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# IDENTIFYING PRIORITY AREAS FOR HEALTH REFORM IMPLEMENTATION

## TECHNICAL REPORT

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# ACRONYM LIST

<b>CSO</b>	Civil Society Organizations
<b>EEHR</b>	Enabling Equitable Health Reforms Project
<b>GOA</b>	Government of Albania
<b>HII</b>	Health Insurance Institute
<b>HIRD</b>	Health Insurance Regional Directorate
<b>IEC</b>	Information Education and Communication
<b>IPH</b>	Institute of Public Health
<b>LSMS</b>	Living Standards Measurements Survey
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health
<b>NCCE</b>	National Center for Continuing Education
<b>NCQSA</b>	National Center for Quality, Safety, and Accreditation
<b>PHC</b>	Primary Health Care
<b>RHA</b>	Regional Hospital Authority
<b>SD</b>	Service Delivery
<b>SII</b>	Social Insurance Institute
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

# I. EXECUTIVE SUMMARY

The Government of Albania (GOA) has enacted a series of laws – the Basic Health Care Law, Public Health Law, and the Law on Health Insurance – that are intended to help reform the health care system and provide greater access to affordable, quality health care for all Albanians. The USAID-funded Enabling Equitable Health Reforms (EEHR) Project is a five-year effort designed to increase access to essential health services for the poor in Albania by helping to remove existing barriers to health reform implementation at the national level and field testing approaches and tools that support implementation of a feasible set of reforms at the regional level.

EEHR is designed to support and empower Albanian institutions to lead the design, implementation, and monitoring and evaluation of selected feasible and effective health reforms that align with and support the Ministry of Health's Health Sector Strategy 2007-2013. EEHR is engaging Albanian health sector stakeholders in a policy dialogue process to select those feasible and effective health reforms that will have the greatest potential for advancing health reform implementation. The project also is supporting health sector institutions to engage in outreach and advocacy activities so a wide range of stakeholders can participate in implementation of health reforms.

This report presents:

- A summary of the proceedings of the consultative process for identifying the priority areas for health reform implementation;
- An update on the deliberations to determine the most appropriate organizational structure for coordinating health reform implementation activities; and
- An Advocacy Strategy that proposes possible activities to advance implementation of the priority areas for health reform.

EEHR has undertaken an extensive process to identify the priority areas that have the highest potential for advancing implementation of needed reforms of the health system. In Year I, EEHR supported this process by analyzing data to gain a better understanding of the issues impacting the poor's access to health care and conducting three reviews – a Review of the Governance of the Health Sector, a Review of the Health Insurance Institute (HII), and a Review of the Monitoring and Evaluation (M&E) Function – to identify constraints to reform implementation. Recommendations resulting from the reviews were presented in one-on-one meetings to the General Director of the Ministry of Health (MOH) Directory of Policy and Health Planning and the General Director of the HII.

In September, EEHR organized two priority setting workshops with staff of the MOH, HII, and other key health institutions. These meetings began with a presentation of the barriers to accessing essential health services by the poorest Albanians and a presentation of the recommendations of the three reviews. After these presentations, workshop participants reviewed and refined the recommendations and prioritized them according to their potential impact as well as the feasibility of their implementation.

While participants clarified certain recommendations, rephrased others, and reduced redundancy, there was general agreement with the reviews' recommendations. EEHR staff observed clear trends among the participants' selections for priority reform areas. While HII staff included a few more recommendations pertaining to their organization in their list of priorities, there was notable consistency among the priorities identified by the five working groups.

The priority areas for health reform implementation identified through this process, together with recommended actions, include:

- I. Improving Governance of the Health Sector
  - Improving communication, coordination, and evidence-based planning of key health institutions

- Strengthening the role of Civil Society
2. Implementing Quality Improvement Initiatives
    - In focus regions, strengthening collaboration between the MOH, HII, HIRD, and Regional Health Directorates to develop an integrated plan to provide quality services
  3. Strengthening Management Capacities of Key Agencies at Central and Regional Levels
    - Continuing to build capacity of the M&E function, including at the regional level
    - Improving health services planning and budgeting
    - Strengthening hospital management
    - Strategic planning for HII
  4. Improving Financing and Mobilizing Resources
    - Building capacity for coalition building and advocacy
    - Expanding participation in health insurance
    - Supporting HII's transition to case-based payment

In addition to identifying priority areas for reform implementation, health stakeholders have been considering the most appropriate organizational structure to provide a forum for communication and coordination of health reform activities. After several discussions between counterparts and EEHR staff, it became clear that the mandate of the Monitoring and Evaluation (M&E) Reference Group aligns substantially with that of the proposed coordination mechanism and the membership is largely the same. Also, since the M&E Reference Group has yet to meet and begin functioning, it makes sense to expand its role rather than create another committee. Consequently, the *Terms of Reference for a Health Reform Coordinating Mechanism* proposed by EEHR simply expands the focus of the M&E Reference Group from solely monitoring performance to also coordinating and planning implementation. Discussion of this approach for creating the coordinating mechanism and the proposed Terms of Reference was included in the agenda of the previously planned first meeting of the M&E Reference Group.

At the M&E Reference Group meeting, the Minister of Health stressed the importance of creating an "Expert Working Group" to improve health reform implementation and stated that it is important to conduct a process to determine the terms of reference and legislative framework for such a group. The General Director of the Directory of Policy and Health Planning organized a process to identify the appropriate membership, develop the terms of reference and identify the appropriate legislative framework to establish this Expert Working Group. This process is planned to be completed by the end of October.

EEHR convened a meeting of representatives from five NGOs active in the health sector and the media to learn their views of the priority areas for health reform implementation as well as ways to strengthen participation of civil society in health system governance. See Annex 2 for meeting agendas and lists of attendees. The NGOs reported that they suffer from competition for limited funding and lack of coordination. They also observed that advocacy is not well understood in Albania and that NGO capacity to conduct advocacy is quite weak. In addition, they observed that there are no NGOs playing a "watchdog" role and providing oversight to health institutions. Finally, one participant commented that while there are some patients' associations, they are relatively weak. And, she added, it is important that NGOs ensure that the rights of the patients are protected. The journalists reported that coverage of health issues in the media is sporadic and of poor quality. Their comments were consistent with the findings of the EEHR Media Audit. The group suggested that forming an Advocacy Working Group in which NGOs and media representatives could work together to strengthen one another's capacity to formulate key messages, identify stakeholders they need to influence and develop and implement strategies for reaching these stakeholders could be very useful. This group also could help NGOs coordinate their messages, speak with a louder voice, and liaise with the health reform implementation coordination mechanism.

Finally, EEHR developed a proposed Advocacy Strategy to advance health reform implementation in the priority areas which is included in this report.



## 2. BACKGROUND

The Government of Albania (GOA) has enacted a series of laws – the Basic Health Care Law, Public Health Law, and the Law on Health Insurance – that are intended to help reform the health care system and provide greater access to affordable, quality health care for all Albanians. Implementation of this legislative framework, which defines the roles and functional responsibilities of the Ministry of Health (MOH), Health Insurance Institute (HII), and other national- and regional-level health institutions, requires sound institutional governance. Health sector leaders must understand and agree on the role of each institution within the overall system and its relations with the others; effectively manage resources and operations; access and use data for priority-setting and management decision-making and adopt and implement a set of regulations, procedures, systems and tools that effectively operationalize the intent of the legislation.

The USAID-funded EEHR Project is a five-year effort designed to increase access to essential health services for the poor in Albania by helping to remove existing barriers and constraints to health reform implementation at the national level and field testing approaches and tools that support implementation of a feasible set of reforms at the regional level. EEHR collaborates closely with Albanian stakeholders to employ three strategies:

- Improve health reform policy and planning to institutionalize effective policymaking processes and to encourage increased reliance on evidence to inform policymaking;
- Improve capacities to implement a set of feasible and effective health reforms in selected regions; and
- Improve advocacy and communication concerning health reform within the GOA, health sector, donors, and among the general population.

EEHR is designed to support and empower Albanian institutions to lead the design, implementation, and monitoring and evaluation of selected feasible and effective health reforms that align with and support the MOH's Health Sector Strategy 2007-2013. The project is supporting health sector institutions to engage in outreach and advocacy activities so a wide range of stakeholders can provide input to policymaking and build consensus for selected health reforms. Currently, EEHR is engaging Albanian health sector stakeholders in a process to select those feasible and effective health reforms that will have the greatest potential for advancing implementation of the health reform agenda and increasing access to essential health services for the poor. EEHR began this process by analyzing data to gain a better understanding of the health needs in Albania. EEHR then supported three reviews – a Review of the Governance of the Health Sector, a Review of the Health Insurance Institute (HII), and a Review of the Monitoring and Evaluation Function, to identify constraints to reform implementation. The findings and recommendations from these reviews were then vetted with high level MOH and HII officials. This process began with one-on-one presentations to the General Director of the MOH Directorate of Policy and Health Planning and the General Director of the Health Insurance Institute. These officials formed internal working groups among their staff to participate in priority-setting workshops to further review, refine and prioritize the reviews' recommendations.

In addition to identifying priority areas for reform implementation, health stakeholders have been considering the most appropriate organizational structure to provide a forum for communication and coordination of health reform activities. To assist in these deliberations, EEHR developed a Rationale and Proposed Terms of Reference for a health sector coordinating body.

## 3. OBJECTIVE

The primary objectives of this consultancy to support selection of priority areas for health reform implementation included:

- Facilitating the development of presentations of the recommendations of the three EEHR reviews and research on the poor's access to health care and to facilitate the process for selecting priority areas for health reform implementation;
- Supporting the process of forming a health sector reform implementation coordinating body;
- Improving understanding of the potential role of non-government stakeholders in health reform implementation; and
- Developing an Advocacy Strategy to advance health reform implementation in the priority areas.

## 4. IDENTIFYING PRIORITY AREAS FOR HEALTH REFORM IMPLEMENTATION

EEHR has undertaken an extensive process to work with representatives of key health sector institutions to gain a thorough understanding of the health needs in Albania; identify the progress that the health system has already achieved in meeting those needs; and, identify the priority areas that have the highest potential for advancing implementation of needed health system reforms to increase access to affordable quality health care for all Albanians.

EEHR staff analyzed data from the *2008-2009 Demographic and Health Survey* and the *2009 Albanian Living Standards Measurement Study* to better understand the experience of Albanians, particularly the poorer segments of society, as they seek to access health care. In addition, EEHR developed a second PowerPoint presentation that summarizes the recommendations of the three reviews supported by the project – the Governance Review, the Review of the Health Insurance Institute and the Review of the Monitoring and Evaluation Function (Annex 3). This presentation also provides an overview of characteristics of a well-functioning health system that have been identified through international experience in order to facilitate discussion of areas in which the Albanian health system has made substantial progress as well as areas in which additional progress needs to be made.

These presentations were used in the two one-day priority-setting workshops for the internal working groups of the key health institutions to review and refine the recommendations of the three reviews and discuss and identify the priority areas for health reform implementation. Agendas and participant lists for these meetings are included in Annex 2.

## 4.1 PRIORITIZATION MEETINGS

The first meeting included the internal working group from HII and the second meeting included representatives from the MOH and affiliated institutions such as the National Center for Continuing Education, the Order of Physicians and the Order of Nurses. While it would have been preferable to have one meeting enabling discussion between representatives of the MOH and representatives of HII, due to size limitations it was necessary to have two separate meetings. The meetings began with a presentation of the data analysis summarizing the key barriers to accessing essential health services by the poorest Albanians and the presentation of the summary of the recommendations of the three reviews. These presentations were followed by breakout sessions in which participants formed groups of 5-6 people to review and refine the recommendations and prioritize them according to their potential impact as well as the feasibility of their implementation.

While participants gave some input to clarify certain recommendations, rephrase the wording, and reduce redundancy, there was general agreement with the reviews' recommendations. The EEHR staff facilitating the working groups observed that there were clear trends among the selections for priority reform areas. For example, all five working groups included the recommendation "*Strengthen a Health Policy and Reform Steering Mechanism (HPRSM) to support GOA leadership in setting a vision for the health system and providing leadership for its implementation*" in their top ten priority areas and two groups selected it as their top priority. One group from the HII recommended that since the MOH is the responsible for policy in the health system, this mechanism should be under the MOH and report to the Minister of Health.

Recommendations selected by four working groups include: "Capacity of health sector leaders to think strategically, build coalitions, influence policies and mobilize resources should be strengthened", "Regional M&E capacity should be developed" and "The HII should be supported to define benefits packages and transition to case-based payment for services". One participant added that this recommendation could also include "standardization of services."

Recommendations selected by three working groups are: "In focus regions, collaboration between the MOH, HII, Regional Health Directorates and HIRD should be supported to develop an integrated system in which hospital planning and financing meet local health needs while fulfilling national standards. In addition health services management should be supported to improve health services planning in the region", "HII should be supported to conduct an internal strategic planning process to ensure that the organizational structure and internal management systems facilitate the transition of the organization towards a "strategic purchaser" of health services" "Civil society's capacity to demand affordable, quality health care from the health system should be strengthened" and "Consolidation and strengthening of hospitals should be continued." One participant commented that "restructuring and reorganization of the hospital services should be done with the aim of better use and increased efficiency of resource use."

Finally, recommendations selected by at least two groups include: "Health institutions should develop action plans to achieve the vision, monitor implementation and report on their performance to one another," "the MOH and the NCQSA should coordinate efforts to streamline and implement the accreditation process," the NCQSA and the MOH should lead a quality improvement process and work with HII to ensure that financing incentives support quality improvement initiatives."

While staff of HII included a few more recommendations pertaining to their organization in their list of priorities, there was notable consistency among the priorities identified by the five working groups. A summary of the priority areas together with recommended actions are presented in section 4.2.

## 4.2 HEALTH REFORM IMPLEMENTATION PRIORITY AREAS

Priority areas for health reform implementation together with recommended actions include:

- Improving Governance of the Health Sector
  - Improving communication, coordination, and evidence-based planning of key health institutions
  - Strengthening the role of Civil Society

- Implementing Quality Improvement Initiatives
  - In focus regions, strengthen collaboration between the MOH, HII, HIRD, and Regional Health Directorates to develop an integrated plan to provide quality services
- Strengthening Management Capacities of Key Agencies at Central and Regional Levels
  - Continuing to build capacity of the M&E function, including at the regional level
  - Improving health services planning and budgeting
  - Strengthening hospital management
  - Strategic planning for HII
- Improving Financing and Mobilizing Resources
  - Building capacity for coalition building and advocacy
  - Expanding participation in health insurance
  - Supporting HII's transition to case-based payment

#### 4.3 FOCUS GROUP WITH REPRESENTATIVES OF NGOS AND THE MEDIA

EEHR convened a meeting of representatives from five NGOs active in the health sector and the media to learn their views of the priority areas for health reform implementation as well as ways to strengthen participation of civil society in health system governance. The NGOs represented work with a variety of special populations including, persons affected by HIV/AIDS; persons with disabilities; the Roma and other minority ethnic populations. One group works to improve reproductive health policy and access to services. A participant list is presented in Annex 2. Two journalists also participated in the discussion and discussed the insight they gained during their experience with the Health Journalists' Club.

The NGOs reported that they suffer from limited funding, competition for limited funding, and lack of coordination. They observed that advocacy is not well understood in Albania and that NGO capacity to conduct advocacy is quite weak. In addition, they observed that there appear to be no NGOs playing a “watchdog” role and providing oversight to health institutions. Finally, one participant commented that while there are some patients' associations, they are relatively weak. And, she added, it is important that NGOs ensure that the rights of the patients are protected. The journalists reported that coverage of health issues in the media is sporadic and of poor quality. Their comments were consistent with the findings of the EEHR Media Audit.

The group suggested that forming an Advocacy Working Group in which NGOs and media representatives could work together to strengthen one another's capacity to formulate key messages, identify stakeholders they need to influence and develop and implement strategies for reaching these stakeholders could be very useful. They also suggested that this Advocacy Working Group could be an effective way to be more strategic, coordinate efforts and use the media and other communication tools to amplify their impact. Finally, this Advocacy Working Group could enable NGOs to coordinate their messages, speak with a uniform voice, and, liaise with and/ or participate in the work of the health reform implementation coordinating mechanism.

## 5. DEVELOPMENT OF A HEALTH REFORM COORDINATION MECHANISM

One important priority area that has frequently been discussed, and which was unanimously supported in the priority setting workshops, is the development of a forum in which health institutions can meet and coordinate activities. In order to advance discussion of what such a forum

would look like and how it would operate, EEHR developed and shared with key counterparts a rationale (Annex 4) and suggested terms of reference (Annex 5).

The rationale was developed from international experience and the needs of the sector as voiced by stakeholders in individual and group meetings (such as the EEHR project launch in April 2011). The proposed *Terms of Reference* was based largely on the Terms of Reference for the M&E Reference Group. After several discussions between counterparts and EEHR staff, it became clear that the mandate for the proposed coordination forum aligns substantially with that of the M&E Reference Group. In addition, the membership of both groups, as proposed, is largely the same. And, since the M&E Reference Group has yet to meet and begin functioning, it makes sense to not create another committee, but, rather, expand the role of the M&E Reference Group. Consequently, the *Terms of Reference for a Health Reform Coordinating Mechanism* proposed by EEHR simply expands the focus of the M&E Reference Group from solely monitoring performance to also coordinating and planning implementation. Discussion of this approach for creating the coordinating mechanism and the proposed Terms of Reference was included in the agenda of the previously planned first meeting of the M&E Reference Group.

## 5.1 MONITORING AND EVALUATION REFERENCE GROUP MEETING

EEHR has coached and mentored the recently formed Monitoring and Evaluation Department of the Ministry of Health; supported the Monitoring and Evaluation Core Group in the compilation of the first Annual Performance Report and Milestone reports and supported the first meeting of the Monitoring and Evaluation Reference Group to review and approve these reports.

The Minister of Health opened the meeting with feedback about the reviews and studies presented by the project and the planned discussion about the Health Reform Coordinating Mechanism. He requested that the reviews be updated with more recent data and more fully present the achievements of the health sector to date including improvements in primary health care, implementation of drug standards to ensure quality, and improvements in hospitals. He also stated that while there is a need for an Expert Working Group to improve health reform implementation, it is important to conduct a process to determine the terms of reference and legislative framework for such a group. Later in the meeting, the General Director of the Directory of Policy and Health Planning organized a process that will identify the appropriate membership, develop the terms of reference, identify potential satellite working groups focused on technical issues, discuss formation of a coordinating mechanism at the regional level and identify the appropriate legislative framework to establish this Expert Working Group. This process is to be completed by the end of October.

## 6. ADVOCACY STRATEGY TO ADVANCE IMPLEMENTATION OF THE HEALTH REFORM PRIORITIES

This advocacy strategy presents activities that can be implemented to advance health reform implementation in Albania (Table I). The activities are designed to further progress in health reform implementation in the proposed four overarching priority areas as identified by the consultative process in which health stakeholders identified the priority areas for health reform implementation. The process included the conduct of three reviews – a Review of Governance of the Health Sector, a Review of the Health Insurance Institute (HII), and a Review of the Monitoring and Evaluation Function. Recommendations from these reviews were then vetted with both governmental and non-governmental stakeholders in the health system. Finally the recommendations were refined and prioritized according to their potential for impact. These advocacy activities are illustrative, and reflect an assumption that the four overarching priority areas for reform implementation will be:

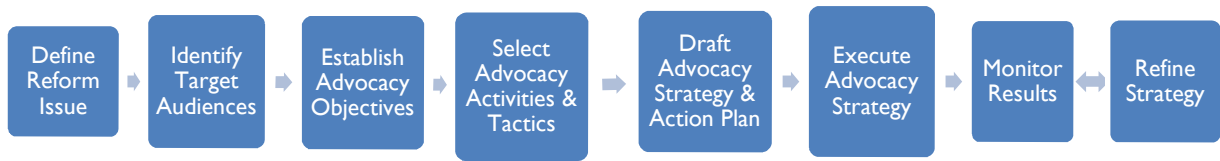
- Enhance governance and leadership of the Albanian health sector;
- Implement initiatives to enhance quality of health services offered by all healthcare providers;
- Strengthen management capacity of key health agencies at central and regional levels to deliver quality health services; and
- Improve financing of the health system to meet people's needs.

This strategy presents: 1) proposed activities to advance health reform implementation; 2) the reform implementation objectives the activities will achieve; 3) key stakeholders who are the target audiences for each advocacy and engagement activity; and 4) a brief rationale describing the potential impact of the activity. This strategy is designed to be used as a tool to aid in brainstorming sessions with key health sector stakeholders to strategically select and prioritize the advocacy activities that have the highest potential for impact. Consultation with stakeholders is the first step in the development of Strategic Advocacy Action Plans for the key stakeholder groups.

The process for developing a Strategic Advocacy Action Plan is outlined below:

- 1) **Reach consensus on implementation reform priorities** and agree on information to communicate;
- 2) **Identify target audiences** of influential groups or individuals who may be champions as well as those who may be detractors;
- 3) **Select activities** that have the highest potential for impact and are the most feasible to implement from those proposed;
- 4) **Develop key messages** by identifying the critical information that the target audiences need;
- 5) **Determine the most appropriate means of engaging the target audience** by select the appropriate communication activity and channel for communication;
- 6) **Strategically plan** the activities by considering the sequencing, timing and resources needed that will maximize their impact; and

7) *Monitor advocacy activities and adjust accordingly.*



An important component of an advocacy strategy is the messaging which clearly communicates the objectives of the health reforms to not only the healthcare professionals who are responsible for implementing the reforms but also to the general public. These groups need to be informed of the expected changes in the health care system so that they can hold their government accountable for implementation of the reforms. Below is an initial attempt to brand the reforms in user-friendly language:

- Inclusive and responsive leadership of the health sector;
- Quality medical care and customer- oriented services;
- Professional and effective management of health resources; and
- Affordable, accessible healthcare for all.



**TABLE I: PROPOSED IMPLEMENTATION PRIORITIES AND ILLUSTRATIVE ADVOCACY ACTIVITIES**

IMPLEMENTATION PRIORITY #1: ENHANCE GOVERNANCE AND LEADERSHIP OF THE HEALTH SECTOR			
Advocacy Objective	Target Audience	Possible Activities	Rationale
<b>I) Assist Government Capacity to Lead and Coordinate Activities of All Health Stakeholders</b>			
<b>MOH leadership communicates clear vision of reform priorities and strategies for reform implementation</b>	<ul style="list-style-type: none"> <li>• Leadership of MOH, HII and other GOA agencies</li> <li>• MOH and HII rank and file staff</li> <li>• Staff of other GOA agencies</li> <li>• Other providers in health sector</li> <li>• Civil society</li> </ul>	<ul style="list-style-type: none"> <li>• MOH develops clear vision (brand) for the health sector and communicates it to health providers through multiple channels (e.g. IEC campaign including newsletters, dissemination workshops, MOH web site, staff training, etc.)</li> <li>• MOH develops and implements newsletters to issue regular updates to health personnel</li> <li>• MOH leads process to develop Health Equity strategy</li> <li>• MOH synthesizes strategy in user-friendly format, publishes and disseminates it</li> <li>• MOH organizes media event and press release</li> </ul>	<ul style="list-style-type: none"> <li>• <b>All</b> healthcare providers work towards clear vision and purpose</li> <li>• <b>All</b> healthcare providers throughout the system know the priorities and can plan activities to support them</li> <li>• <b>All</b> healthcare providers and civil society are kept apprised of implementation progress</li> <li>• MOH has a document it can present to donors and other GOA agencies to communicate priorities and mobilize resources</li> </ul>
<b>MOH takes the lead in coordinating all health institutions to implement activities supporting priority reforms</b>	<ul style="list-style-type: none"> <li>• All health sector institutions</li> </ul>	<ul style="list-style-type: none"> <li>• MOH leads process to develop integrated action plans</li> <li>• Plans are published and disseminated through multiple channels to relevant institutions and staff</li> <li>• Plans are made available on relevant institution's website</li> <li>• In focus regions, MOH leads workshop to present central plans and facilitate regional officials to make regional plans</li> <li>• All health agencies communicate, share information and coordinate activities through regular meetings and routine reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Personnel in all health institutions know their roles, responsibilities</li> <li>• Personnel in all health institutions can plan their activities guided by National Health Strategy</li> </ul>
<b>MOH creates and leads forum to consult, communicate and</b>	<ul style="list-style-type: none"> <li>• All health sector institutions</li> <li>• Representatives from CSOs, as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• MOH leads process to finalize establishment of forum in which health institutions meet regularly to coordinate activities</li> </ul>	<ul style="list-style-type: none"> <li>• Forum creates “space” for all key health stakeholders to meet, discuss and problem solve implementation</li> </ul>



<p><b>coordinate with wider stakeholders on implementation</b></p>	<ul style="list-style-type: none"> <li>• Professional associations</li> </ul>	<ul style="list-style-type: none"> <li>• MOH M&amp;E Department, or other appropriate group, provides secretariat support to coordinating body and disseminates minutes from meetings to appropriate stakeholders</li> <li>• Appropriate groups, such as provider associations or CSOs, are included in formation of health reform implementation working groups addressing specific technical issues such as quality and/or training</li> </ul>	<p>issues and coordinate activities on a regular basis.</p> <ul style="list-style-type: none"> <li>• All key stakeholders, including associations of health providers and CSOs, are well informed through wide distribution of meeting minutes. In addition, these groups can participate in working groups for which their participation is appropriate.</li> <li>• M&amp;E data and analysis is provided to this group for decision-making</li> </ul>
<p><b>Strengthen MOH capacity to communicate and engage civil society on reform issues</b></p>	<ul style="list-style-type: none"> <li>• MOH</li> <li>• NGOs and CSOs representing Albanian population's perspective</li> <li>• All Albanians</li> </ul>	<ul style="list-style-type: none"> <li>• MOH applies participatory planning and conducts "town hall" meetings to promote new reforms and discuss implementation progress</li> <li>• MOH publishes annual report and other pertinent documents on its website</li> <li>• MOH develops and implements system through which clients can give feedback to health providers and health sector leadership</li> <li>• MOH designs and executes an IEC campaign to inform citizens of new feedback system, how to use it and how the MOH will address their concerns</li> <li>• Consumer perspective integrated into appropriate committees and working groups</li> </ul>	<ul style="list-style-type: none"> <li>• Health personnel develop a stronger appreciation of patients' rights</li> <li>• Albanians have better access to information about the health system and new reform initiatives</li> <li>• When clients voice their concerns, health system managers and health providers may be more motivated and able to respond to client needs</li> </ul>
<p><b>2) Strengthen Civil Society's Participation in Implementation of Reforms</b></p>			
<p><b>Strengthen NGO and CSO capacity to participate in reform processes</b></p>	<ul style="list-style-type: none"> <li>• Select NGOs and CSOs</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct stakeholder analysis to identify key NGOs and CSOs and assess advocacy capacity</li> <li>• NGOs and CSOs apply proven advocacy approaches</li> <li>• NGOs and CSOs use MOH data to understand policy reform and advocate for</li> </ul>	<ul style="list-style-type: none"> <li>• Citizens inform the health sector of their needs and hold the health system accountable for meeting those needs</li> </ul>

		<p>needed changes</p> <ul style="list-style-type: none"> <li>• Relevant NGOs serve as “watchdog” groups to hold the health system accountable by monitoring its performance against specified criteria and informing GOA officials of the health system’s performance in fulfilling those criteria</li> <li>• NGOs and CSOs form a coalition to advocate for common health issues/needs and coordinate advocacy activities</li> <li>• Coalitions carry out advocacy and accountability activities</li> </ul>	
<p><b>Increase participation of health care providers in implementing priority reforms</b></p>	<ul style="list-style-type: none"> <li>• Provider associations</li> <li>• Service delivery associations</li> <li>• Select private/NGO leaders in health sector</li> </ul>	<ul style="list-style-type: none"> <li>• Assist provider organizations to actively participate in health reform implementation working groups to ensure that strategies to improve training, quality or other technical areas address their concerns</li> <li>• Association members are informed of implementation activities through articles and conferences</li> <li>• Associations conduct Round table discussions on issues such as licensing and accreditation. Pertinent information is disseminated to members through association newsletters</li> </ul>	<ul style="list-style-type: none"> <li>• Decision makers in health institutions have a better understanding of the needs of health personnel and use it to improve decision making</li> <li>• Health providers have a better understanding of their role in the health system and more effectively fulfill MOH policies and regulations</li> <li>• Health providers actively support and participate in implementing reforms</li> </ul>

IMPLEMENTATION PRIORITY #2: QUALITY HEALTH SERVICES OFFERED BY ALL HEALTHCARE PROVIDERS			
Advocacy Objective	Target Audience	Possible Activities	Rationale
1) All healthcare providers support and implement new quality initiatives at central level and at regional level in EEHR focus regions			

<p><b>MOH and NCQSA successfully coordinate efforts to lead implementation of quality improvements</b></p>	<ul style="list-style-type: none"> <li>• NCQSA</li> <li>• MOH</li> <li>• HII</li> </ul>	<ul style="list-style-type: none"> <li>• NCQSA and MOH support working group to develop and disseminate service delivery standards</li> <li>• MOH actively engages provider associations through consultative meetings and other forums to seek input and inform them of changes</li> <li>• Standards are disseminated widely to health facilities and posted on the MOH website</li> <li>• NCQSA and MOH lead effort to streamline and implement accreditation of hospitals and involve key stakeholders in process. Best practices in service delivery (SD) are identified and disseminated to regional hospitals.</li> <li>• NCQSA, MOH and HII design and test alternative financial incentives in the HII contracts to improve quality. Best practices are identified and disseminated to HII staff.</li> <li>• NCQSA and MOH execute internal communication campaigns to inform MOH staff of each reform (e.g. standards, accreditation, financial incentives, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>• Health providers have a better understanding of what quality services are and how to provide them</li> <li>• HII use contracts as a mechanism to improve quality</li> <li>• Accreditation process is simplified and implemented</li> </ul>
<p><b>Strengthen collaboration between the MOH, HII, HIRD, and Regional Health Directorates in focus regions and develop integrated regional plans to provide quality services</b></p>	<ul style="list-style-type: none"> <li>• MOH</li> <li>• HII</li> <li>• HIRD</li> <li>• Regional Health Directorate personnel</li> </ul>	<ul style="list-style-type: none"> <li>• Workshop in which central-level MOH and NCQSA staff help regional-level leaders to analyze regional-level data and develop integrated quality improvement plans</li> <li>• Integrated quality improvement plans are launched at workshop with appropriate regional and district level officials</li> <li>• Central level staff mentor regional-level staff through regular communications, site visits and data analysis to implement quality reforms</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination of health institutions' activities at the regional level improves responsiveness to regional needs</li> </ul>
<p><b>MOH, NCQSA, NCCE and professional associations</b></p>	<ul style="list-style-type: none"> <li>• MOH</li> <li>• NCQSA</li> </ul>	<ul style="list-style-type: none"> <li>• Working group publishes sector-wide training plan, including resources needed to provide</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing of information and improved coordination strengthens planning and</li> </ul>

coordinate efforts to develop a sector-wide training strategy and improve CME offerings	<ul style="list-style-type: none"> <li>• NCCE</li> <li>• Professional Associations</li> </ul>	<p>training opportunities to fulfill most important CME requirements</p> <ul style="list-style-type: none"> <li>• MOH presents training needs to MOF and donors in effort to mobilize financial and other support.</li> </ul>	<p>improves efficiency of resource use.</p> <ul style="list-style-type: none"> <li>• Clear presentation of training needs and resources required provides useful tool for health sector leaders to mobilize additional resources</li> </ul>
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### IMPLEMENTATION PRIORITY #3: BETTER MANAGEMENT TO DELIVER QUALITY HEALTH SERVICES

#### 1) Key health institutions management support and initiatives to strengthen leadership and management

Advocacy Objective	Target Audiences	Possible Activities	Rationale
<b>Strengthen MOH health services management</b>	<ul style="list-style-type: none"> <li>• MOH, Planning and Policy Unit</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct internal assessment involving central and regional level planning and policy staff to identify management capacity.</li> <li>• Develop communication tools in “user-friendly” format to disseminate recommendations among policy and planning staff of ways to improve management</li> <li>• Conduct consultative meetings with central and regional level staff to inform them of interventions to build skills</li> <li>• Develop and implement feedback loop for staff to provide feedback</li> <li>• Create and implement a rewards recognition program for MOH staff who apply new skills that result in demonstrable improvements in management</li> </ul>	<ul style="list-style-type: none"> <li>• MOH Policy and Planning staff support interventions to strengthen management capacity</li> <li>• Staff are motivated to apply new skills</li> </ul>
<b>Conduct strategic planning for HII to implement proposed reforms</b>	<ul style="list-style-type: none"> <li>• HII</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct internal exercise to develop strategic plan for HII involving central and regional level staff</li> </ul>	<ul style="list-style-type: none"> <li>• Staff throughout HII understand and support reforms</li> <li>• HII staff know their roles and</li> </ul>

		<ul style="list-style-type: none"> <li>• Synthesize plan into “user-friendly” format to disseminate widely to HII staff</li> <li>• Conduct consultative meetings to inform HII staff of organizational changes and strategic plan</li> <li>• Develop and implement feedback loop for HII staff to share observations and offer suggestions to improve implementation</li> <li>• Provide regular updates on reform progress</li> <li>• Create and implement a rewards recognition program for HII staff who demonstrate leadership and creativity implementing reforms</li> </ul>	<p>responsibilities in implementing the reforms</p> <ul style="list-style-type: none"> <li>• HII staff are motivated to actively participate in implementation of reforms</li> </ul>
<p><b>Strengthen MOH’s M&amp;E function at the central and regional levels to encourage greater use of data in policy and planning</b></p>	<ul style="list-style-type: none"> <li>• MOH, M&amp;E Unit</li> </ul>	<ul style="list-style-type: none"> <li>• With M&amp;E staff, prioritize Review’s recommendations, select interventions and secure staff commitment</li> <li>• Conduct consultative meetings with central and regional level staff to inform them of interventions to build skills</li> <li>• Synthesize Capacity Plan into “user-friendly” format to disseminate among all M&amp;E staff</li> <li>• Develop and implement feedback loop for staff to provide feedback</li> <li>• Create and implement a rewards recognition program for MOH staff who apply new skills that result in demonstrable improvements in M&amp;E and use of data in policy and planning</li> </ul>	<ul style="list-style-type: none"> <li>• MOH M&amp;E staff support interventions to strengthen planning and budgeting capacity</li> <li>• Staff are motivated to apply new skills</li> </ul>

#### IMPLEMENTATION PRIORITY #4: IMPROVED FINANCING TO BETTER MEET PEOPLE'S HEALTH NEEDS

Advocacy Objective	Target Audiences	Possible Activities	Rationale
<b>1) Increase resources for health sector</b>			
<b>Strengthen health sector leaders' capacity to build coalitions and implement advocacy strategies to secure more public and donor resources</b>	<ul style="list-style-type: none"> <li>• MOH and HII leadership</li> <li>• Donors</li> </ul>	<ul style="list-style-type: none"> <li>• Support leaders to develop strategy to build a coalition and mobilize resources to fill a need, such as additional resources for training. Support leader to develop and give presentation to advocate for support from at least one donor agency</li> </ul>	<ul style="list-style-type: none"> <li>• Health sector leaders gain better understanding of the need to identify allies, build coalitions, advocate for support and form partnerships at the national, regional and district levels to mobilize additional resources for the health sector</li> </ul>
<b>2) Use health funds more efficiently</b>			
<b>Participation in health insurance expanded</b>	<ul style="list-style-type: none"> <li>• MOH</li> <li>• HII</li> <li>• All Albanians</li> </ul>	<ul style="list-style-type: none"> <li>• Support HII to develop messages to promote participation in national health insurance and implement a strategy to communicate them to Albanians through multiple channels (e.g. IEC campaign, MOH web site, health fairs, pharmacies, etc.)</li> <li>• Create and implement a detailed action plan to identify and remove bottlenecks to insurance registration.</li> </ul>	<ul style="list-style-type: none"> <li>• Albanians understand benefits of participation in the national health insurance program</li> <li>• NHIF collects more revenue</li> <li>• Increased insurance coverage may increase access and use of services among the poor.</li> </ul>
<b>HII supported in transition to case-based payment for hospitals</b>	<ul style="list-style-type: none"> <li>• HII, MOH, hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• HII develops and disseminates guidance on case-based reimbursement for services to hospitals</li> <li>• HII posts new guidance on internal website</li> </ul>	<ul style="list-style-type: none"> <li>• Health providers apprised of guidance concerning case-based reimbursement for services and know how to implement new guidance</li> </ul>

# ANNEXES





## ANNEX I – CONSULTANCY SCOPE OF WORK

### Enabling Equitable Health Reforms Project Policy Reform Agenda-Setting Technical Support Scope of Work August 17, 2011

**Name:** Joanne Bennett Jeffers

**Title:** Governance Consultant

**Reporting to Abt activity lead:** Lisa Tarantino, Sr. Technical Coordinator

**Period of Performance:** August 17 – October 14, 2011 (including travel to Albania on/about September 19-30, 2011)

**Estimated LOE:** 18 days

**Project Description:** The Enabling Equitable Health Reforms (EEHR) project is a five-year initiative to increase access to essential health services for the poor by supporting the implementation of health care reforms in Albania. Project activities are aligned with goals of the Ministry of Health's Health Sector Strategy 2007-2013 to improve performance of the health system and the health status of Albanian population. EEHR provides technical assistance and resources to assist key stakeholders in the application of reforms at the national level and helps develop and field-test approaches and tools that support implementation of reforms at the regional level. The project encourages the involvement of all key stakeholders in policy making and planning, and supports an evidence-based policy making process.

#### **Background:**

Since June 2011, Ms. Jeffers has been providing remote support to the EEHR team on drafting the TOR for the health reform and policy steering committee, as well as health advocacy strategy development. The September field work will be a culmination of some of this preparatory work as she will provide technical guidance to the organization of the first steering committee meeting to approve the TOR, facilitate a meeting of non-government stakeholders to discuss their role and views on health reform as part of the advocacy strategy development.

A seasoned health policy professional, she will also work as a "neutral broker" for the internal working groups within HII and MOH to assist them in reaching consensus on priority health reforms that will be pursued for implementation with EEHR project support. Each institution is forming an internal working group to review secondary research analysis, findings from three EEHR consultancies, and other materials to begin the process of prioritization and selection of key health reform implementation activities. An excellent facilitator and team member of the EEHR Albania Health Sector Governance Review, Ms. Jeffers is ideally positioned to facilitate these internal working meetings in preparation for the wider stakeholder meeting to be held in October/November.

The first Leadership Development Program (LDP) to be implemented by EEHR is intended to support the priority policy agenda of the Government of Albania. These priorities will be determined by representatives of the Health Reform and Policy Steering (HRPS) Committee. Priorities will be determined based on the findings of three EEHR-sponsored 2011 consultancies, the Health Sector Strategy of the GOA, secondary research and analysis on the poor's access to health care, and the recommendations of internal health institution working groups, and EEHR-led regional assessments. The process of forming the Health Reform and Policy Steering Committee is beginning. One model is to form it from the current Reference Group. Health stakeholders are working with EEHR support to develop a proposed scope of work and membership.

**Objective:** To work with Albanian counterparts to review results of the three assessments, identify priority policy areas and develop strategies to address them; to develop strategies for building leadership capacity to advance health reform; to technically support the development of the EEHR Advocacy Strategy; and finally, work with Albanian counterparts to finalize the Terms of Reference for the Health Reform and Policy Steering Committee.

**Activities:**

1. Support the EEHR Albania team to develop an over-arching Policy Agenda and Advocacy Strategy.
  - o Lead meetings with government and non-government stakeholders to assess their role and views on health reform as part of the advocacy strategy development.
2. Facilitate workshops with internal working groups within the Ministry of Health, the Health Insurance Institute, and other Albanian health sector institutions as appropriate to review research and assessment findings, identify key policy issues and develop strategies to address those issues.
3. Work closely with the Senior Technical Advisor and with counterparts to:
  - o Finalize the Terms of Reference for the Health Policy and Reform Steering Committee.
  - o Determine the regulatory framework in which the HPRS committee will operate
4. Support the organization of the first HPRS Committee meeting to approve the TOR with technical oversight/inputs over the agenda.
5. Work with Susan Post to identify key leadership and management gaps and develop strategies for targeting leadership capacity-building efforts so that they advance health reform efforts.
6. Support Susan Post to identify potential participants and teams for the Senior Alignment Meeting and the LDP to be launched after the Health Steering Committee completes its meeting with stakeholders in October/November.

**Location:** Tirana, Albania.

**Deliverables:**

1. **Trip Report** - Within 8 days after return from trip, the consultant will complete and submit a trip report to the activity lead.
2. **Technical Report** – Due within 10 working days after the field work. A template for this report will be provided by EEHR. The technical report should include:
  - a. Workshop materials from internal working group meetings- including background materials, agenda and summary report of workshop discussions.
  - b. Terms of Reference for the Health Policy and Reform Steering Committee
  - c. Suggestions for regulatory framework/status of Health Policy and Reform Steering Committee (in short and long term)
  - d. Proposed Overarching Policy Agenda and Advocacy Strategy

## ANNEX 2 – MEETING AGENDAS AND PARTICIPANT LISTS

### HII POLICY PRIORITY SETTING WORKSHOP SEPTEMBER 22, 2011

9:00-9:05	Welcome and Introductory Remarks <i>Elvana Hana – HII General Director</i>
9:05- 9:15	Introduction and Background: Objectives of the Workshop and Expected Outcomes <i>Zamira Sinoimeri – EEHR</i> <i>John Rockett – EEHR Chief of Party</i>
9:15-10:00	Setting the Stage – Removing Barriers to Accessing Essential Health Services by the Poorest <i>Altin Malaj - EEHR</i>
10:00-11:00	Summary Presentation of Policy Issues Identified by Assessments <i>Joanne Jeffers – O’Hanlon Health Consulting</i> <i>Discussion and Reactions facilitated by Zamira Sinoimeri</i>
11:00-11:15	Coffee Break
11:15 – 11:30	Discussion of Criteria for Prioritizing Issues
11:30-12:30	Prioritization of Policy Issues (small groups meet and make rankings...results are compared) <i>Dorina Tocaj – MRSH</i>
12:30 – 1:00	Discussion of Actions to address Policy Issues including Technical Assistance to be Provided by EEHR
1:00 – 2:00	Lunch
2:00 – 3:30	Leadership Presentation and Dialogue: The Role of the Leader in Health Reform; Leadership and Management Practices; Discussions <i>Susan Post – Management Sciences for Health</i>
3:30 – 4:00	Next Steps

**HII POLICY PRIORITY SETTING WORKSHOP  
SEPTEMBER 22, 2011**

**LIST OF PARTICIPANTS**

<b>NO.</b>	<b>NAME</b>	<b>DEPARTMENT</b>	<b>POSITION</b>
1	Naun SINANI	Advisor to the General Director	Advisor
2	Kastriot ORIZAJ	Advisor	Advisor
3	Alvona TAHIRAJ	Human Resources Directory	Director
4	Rudina MAZNIKU	Hospital Directory	Director
5	Aleksander HAXHI	Hospital Directory	Department Chief
6	Arjana KULIÇAJ	Hospital Directory	Department Chief
7	Liljana KURTI	Hospital Directory	Specialist
8	Laureta SOLLAKU	Hospital Directory	Specialist
9	Bajram CAKA	Economic Directory	Director
10	Dhurata GORICA	Economic Directory	Department Chief
11	Leonora HORANLLIU	Economic Directory	Department Chief
12	Gazment KODUZI	PHC Directory	Director
13	Albana ADHAMI	PHC Directory	Department Chief
14	Xhadi GJANA	PHC Directory	Department Chief
15	Miranda BLETA	Information and Statistics Directory.	Director
16	Artan KODHELI	Juridical Directory	Director
17	Fjoralba MEMIA	Juridical Directory	Department Chief
18	Laureta MANO	Juridical Directory	Department Chief

**MOH POLICY PRIORITY SETTING WORKSHOP  
SEPTEMBER 28, 2011**

9:00-9:05	Welcome and Introductory Remarks <i>Pellumb Pipero – Policy and Planning Dept. General Director</i>
9:05- 9:15	Introduction and Background: Objectives of the Workshop and Expected Outcomes <i>John Rockett – MRSH Chief of Party</i>
9:15-10:00	Setting the Stage – Removing Barriers to Accessing Essential Health Services by the Poorest <i>Altin Malaj - MRSH</i>
10:00-11:00	Summary Presentation of Policy Issues Identified by Assessments <i>Joanne Jeffers – O’Hanlon Health Consulting</i> <i>Discussion and Reactions facilitated by Joanne Jeffers</i>
11:00-11:15	Coffee Break
11:15 – 11:30	Discussion of Criteria for Prioritizing Issues
11:30-12:30	Prioritization of Policy Issues (small groups meet and make rankings...results are compared) <i>Dorina Tocaj – MRSH</i>
12:30 – 1:00	Discussion of Actions to address Policy Issues including Technical Assistance to be Provided by EEHR
1:00 – 2:00	Lunch

**LIST OF PARTICIPANTS**

**WORKSHOP, SEPTEMBER 28, 2011**

**Ministry of Health**

1. Klodian Rjepaj – Head of Cabinet
2. Mirela Cano – General Secretary
3. Pellumb Pipero – Director of Policy and Planning Directory
4. Gazmend Bejtja – Director of Public Health Directory
5. Petro Mersini – Director of Hospital Directory
6. Erol Como – Head of Family Medicine Sector
7. Sliva Novi – Head of Hospital Standards’ Sector
8. Maks Bozo – Head of Hospital Planning Sector

9. Saimir Kadiu – Head of Financial Planning Directory
10. Ana Tartari – Head of Budget Sector
11. Petrit Ponari – Head of Human Resources Directory
12. Sokol Frroku – Director of Juridical Directory
13. Mirlinda Heidorn – Director of M&E Directory
14. Romeo Zegali – Director of Integration Directory
15. Mirela Meko – General Director of Supportive Directory

**National Center for Continuous Medical Education**

1. Entela Shehu – NCCE Director
2. Ilir Shamata – NCCE Specialist

**National Center for Quality, Safety and Accreditation**

1. Isuf Kalo – NCQSA Director
2. Vladimir Gusmari – NCQSA Specialist

**Institute of Public Health**

1. Enver Roshi - Director
2. Genc Burazeri – Deputy Director
3. Alban Ylli – Head of Department

**Order of Physicians**

1. Din Abazaj - President

**Order of Nurses**

1. Sabri Skenderi – President

**Faculty of Medicine**

1. Polikron Pulluqi – Head of Family Medicine Department

## REFERENCE GROUP MEETING

29 SEPTEMBER 2011

HOTEL DIPLOMAT

10:00-10:15	Welcoming and opening remarks <b>Dr. Petrit Vasili</b> – Minister of Health <b>Dr. John Rockett</b> – MRSH Chief of Party
10:15-10:30	Meeting objectives <b>Dr. Pëllumb Pipero</b> – General Director of Policy Planning Directory MOH <b>Mrs. Mirela Cami</b> – EEHR
10:30 -11:00	Presentation of the M&E reports: Discussion on the presented data <b>Mr. Petraq Shtrepi</b> , Directory of M&E and Core Group <b>Mrs. Mirela Cami</b> - EEHR
11:00 - 11:30	Open discussion on the need to make functional a forum that will orient decision making process based on evidences and which will engage the key stakeholders in the dialogue for the reform in health sector <b>Dr. Pëllumb Pipero</b> – General Director of Policy Planning Directory MOH <b>Mrs. Joanne Jeffers</b> – O’Hanlon Health Consulting
11:30-12:00	Discussion on the terms of reference for the working group that will be established and next steps <b>Dr. Pëllumb Pipero</b> – General Director of Policy Planning Directory MOH
12:00 – 12:30	Discussion on the regulatory framework needed to ensure a sustainable functioning of this structure <b>Dr. Pëllumb Pipero</b> – General Director of Policy Planning Directory MOH <b>Mrs. Joanne Jeffers</b> – O’Hanlon Health Consulting
12:30 –13:00	Agenda items and next meeting
13:00- 14:00	Lunch

## FOCUS GROUPS WITH NGO STAKEHOLDERS

26 SEPTEMBER 2011

- Objectives:** NGOs have an important role to play in strengthening the health system. They can:
- represent stakeholders and educate them on particular health issues (stakeholders might include citizens, health providers, whomever has an interest in the issue);
  - engage in dialogue with health officials and other stakeholders to address key issues;
  - review actions of the health system to ensure that concerns are being addressed;
  - collaborate with health providers on activities to address health issues.

In these focus groups were explored:

1. What are NGOs currently doing to improve health of the population?
2. How do they see their role in making changes to the health system?
3. What are the major gaps they see in the health system today? Particularly in the areas of quality of care and responsiveness to the health needs of the population?
4. What changes would they like to see?
5. How do they think that change can happen?
6. Do they feel they receive enough information to see if the change has happened, what information would they like to receive? How?
7. What would they like their role to be in changing the health system?
8. What would they need to play that role?

### List of participants:

Holta Koci – Albanian Community Assist

Albana Izeti – Specialist for Disabilities

Elona Gjebrea – Albanian Center for Population and Development

Arian Boci – Stop AIDS

Elda Hallkaj – Independent consultant and an activist in the NGO sector of Albania

Eglantina Bardhi – Together for Life

Albert Gjoka – Health Journalists Club



# ANNEX 3 – PRESENTATION: HEALTH SECTOR REVIEWS: SUMMARY OF POLICY ISSUES AND RESPONSES



**Health Sector Reviews:  
Summary of Policy Issues  
and Responses**

**Tirana, Albania**  
September 22, 2011 ver.1

## Presentation Objectives

- Provide an overview of the legislative framework governing the health sector
- Share attributes of a well-functioning health system
- Present recommendations to improve the functioning of the health sector

## Legislative Framework

- Updated framework governing national health system and public health services
- Established hospitals as autonomous institutions with financing ensured through HII
- Expanded the Health Insurance Institute to be the single payer for health services with the aim of improving access and removing economic barriers

## The Three Reviews

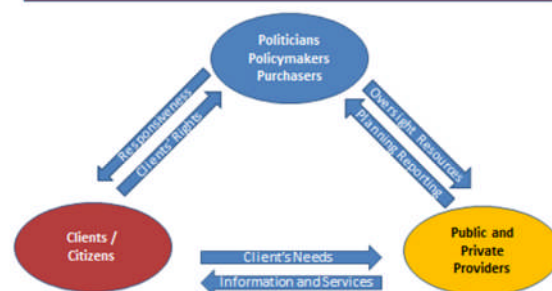
- Describe how the system *should* work
- Analyze how the system *is* working
- Identify challenges and opportunities for the Health Insurance Institute
- Review the monitoring and evaluation function of the health system
- Identify health system gaps
- Recommend responses to address these gaps

## Attributes of a Good Health System

- Oriented toward health rather than disease
- High performance measured by *increases in* equity, quality and efficiency
- Decentralized decision-making
- Accountability and transparency between key health stakeholder groups
- Responsive to consumer's needs through active participation of the population
- Collaboration between the public and private sectors

Source: *Managers Who Lead*

## Actors and Relationships Governing a Health System



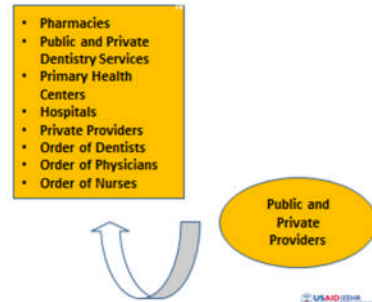
Adapted from Brinkerhoff and Bossert (2008)

## Many Actors in Albanian Health System: Roles Not Clearly Defined



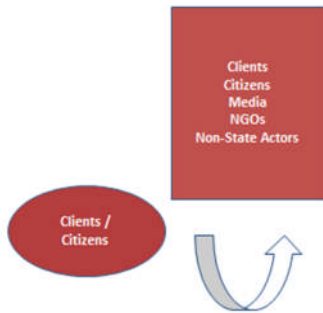
USAID/EDH

## Many Actors in Albanian Health System: Roles Not Clearly Defined



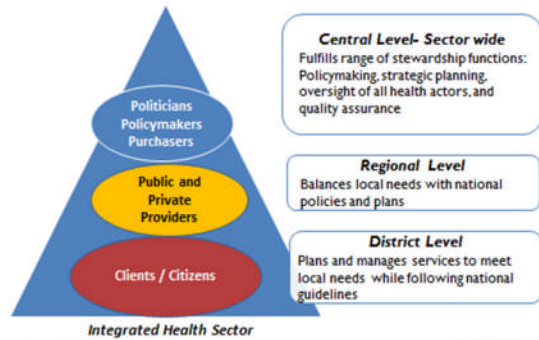
USAID/EDH

## Many Actors in Albanian Health System: Roles Not Clearly Defined



USAID/EDH

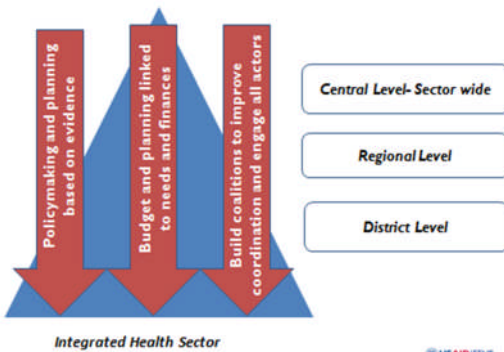
## Responsibilities at each Level



Source: Managers Who Lead

USAID/EDH

## Cross-cutting Responsibilities



USAID/EDH

## Strategic Planning and Priority Setting Set Vision for Health System

### Recommendations

Develop a forum:

- to support GOA leadership in setting a vision for the health system and engage all stakeholders in policymaking, planning and implementation
- in which institutions work together to develop integrated action plans, review progress and revise action plans

USAID/EDH

## Plans, Budgets, Regulations and Incentives Implemented to Achieve Vision

### Recommendations

- Strengthen planning processes of the MOH and HII to implement policies and be more responsive to regional health needs
- Support HII to define benefits packages and transition to case-based payment for services



## Standards and Processes Assure Quality Improvements

### Recommendations

- Improve coordination between the MOH and the NCQSA to lead a quality improvement process that includes financial incentives and a streamlined accreditation process
- Establish a collaborative process involving the MOH, NCQSA, NCCE, Order of Physicians / Nurses to develop a sector-wide training strategy



## Strengthened Management Improves Health Services Planning

### Recommendations

- Continue consolidation and strengthening of hospitals
- In focus regions, support collaboration between the MOH, HII, Regional Health Directorates and HIRD and strengthen health services management to develop an integrated system in which hospital planning and financing meet local health needs while fulfilling national standards



## M&E Informs Policy Planning and Implementation

### Recommendations

- Streamline the annual reporting process and use it to monitor progress and inform policymaking
- Strengthen the advocacy capacity of the M&E Core Group, M&E Department and the Institute of Public Health to present information to inform policymaking
- Develop monitoring and evaluation capacity at the regional level



## Expanded Health Insurance Removes Economic Barriers to Access

### Recommendations

- Expand insurance enrollment through more aggressive strategies to reach key population groups
- Use enrollee information from SII and Tax Directorate to inform MOH and HII planning and budgeting
- Support HII to conduct an internal strategic planning process to ensure that the organizational structure and internal management systems facilitate the transition of the organization towards "strategic purchaser" of health services



## Coalition Building Mobilizes Resources to Meet People's Needs

### Recommendations

- Strengthen capacity of health sector leaders to think strategically, build coalitions, influence policies and mobilize resources
- Strengthen civil society's capacity to demand affordable, quality health care from the health system



## ANNEX 4 – HEALTH REFORM IMPLEMENTATION COORDINATING COMMITTEE RATIONALE

### Why Establish a Health Reform and Policy Steering Committee?

To govern implementation of laws designed to reform the health care system with the aim of increasing access to affordable, quality health care for all Albanians. To recommend policy and regulatory development to further this objective as necessary, and to support the Ministry of Health in monitoring the outcomes of health reform implementation.

### What Will the Health Reform and Policy Steering Committee Do?

Health system stewardship has been defined as the ability of ministries of health to formulate strategic policy direction, to ensure good regulation and the tools for implementing it, and to provide necessary intelligence on health system performance in order to ensure accountability and transparency. The concept of stewardship was elaborated by WHO experts and published for the first time in the World Health Report 2000. As an overarching governing mechanism, the Health Reform and Policy Steering Committee will:

- Engage all the stakeholders in policy development and implementation
- Ensure that all health institutions are working in partnership towards a common vision and that each partner expresses commitment and is kept accountable for its role and responsibilities
- Discuss and approve strategies and different policy decisions and mobilize partners to focus on priorities, ensure implementation and make things happen
- Determine the best organizational structure for the committee that will facilitate achievement of committee objectives, including, for example, formation of regional-level health reform and policy steering committees and/or technical working groups tasked to focus on areas such as training, M&E, or quality
- Improve communication and regular reporting between health sector partners.
- Coordinate activities and monitor implementation
- Review progress and agree/decide on updating existing strategies
- Improve transparency and accountability
- Raise awareness of key issues amongst both governmental and non-governmental stakeholders
- Establish linkages with other governmental and non-governmental institutions
- Build coalitions to mobilize support, including financial support
- Strengthen the use of evidence for decision –making and also measure health system performance
- Agree on advocacy and communication strategies to strengthen public trust in health care and so help improve the stewardship role
- Evaluate and learn from implemented policies

### **Which Institutions Will Participate in the Committee?**

- Ministry of Health
- Health Insurance Institute
- NCQSA
- NCCE
- Other Ministries
- Non-governmental Organizations, as appropriate
- Institute of Public Health
- Order of Physicians
- Order of Nurses
- International Partners

### **How Will the Health Reform and Policy Steering Committee Operate?**

- ❖ Committee members must agree upon the vision and mission for the committee and update them as needed.
- ❖ Members also need to agree upon the terms of reference which define:
  - committee structure, including reporting relationships and authority;
  - membership, including roles and responsibilities;
  - organizational structure, including leadership positions, how they are assigned and how long they are held;
  - administrative and secretarial support including roles, responsibilities and supervision;
  - meetings, including how often and how long;
  - reporting;
  - monitoring and improving committee performance and, finally,
  - disbanding the committee; including how and under which circumstances.

## ANNEX 5 – HEALTH REFORM IMPLEMENTATION COORDINATION COMMITTEE PROPOSED TERMS OF REFERENCE

**Purpose of the Group:** To govern implementation of recent legislation designed to reform the health care system with the aim of increasing access to affordable, quality health care for all Albanians. To recommend policy and regulatory actions and to support the Ministry of Health and other health system partners to coordinate efforts to implement health reform.

**Chair:** Minister of Health

**Group Members:**

Ministry of Health:

- Director of Cabinet (Deputy Chair)
- Director of Policy and Planning Department
- Director of Hospital Planning Department
- Director of Public Health Department
- Director of Financial Planning and Budget Department
- Head of M&E Sector

Health Insurance Institute

- Vice General
- Director of Hospital Directorate
- Director of PHC Directorate
- Director of Economics Directorate
- Director of Information and Statistical Analysis

The Director and/or other appointed representatives of:

- Institute of Public Health
- National Center for Quality, Safety and Accreditation
- National Center for Continuing Education
- Order of Physicians

**External Members**

Representatives from:

- Parliamentary Committee on Health
- Ministry of Finance
- INSTAT
- World Health Organization, World Bank, UNFPA, UNICEF, EC Delegation
- Bilateral aid agencies
- Non-governmental partners as appropriate

**Objectives:**

1. Facilitate ongoing dialogue to advance progress in health reform, ensuring effective coordination, communication and collaboration of key stakeholders.
2. Use information, analysis, and evidence to inform health sector priority setting and policy making.
3. Ensure that activities of health sector institutions and international partners are designed to achieve agreed upon priorities, implemented according to internationally accepted standards and best practices, and used to ensure accountability.



4. Advocate for increased awareness and participation in health sector activities by key stakeholders, including the public.

### **Main Tasks:**

1. Review roles and responsibilities of key health sector partners and recommend needed changes to ensure that each partner has a clearly defined role within the health system and understands their role.
2. Review key analyses, reports, and monitoring indicators and use the information to identify health priorities, recommend policy actions and/or commission further research.
3. Monitor activities of key health sector partners to ensure they are filling their role and supporting others to fill theirs.
4. Advocate for financial and other resources from both the public and private sectors to address health priorities.

### **Operational Processes**

1. The Committee will determine the best organizational structure that will facilitate its work. This may include for example, formation of regional-level health reform and policy steering committees and/or technical working groups tasked to focus on technical areas such as training, M&E, or quality. This organizational structure may change as progress on health reform is achieved and the objectives of the committee evolve.
2. The Committee will be chaired by the Minister of Health. The committee will vote upon the remaining leadership structure. The M&E Directorate of the Ministry of Health will serve as secretariat to the committee.
3. The committee will meet quarterly to identify priorities and discuss needed recommendations. If the committee feels it is necessary it can vote to meet more frequently. The committee will:
  - Ensure that the meetings serve as opportunities for sharing information and experience, problem-solving, and coordinating activities of all health sector institutions, including international partners.
  - Review, revise and update health sector action plans, milestones, and outcome indicators to better address identified priorities.
4. The committee will conduct an Annual Health Sector Review by reviewing relevant information, including the Annual Health System Performance Assessment Report produced by the M&E Core Working Group. During this review the committee will:
  - Identify areas where policy changes and/or other further action are needed.
  - Update the health sector strategy and key activities for each institution.
  - Identify opportunities to collaborate with international partners to achieve health sector strategic objectives.
  - Develop plans to advocate for additional public and private sector resources to address health priorities.

5. The committee will identify additional information needs to support evidence-based policy development and work with the M&E Core Working group and others as appropriate to meet those needs.