to health care for children through 4 overall goals: (1) provision of essential health care for mothers and children to reduce Infant Mortality Rate; (2) prevention of malnutrition, obesity, and overweight...
among children; (3) prevention of contagious diseases and reduction of the main childhood diseases; and (4) control and prevention of HIV/AIDS and sexually transmitted diseases.

The efforts of Albania in this area are also based on the acknowledgment that health is a state of physical, mental, and social well-being, and does not only mean an absence of illness or disease. The Albanian Pediatric Society (APS) is strongly committed to pursuing the establishment of a social system that is able to protect children’s health. This means including access to essential medicine and recognizing that the right to health is closely linked to other fundamental human rights, such as providing quality standards of health care and access to proper health care services. Therefore, APS is actively involved in advocating children’s rights to the government and civil society to timely access to appropriate health services.

**Historical Background**

Before the Second World War, Albania had few doctors, most of whom were trained abroad and a small number of private hospitals and institutions run by religious groups. In 1932, for instance, there were a total of 111 medical doctors, 39 dentists, 85 pharmacists, and 24 midwives in the country. Most of the population did not have access to health care facilities that were mainly based in urban areas.

Access to health care services improved after 1945 when a health care system was developed based on the Soviet Semashko model. The first medical school opened in Tirana in 1959, and a consistent number of health care personnel, including doctors and nurses, were trained in the Soviet Union and in other eastern European countries.

Despite the county’s break from the Soviet Union in later years, many aspects of health care policy and planning in Albania continued to follow the Semashko model. Health and epidemiology centers were set up in each of the 26 then existing districts. During the 1960s, the State developed an extensive primary health care system, providing every village with at least a midwife responsible for prenatal care and immunization programs.

In the 1970s the emphasis switched to hospital type of care, following increased investments from the Ministry of Health of the Communist regime toward secondary and tertiary care and its health indicators. However, in the early 1990s, many socioeconomic and health indicators, including widespread poverty, malnutrition, and poor standards of health services, still showed a significant negative difference compared with the majority of the European western countries. The level of medical technology was also very low, and the equipment was outdated. Thus, at the beginning of the 1990s, the average age of medical equipment in Albania was 25 years. The continuing high rates of infant mortality and the outbreaks of infectious diseases in the 1980s highlighted the inability of the system to respond effectively to health care problems. Historically, Albania’s health care system has been based on the principles of free access, wide coverage of the population, and financing by general taxation. During the Communist system, the government was responsible for financing and delivery of health care.

**Public Health System in the Post-Communist Era (1991 to Present)**

After the democratic changes introduced in 1991, the Albanian health system has undergone significant reforms that focused on the following key elements: (1) streamlining health services, including a rationalization of the public health center facility network; (2) improving the quality of health services; (3) protecting and increasing financial resources for the health services; (4) developing human resources; and (5) strengthening the health information system.

A program of profound restructuring of public health system, therefore, has taken place, mainly along the lines of the Health System Modernization Project and Social Sector Reform Development Policy Loan Project, promoted and supported by the World Bank. The main goals of this program are: (1) improving the capacity of the Ministry of Health and Health Insurance Institute to effectively formulate and implement health policies and reforms in provider payments, monitoring, and quality assurance; (2) improving both the access to, and quality of, primary health care services, with an emphasis on those in poor and underserviced areas; and (3) improving governance and management in the hospital sector.

The health care in Albania currently includes private and public sectors. However, the health care system is mainly public, and the State is the major provider of health services (e.g., health promotion, prevention, diagnosis, treatment). The primary role in the public health sector is held by the Ministry of Health, which devises policies and regulates the health system. Public hospital services are under the jurisdiction of the Ministry of Health and other public institutions. However, local authorities also play a role regarding the allocation of public resources for the health sector at regional level.

Public health care is organized into 3 levels: primary care, secondary care, and tertiary hospital care. Public health and preventive services are coordinated and monitored by the Institute of Public Health. Furthermore, the public health care system includes few additional national health institutions, which are under the direct control of the Ministry of Health, providing specific health services. They include the National Center for Blood Transfusion; National Center for Child Well-Growing, Development, and Rehabilitation; University Dental Clinic National Center for Biomedical Engineering; National Center for Drug Control; and the National Center of Quality Safety and Accreditation of Health Institutions (Figure 1).

The organization of health care in Albania reflects the territorial organization of the country that is divided into 12 administrative counties (qark or prefekturé). Beginning in June 2015, these counties were divided into 61 municipalities (bashki), which have replaced the original 36 districts (rreth). Therefore, there are 12
regional public hospitals in Albania providing specialist care, all including pediatric units. Furthermore, the system includes the Directories of Public Health, smaller health centers and polyclinics (family doctors), as well as smaller pediatric units.

With the exception of Tirana (where the primary health care is organized and functions based on the Regional Health Authority), primary health care in all other areas is coordinated by the Public Health Directorates and Regional Health Directorates. Health centers operate as autonomous units contracted for the health services offered through the mandatory scheme of health insurance and the Basic Primary Healthcare Service Package.

Currently, the private sector is expanding, and the number of private hospitals and private health centers has increased significantly during the last 10 years, offering to the population the option of accessing highly-specialized private care facilities operated by well-trained medical personnel, based mostly in Tirana, Durrës, and Vlorë. The National Registration Center at the Ministry of Health reports that in 2014 the private health care sector had 10 private hospitals, 111 medical cabinets, 229 diagnostic laboratories, 563 dental clinics, and 1650 drug stores.

Public health care is financed by a service-provided package formula: (1) 80% of the budget is calculated on the basis of the history of expenses; (2) 10% is financed based on daily access to the center (a general practitioner is expected to perform 12 visits per day); and (3) the remaining 10% of the budget is calculated based on standard quality indicators established by the government.

There is a compulsory health insurance scheme in Albania that involves the payment of an annual fee by the employed population. The State covers the costs of the health insurance scheme for the unemployed population, including children, students, pensioners, mothers on maternity leave, people with disabilities, and people living on assistance and economic aid. However, there is also the option to establish voluntary insurance. All contributions are collected by the tax office.

The Compulsory Health Care Insurance Fund administers the health insurance schemes and manages the total budget, which in 2015 was approximately of €200 million, representing 2.1% of the Albanian GDP. High value investments related to the purchase of screening equipment, construction, or renovation of health care buildings are part of the budget of the Ministry of Health. Health services covered by health insurance scheme include primary health care services, hospital health care services, and pharmaceutical reimbursements. Health insurance also covers pharmaceuticals included in a list of reimbursable

Figure 1. Structure of public health services in Albania.
developed the Health for All Program, which is financed by the Swiss Agency for Development and Cooperation and implemented by the Swiss Tropical and Public Health Institute. The Health for All Program ensures that the main task of primary health care services at the community level represents the first level of access to health care in Albania, providing the best possible health conditions to the population. In summary, its overall objective is that the Albanian population benefits from better health as a result of improved primary health care services and health promotion activities.

The main responsibilities of the Child Primary Health Care System are shared and integrated with Family Medicine Service, and include: (1) preventive care, information, education for children 0-14 years of age, and counseling of the patient/family (assessment of child growth and development, immunization, and nutrition); and (2) curative care for children 0-14 years of age (management of the most common diseases of childhood, identification of “dangerous” health situation, and their timely referral to the secondary care level).

Furthermore, in 2015 the World Bank issued financial support of US $40 million to the 6-year Health System Improvement Project for Albania. The project is co-financed with US $4 million by the Albanian Government, and it is aimed at improving the efficiency of care in selected hospitals in Albania, improving the management of information in the health system, and increasing financial access to health services. The project is aligned with the Albanian Government’s health sector reform strategy and supports the implementation of the Government’s reform agenda.

The main objectives of the project are: (1) reforming the hospital sector by creating a sound legal framework and management structure for efficient service provision, strengthening performance management and planning, overcoming operational constraints in service delivery, supporting rationalization of the hospital network, and strengthening the referral system; (2) improving monitoring and management of service quality and efficiency through the establishment of a health management information system and of a medical equipment management and maintenance system; and (3) reforming the health financing and provider payment systems, improving capacity of the HIF for strategic purchasing, strengthening systems for efficient purchasing/distribution of pharmaceuticals and medical supplies, and assessing options to expand insurance coverage within the available fiscal space.

Mother and Child Health Services in Rural Areas
Mother and child primary health care is delivered through health centers and village clinics equipped with ambulance facilities, with services provided by family doctors, nurses, and nurse/midwives. Health centers are part of the national service of family medicine network.

The health center organization includes the availability of several ambulances, based on the so-called “health points.” In 2011, there were 1970 ambulances nationwide, distributed mainly in rural areas. In general, the services provided by health centers follow the guidelines and standards set by the Ministry of Health to ensure quality, effectiveness, and...
efficiency, and are offered through 415 family medical health centers, of which 106 are located in cities and 309 in villages.

**Mother and Child Health Services in Urban Area**

Mother and Children Primary Health Care is delivered mainly through the women and children’s consulting centers (WCCCs), which are responsible for the provision of key services for disease prevention and control and health promotion, including reproductive health, maternal prenatal and postnatal care, child nutrition, growth monitoring, and immunization. In the country, there are 112 women’s and 142 children’s consulting centers, located in urban areas, for a total catchment population of 1,371,000 (of which 310,000 are children 0-14 years of age).

The WCCCs pursue preventive care and health promotion for children from 0 to 6 years of age. The WCCCs’ activities are conducted by teams of pediatricians and nurses and include the monitoring of growth and child development, as well as basic immunization services.

The care for sick children 0-14 years of age is offered by the general children/family pediatrician and, in some cases, by the family general practitioner.

The main responsibilities of the WCCCs, as established by the Ministry of Health, are: (1) monitoring health conditions, growth, development, and nutrition of children (0-6 years of age); (2) prevention, education, and promotion of child health care; (3) immunizations; and (4) infant and young child nutrition.

The activities of the WCCCs are complemented by a very robust outreach program, particularly focused on postnatal care. An average of 25 home visits is made during the first year of life, most of them by nurses and only some by pediatricians. Nurses working in the WCCCs regularly attend the maternity hospital and are in charge of identifying from the register all newborns residing in the catchment area. They visit 5-10 families every day and collect medical and family history. This system is meant to reasonably ensure that all newborns are detected and receive postnatal care.

Information on birth and postnatal visits are recorded in a dedicated mother/child health booklet, which is given to the mother. A child’s vaccinations are also recorded in the individual child vaccination card, which also remains with the mother. Both booklets represent a reasonable tool to ensure continuity of children’s care and their compliance to the immunization programs.

**Immunization Programs**

One of the main achievements in the improvement of mother and child health in Albania is the 98% vaccine coverage of children 0-14 years of age. Albania has a compulsory scheme of vaccinations against main infectious diseases, which are administered at various phases of child development and growth (Table I).

Albania is a polio-free country, and beginning in 2000, measles and rubella have been eradicated, and new and combined vaccines (hepatitis B, mumps, *Haemophilus influenzae type B*, pneumococcus) were included in the vaccination schedule.

Beginning in March 2014, the intramuscular polio inactivated vaccine replaced the oral administration of oral polio vaccine, further contributing to the safety of the population and complying with the European Union recommendations. Approximately 96% of Albanian infants 18-29 months of age are fully vaccinated. In particular, at least 97% of children have received the bacillus Calmette-Guerin vaccine, 3 doses of diphtheria-tetanus-pertussis acellular vaccine, 5 doses of polio, 4 doses of hepatitis B, and 2 doses of measles-mumps-rubella vaccine.

However, in spite of the excellent overall rates of the immunization program, the relatively large population of Roma children based in Albania had minimal access to immunization and child health services. Specific vaccination campaigns were necessary to reach higher coverage of immunization levels in this segment of the population.

**Hospital Services, Secondary, and Tertiary Care**

The second and third levels of health care are almost exclusively provided by public hospitals, which reflect the public health principles included in the Albanian constitutional

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**Table I. Immunization schedule (Albanian Ministry of Health 2015)**

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chart and implemented by the Albanian Ministry of Health. There are over 40 public hospitals in the country, including 22 district, 11 regional, and 4 university hospitals, 1 university trauma center, 2 psychiatric hospitals, and 1 national center for child development and growth. All these hospitals offer maternal and child services with beds for mothers and their children that are available in pediatric and obstetrics-gynecology units. Hospital outpatient services are also offered.

During the last 10 years, hospital infrastructure, medical equipment, and supplies have improved substantially because of the continuous support from both the government and donors such as international organizations, foreign government aids, UN organizations (ie, World Health Organization, United Nations International Children’s Emergency Fund, and United Nations Fund for Population Activities), and private not-for-profit organizations. Currently, the main effort of the medical institutions, including the clinical and research units, focus on implementation of standardized treatment protocols in hospitals to ensure the quality of services and efficient use of financial resources. In particular, the Ministry of Health implements the process by dedicated laws, such as the Financing of Hospital-Based Health Care Provided in Public Hospitals from the Obligatory Scheme of Health Insurance law. Furthermore, considering the support to public hospitals as a priority, the Ministry of Health actively finances the psychiatric hospitals, national service of blood transfusion, electro-medical repair services center, and helicopter emergency transport unit from the government budget.

**Capacity of Beds**
Following the significant reduction in the number of hospital beds shown immediately after the political change of 1990, the capacity of beds in general, and for mothers and children in particular, has not changed during the last 10 years. In 2015, the total number of available pediatric hospital beds was 1382. The distribution of pediatric beds is as follows: 405 beds in district hospitals, 769 beds in regional hospitals, and 208 beds (163 beds for general pediatric diseases and 45 beds for pediatric infectious diseases) in the University Hospital Center Mother Teresa of Tirana.

The distribution of beds per number of residents is not equitable. The number of pediatric hospital beds at the district level per 10,000 people ranges from 10.2 in Tropoje to 1.1 in Saranda; and the number of pediatric hospital beds at the regional level for 10,000 residents ranges from 4.9 in Kukes to 1.3 in Gjirokastra.

**Neonatal Care**

The statistics published by the Social Care Service Reform, funded by the Swiss Development and Cooperation, report that a total of 35,012 children were born in Albania during 2012. The institutional deliveries were >97% of total deliveries; 34,795 children were born in 37 maternity units, and only 217 children were born in 23 health centers (Table II). The same report shows that 52 health centers did not have birth delivery activity during 2012 and previous years.

According to the last available estimate and change data, maternal mortality rate in the period 1990-2008 was 31 per 100,000 (-35%); during the same period, the neonatal mortality rate was 3.7 per 1000 (-59%), showing a significant reduction.

**Pediatric Workforce and Education**

In 2012, there were 732 doctors working in health centers. However, only a limited number of them (111) hold a degree of specialization in family medicine. The total number of 69 pediatricians working in the WCCCs is considered insufficient; the minimum number of pediatrician estimated to cover the needs of the existing consulting centers is 142. Doctors working in health centers in rural areas/municipalities are mostly general practitioners.

The ratio of children 0-14 years of age to pediatricians working in preventive care structures varies throughout the nation, ranging from 26,581 in Elbasan to 2479 in Tirana. The ratio of children 0-14 years of age per nurse working in preventive care structures also varies, ranging from 1025 registered in Dibra to 91 in Korca (Table III).

The duration of postgraduate specialization in pediatrics is 4 academic years, and the university postgraduate curricula follow the Bologna process.

A survey among health professionals of WCCCs showed that educational backgrounds (years of specific professional training and curricula) vary depending on the year of graduation/diploma and that only the youngest nurses/midwives have a university nursing degree. After 1994, the pediatrics and obstetrics-gynecology university postgraduate specialization programs and duration were reformed to meet the European standards.

The activities of continuing education for health care personnel in general and for pediatricians and pediatric nurses in particular include various programs and training courses; beginning in 2008, they are monitored by a regular system of accreditation that is promoted and controlled by the National Center on Continuing Education.

**Main Demographic Indicators**

The mean age of the Albanian population registered in 2011 was 35.3 years, with an increase of almost 6 years compared with the previous years.
with the previous census conducted in 2001.\textsuperscript{2} Such demographic transition is reflected in an increase of the subgroup of older population. Hence, in 2011, the proportion of individuals 65 years of age and older increased to 11%. Conversely, the share of individuals less than 15 years of age decreased to 21%\textsuperscript{2,17} reflecting a general European trend.

During the last 30 years, there is evidence of an overall population increase in Albania, which, nevertheless, showed a decreasing trend in the past decade, most probably because of the decline in fertility rate. The National Institute of Statistics (INSTAT) reported that during the past decade the annual number of births has decreased considerably from approximately 53,000 (2001) to 34,000 (2014).\textsuperscript{17} Fertility has declined substantially in Albania during the last 2 decades, and the last data show a total fertility rate of 1.6 children per woman in reproductive age and a general fertility rate of 46 births per 1000 women.

The reasons for the decline in births is ascribed to many factors, including the emigration of young people and the internal migration from rural to urban areas.

**Mortality Rates**

**Neonatal and Infant Mortality**

Neonatal and infant mortality rates both have fallen from 1990 through 2013. The data reported by INSTAT in its annual report on the causes of deaths for the years 2004 to 2010 show that perinatal causes are in first place (26% of total deaths), followed by respiratory diseases (19%) and congenital anomalies (16%).\textsuperscript{2} A significant percentage of the causes remain undetermined (10%), and gastrointestinal and infectious diseases showed a significant reduction.

According to INSTAT, infant mortality (deaths per 1000 live births) in Albania has sharply decreased in the past decade in both sexes.\textsuperscript{2} Thus, in males it declined from 16.3 in 2004 to 9.2 in 2013, and in females, infant death decreased from 13.6 in 2004 to 6.5 in 2013. In both sexes, there is evidence for a statistically significant linear decreasing trend ($P < .01$).

The data on infant mortality reported by the Albanian Ministry of Health for the period 2001-2013 show a slight difference only for the year 2013 when compared with official reports from INSTAT (Figure 2).

A bigger discrepancy is evidenced when comparing infant mortality data among official sources (Ministry of Health/INSTAT) and UN agencies, which could most likely be attributed to the different methodologies of data collection. Hence, these data show a significant difference from the official data provided by the United Nations agencies. Hence, according to the United Nations Interagency Group for Child Mortality Estimates,\textsuperscript{18} the overall infant mortality in Albania in 2013 was estimated at 13 deaths per 1000 live births, which is remarkably higher than the official reports from either INSTAT (7.8 per 1000 live births), or the Albanian Ministry of Health (7.2 per 1000 live births).

Furthermore, a recent report based on the 2013 Global Burden of Diseases (GBD) Study\textsuperscript{19} estimated the overall infant mortality in Albania for the year 2013 to be 12.8 deaths per 1000 live births. The early neonatal deaths (0-6 days) were 2.7 (1.0-4.8), the late neonatal deaths (7-28 days) were 1.8 (0.9-2.8); and the post neonatal deaths (29-364 days) were 8.3 (4.0-18.4). Therefore, the sex-pooled infant mortality rate (deaths per 1000 live births) in Albania in the year 2013 was reported at 7.8 from INSTAT and 7.2 from the Albanian Ministry of Health; the UN and GBD 2013 estimates were 13.0 and 12.8, respectively (Figure 3). Such epidemiologic differences document the urgent need of establishing accepted and unified standards and methodology of data collection in order to avoid discrepancies that negatively impact the data analysis, any related health plan, and ultimately confuse the public opinion.

**Mortality of Children Less than 5 Years of Age**

According to the data from the Ministry of Health, mortality of children less than 5 years of age (deaths per 1000 live births) in Albania has constantly decreased after 2002 from 20.7 deaths in 2002 to 8.4 deaths in 2013.

Within the general declining trend of the child mortality in Albania, mortality of children less than 5 years of age has
decreased more than infant mortality. This rate of change is mainly due to improvements in children’s environments because of health interventions and better living standards. According to an analysis published in *The Lancet*, key factors that have contributed to the decrease of child deaths during the period 1990-2013 include fertility rates, maternal education, HIV/AIDS plans, family income, and secular trends. 

Specifically, secular trends in Albania have accounted for a decrease of 13,000 child deaths from 1990 to 2010 compared with 134,000 child deaths in Central European countries. Similarly, there has been a reduction of 13,000 child deaths attributable to fertility compared with 71,000 in Central Europe. Maternal education, in turn, accounted for a decrease of 4,000 child deaths in Albania vs 35,000 child deaths in Central Europe.

However, mortality of children less than 5 years of age in Albania is currently the highest compared with the other countries in the region (sex-pooled: approximately 15 deaths per 1000 live births in 2013). In fact, other countries in the region (Bosnia-Herzegovina, Croatia, Greece, Macedonia, Montenegro, and Serbia) show mortality rates of children less than 5 years of age of <7 deaths (per 1000 live births), with Slovenia exhibiting the lowest mortality rate of children less than 5 years of age (3 deaths per 1000 live births).

In addition, the annual reduction in the mortality rate of children less than 5 years of age in Albania was 4.3%, which was similar to that of Bosnia, Herzegovina, Croatia, and Greece (4.4%-4.5%), but significantly lower than that of Serbia (6.3%) and Macedonia (7.4%).

The GBD Study estimated that the overall mortality rate of children less than 5 years of age (deaths per 1000 live births) in Albania in 2013 was 17.9 (95% CI 8.6-35.1). However, this estimate is not completely dependable given the upper bound of the CI, which is quite wide. The same GBD Study reports that in 2013 the overall mortality rate for children 1-4 years of age in Albania was 5.2 per 1000 live births (95% CI 2.6-10.4), although the study projections indicate a considerable and steady decrease in the mortality of children less than 5 years of age in the following decade. Therefore, also in reference to the mortality of children less than 5 years of age, there is a significant discrepancy among the official reports. In fact, the data by the Albanian Ministry of Health, report the Albanian mortality rate of children less than 5 years of age to be 8.4 in 2013, whereas for the same period the UN and GBD Study estimates the mortality rate of children less than 5 years of age to be 14.5 and 17.9, respectively.

In summary, the confusing data on infant mortality reported by the national and international institutions may negatively influence a correct analysis of neonatal, infant, and childhood mortality rates and, therefore, undermine any effective health plan in this area.

**Current Mother and Child Health Programs**

Beginning in 2009, several pilot programs have been implemented by the Ministry of Health with the aim to protect child health. These programs focus on prenatal care, infant and child nutrition, and promotion of breastfeeding; and support the development of Child Friendly Hospital. In particular, they include an integrated system for the treatment of childhood diseases in remote
areas of the country, which are difficult to be reached (i.e., Tropoja, Dibra).

In 2011, the Ministry of Health, with the support of the World Health Organization and United Nations Children’s Fund, issued the Albanian child growth curves, which have been tested first in selected areas of the country, and subsequently adopted by the Albanian health care services throughout the nation. Furthermore, the Ministry of Health, in cooperation with the national centers for continuous education and various international partner agencies (World Health Organization, United Nations Children’s Fund, United Nations Food and Agriculture Organization), provides regular training programs for health care professionals (doctors, nurses) in different areas of health care, including mother and child nutrition, prenatal and neonatal care, and it is actively engaged in the development of guidelines and protocols for child well-being.20

Conclusions

Many Albanian children enjoy the advantages of the recent economic growth, including access to medical, educational, and recreational facilities. However, a significant number of minors still have insufficient access to such essentials because of economic disparities, sex inequality, and differences between rural and urban areas. Ethnic minorities, particularly the Roma population, continue to be the poorest and have benefited the least from the country’s economic growth.

The Living Standard Measurement Survey, published by the Albanian Institute of Statistics, shows that poverty in the country has decreased from 25.4% in 2002 to 12.4% in 2008.21 However, Albania continues to be one of the most economically-challenged countries in Europe. The same study shows that 1.8% of children live in extreme or absolute poverty (below the extreme poverty line of US $1.90 per day), and 17.14% of children live in relative poverty.22 Fifty-seven percent of children in families in receipt of economic assistance are unable to meet any of the 5 fundamental needs (nutrition, health care, education, clean drinking water, and housing). Cash aid covers only 16% of the needs of families living below the poverty line and only 25% of the needs of those living in relative poverty. Data on multidimensional deprivation of children in Albania have been collected by the Observatory of the Rights of the Child and published in 2013 as a Report Card on Child Poverty.23 Such analytical report of child poverty is based on the most accurate information and data, and it is an important tool to policy makers at the national and regional level to design and implement effective social policies aimed at the inclusion of children. To this effect, the APS is fully committed to developing initiatives such as this article on maternal and child health services in Albania and to join the efforts of international collaborative programs and studies aimed at improving the social and health conditions of Albanian children.

Figure 3. Sex-pooled infant mortality rate in Albania in 2013 as reported by 4 different sources.
The national laws that have been approved during recent years have had a positive impact on the status of women and children; however, the outcomes seem to be still insufficient because of the persistence of several socioeconomic negative factors. The APS believes that the important and beneficial changes observed during the past 20 years are at risk of remaining modest in the future, unless the current attitudes and behaviors toward women and children in the society remain unchanged.

Main current threats to Albanian children are:

- Growing disparities;
- Social exclusion and discrimination;
- Violence, abuse exploitation, and neglect;
- Sex disparities;
- Domestic violence;
- Lack of access to quality services (health and education); and
- Malnutrition.

Main positive changes experienced by Albanian children during the last 10 years are:

- General benefits related to a positive economic national cycle and growth
- Health care reforms developing efficient Primary Health care services and first care access; and
- Improved educational services.

Main actions to be undertaken in favor of the Albanian children are:

- Lobbying for policies effective in promoting child health;
- Giving children a healthy start in life;
- Strengthening investments in child health protection programs;
- Promoting social policies in support of good parenting;
- Promoting high-quality developmental and preventative services;
- Reducing inequities and target the most vulnerable;
- Developing programs specifically designed to reach neglected children;
- Supporting innovative multidisciplinary programs for child care and protection;
- Ensuring that the voices of children and young people are heard;
- Taking a human rights-based approach to children; and
- Further improving maternal, neonatal, child, and adolescent quality health care services.

Author Disclosures

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