

Albania

Albania is located in south-eastern Europe in the Balkan peninsula bordered by the Federal Republic of Yugoslavia in the north, the former Yugoslav Republic of Macedonia in the east and Greece in the south east. To the west are the Adriatic and Ionian seas. The country covers an area of 28,750 km², and is mainly mountainous apart from a flat coastline.

Albania has a younger population than other European countries. One third of its population of 3.2 million are under the age of 15, and 40% are under the age of 18 years ...



Albania has a high proportion of its population living in rural areas, amounting to just under two thirds in 1993. However, since restrictions on movement were lifted in the 1990s there has been unprecedented internal migration from rural to urban areas ...the exact population of Tirana [the capital] is unknown but is estimated to be over 450,000, which has put considerable strain on the city's infrastructure and health services.¹

¹ *Health Care Systems in Transition: Albania* (1999) Copenhagen: The European Observatory on Health Care Systems: 1.

1 Palliative care service provision

1.1 Current services (last updated: May 2002)

The following palliative care services are known to exist in Albania:

		<i>Existing services (2002)</i>
Adult	Inpatient - Freestanding	1
	- Hospital unit	0
	- Hospital mobile team	0
	Nursing home	0
	Home care	3
	Day care	0
	Total	3
Paediatric	Inpatient	0
	Home care	0
	Day care	0
	Unspecified	0
	Total	0
Grand total		3

Current projects (last updated: May 2002)

No palliative care projects, not yet operational services, are known to exist in Albania.

		<i>Existing services (2002)</i>
Adult	Inpatient - Freestanding	0
	- Hospital unit	0
	- Hospital mobile team	0
	Nursing home	0
	Home care	0
	Day care	0
	Total	0
Paediatric	Inpatient	0
	Home care	0
	Day care	0
	Unspecified	0
	Total	0
Grand total		0

There are currently just three palliative care services in Albania, all offering home care: in Tirana and in Durres (Ryder Albania Association) and in Korce (Mary Potter Sisters).

The Ryder Albania Association (RAA) seeks to promote 'a better quality of life' for patients in the terminal stages of cancer through the provision of a free home care service which includes medical and psychological support.² The Tirana team comprises: 4 doctors, 5 nurses, 1 social worker and 1 secretary and had a total budget of US\$96,000 in 1999. The head of RAA is chief of the department of radiotherapy in the oncology service in Tirana and the head of anaesthesia in the oncology hospital is also involved in the local palliative care service.

The work of RAA in Tirana, Durres and Pristina has been described in detail.³ At Tirana 623 patients were cared for between 1993-2000; at Durres 401 patients were cared for between 1996-2000; and at Pristina 107 patients were cared for in the last nine months of 2000 – making a total of 1,131 patients in all. Pain was the most common problem among these patients (67.7%), followed by dyspnoea (18.8%). Treatment for pain was as follows: NSAIDs+adjuvants (51.1%); NSAIDs+opioids+adjuvants (37.1%); NSAIDs+palliative radiotherapy (11.8%). The average monthly income of the patients cared for was low at US\$31 (1998); US\$34 (1999) and US\$35.3 (2000). Importantly, data have been produced on the cost of the service compared to hospitalisation; the average daily cost of hospital treatment in Albania in 2000 was US\$16.6, compared with the average daily cost of the RAA home care service of US\$5.3 – a saving of two thirds. Palliative care in the hospital is considered a priority for the country as a whole and RAA has ambitions to create a hospice. . Growing numbers of patients are seeking help, and as some terminally ill patients cannot be maintained at home, there is a perception that without an inpatient facility it is impossible to care for all patients adequately.

The Mary Potter Sisters' palliative care centre in Korce operates a home care service and some relatives come direct to the centre, when they need to see the sisters away

² Questionnaire data (EAPC East)

³ Sallaku A, Prifti F, Huta K, Leka P, Rama R and Bicaj X. Aspects of palliative care in Albania and in Kosovo: the experience of Ryder Albania Association (RAA). Poster: *Seventh Congress of European Association of Palliative Care*, Palermo, Italy, 2001.

from the patient's own home. Three sisters (two of whom have worked as Macmillan nurses in the UK and one of whom has palliative care experience in Korea) operate the service along with two local nurses, a part-time qualified volunteer nurse and two volunteer student nurses, plus a secretary. The service has close links with the one oncologist in Korce – the only source of morphine prescribing. The need for the service in the district has been recognised as important by both the Director of Public Health and the Director of Primary Care and it was formally licensed in September 2001, after the production of a detailed business plan and project proposal. Korce has 77,000 inhabitants plus about 150 surrounding villages. Between February and July 2000 the team cared for 58 patients, making 831 home visits; there were 18 deaths and 36 bereavement visits were made.

In January 2001 the Malta Hospice Association created a formal 'twinning' arrangement with the Mary Potter Centre for Palliative Care in Korce. This built on existing links, which had already allowed personnel from Albania to go to Malta for training in palliative care. In May 2002 the service moved back into the health clinic originally built in 1996 and an Albanian doctor trained in Malta, will begin work with the sisters in December 2002, under a five year joint project with the Malta Hospice Foundation and SOS Albania,

Education and training

The Ryder Albania Association (RAA) has funding from the Open Society Foundation in Albania for a two-year programme of National Training Courses in Palliative Care. The project aims are:

- 1.To update participants on the nature of palliative care and discuss the value of working in this field
- 2.To provide theoretical-practical knowledge and skills in coping with the physical problems of terminally ill patients, with appropriate therapy
- 3.To provide theoretical-practical knowledge and skills in coping with the psychological needs of terminally ill patients
- 4.To identify and understand the role and importance of each individual team member in providing palliative care, as well as the crucial importance of working together

5.To clearly identify the role and importance of the volunteer, including recruitment and training.

The grant has also supported translation of two WHO documents on pain and symptom relief. Lobbying by RAA physicians resulted in some specific lectures on palliative care being introduced in 1999 into the teaching of the faculty of medicine in Tirana and into the nursing high school.

1.2 Reimbursement and funding for services

The three palliative care services currently involved in palliative care in Albania are provided by two NGOs: Ryder Albania Association (RAA) and the Mary Potter Sisters (The Little Company of Mary).

1.3 Opioid availability and consumption

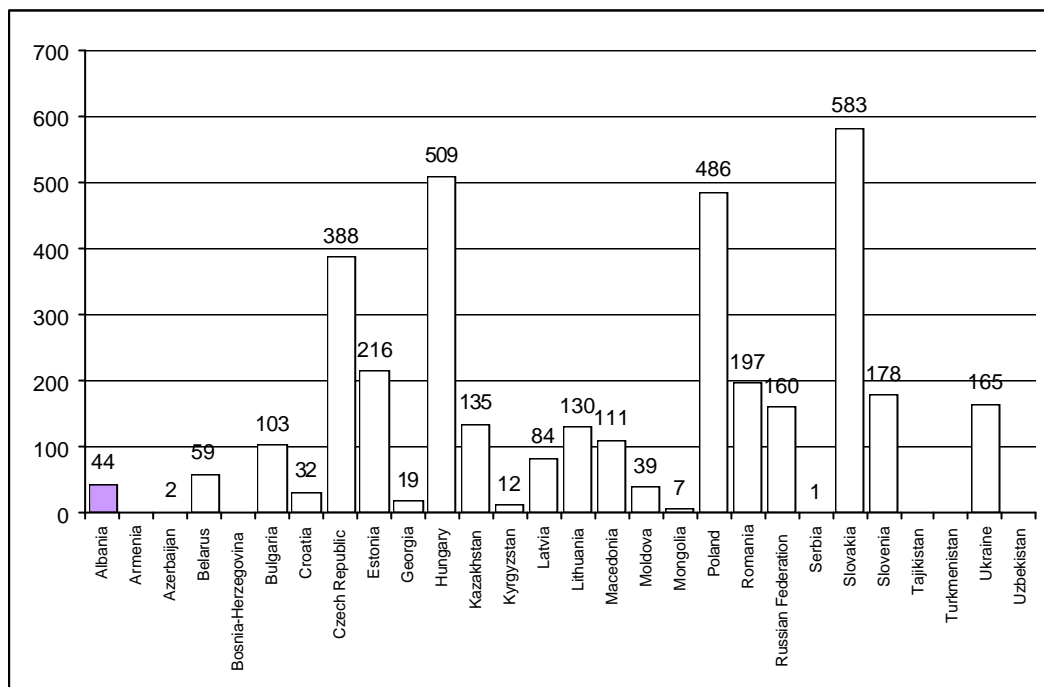
In Albania, people with cancer are entitled to 20 ampoules of morphine, 10mg per week, free of charge; amounts above this must be paid for direct and there is no such provision for those with non-malignant disease.⁴ Morphine can only be prescribed by physicians authorised by the Ministry of Health or from authorised pharmacies, of which there are 2-3 in each city. There is a need to see a wider range of medications recognised for reimbursement, for example NSAIDs. In some areas, special capsules (formerly twists of old newspaper) are made up with morphine powder, phenol-barbiturate and an anti-inflammatory drug and other constituents; nurses find these ineffective for pain relief and inclined to make patients drowsy and unresponsive.

INCB data on opioid consumption in Albania between 1994 and 1998 are available for codeine, morphine and pethidine. Codeine consumption increased eight fold from 5 kg in 1994, to 40 kg in 1998. Over the same period morphine consumption remained low and dropped from 2 kg in 1994 to 1 kg in 1998 and pethidine consumption also fell during these years, from 7 kg to 4 kg. The average daily

⁴ Newton M (2001) The development of terminal care in Albania. *European Journal of Palliative Care* 8(6): 246-49.

consumption of defined daily doses of these drugs per million inhabitants between 1994-98 was: codeine (231); ethyl morphine (3); morphine (44); pethidine (6).⁵

Average defined daily doses of morphine, Central and Eastern Europe (1994-1998)



Source: Clark D, Wright M (2002) *Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia*. Buckingham: Open University Press

1.4 National and professional associations

There is no national association of palliative care, though there is a desire to see one established. Nevertheless, both the Ryder Albania Association and the Little Company of Mary have good international palliative care networks.

⁵ International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.

1.5 Palliative care 'coverage'

There is a service providing palliative care for every 1.03 million people in Albania.

*Ratio of hospice/palliative care services per million population,
Central and Eastern Europe (2002)*

	<i>Ratio 1:</i>
Estonia	1: 0.14m
Poland	1: 0.15m
Slovenia	1: 0.32m
Bulgaria	1: 0.36m
Hungary	1: 0.37m
Latvia	1: 0.48m
Lithuania	1: 0.62m
Czech Republic	1: 1.02m
Albania	1: 1.03m
Romania	1: 1.07m
Slovakia	1: 1.33m
Macedonia	1: 1.98m
Bosnia-Herzegovina	1: 2.00m
Croatia	1: 4.60m
Serbia	1: 10.50m

Source: Clark D, Wright M (2002) Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia. Buckingham: Open University Press

1.6 Palliative care workforce capacity

Albania currently has an estimated 19 physicians and 10-22 nurses with some form of palliative care training. In addition approximately 5 psychologists are doing palliative care work, along with an estimated 3 social workers and 10 volunteers.⁶

⁶Questionnaire data (Observatory)

2 History and development of palliative care in Albania

2.1 Narrative history of palliative care in Albania

In the wake of social, economic and political reform, an important initiative in the development of palliative care in Albania has been the work of two NGOs: the Ryder Albania Association (RAA) and the religious order, the Little Company of Mary.

RAA began its work in the country in November 1993 and is a registered branch of the Sue Ryder Foundation in the United Kingdom: initially its work was in Tirana, which was then followed by a project in Durres. From March 2000 work also began with Ryder Pristina, an offshoot working in Kosovo, still a part of the former Yugoslavia. Personnel have received palliative care training in Milan, Oxford and London, and Puszczkowo and have organised their own 10-day training programme in home care assistance for terminally ill patients. RAA has received external financial and other support from the International Medical Corps, Caritas (Germany), Medics San Frontieres, Medicines du Monds and has an exchange programme with Ryder Italia, in Rome.

The Mary Potter Sisters (Little Company of Mary) is a religious congregation of Catholic women, founded in England in 1870; it is responsible for a number of hospice and palliative care services around the world. The sisters came to Korce, Albania, in August 1993 at the request of Ivan Diaes, Apostolic Nuncio for the country, and developed a number of projects for humanitarian aid, including the care of terminally ill people. They also created a modern health care centre, which was opened in October 1996, but destroyed during a period of civil unrest in March 1997. After a break of eight months away from the country, the sisters returned to Korce at the end of 1998 and, following an evaluation of their overall strategy, decided to concentrate their work in palliative care. They opened a palliative care centre in Korce in January 2001.

Most of our respondents from Albania report low levels of knowledge about palliative care among politicians, the general public and health care personnel themselves.

2.2 Hospice/beacon case studies

No information currently available.

2.3 Life/oral histories

No information currently available.

3. Public Health Context

3.1 Population

The population of Albania in 1997 was 3,324,000. Between 1990 and 1995 some 300,000 people left the country, but in 1999 over 400,000 people from Kosovo sought temporary refuge there.

3.2 Epidemiology

Albania now has a falling birth rate, but the highest rate of infant mortality in Europe (26 deaths per 1,000 live births in 1996). There is a continuing high prevalence of infectious disease, but cardiovascular disease is the leading cause of death. There were 16,476 deaths in Albania in 1999, of which 2,464 were from cancer. A life expectancy in 1994 of 69.2 for men and 75.0 for women, above the average for CEE countries, is testimony to the underlying health and good nutrition of the population, despite problems of low income and limited available health services. Corresponding figures for 2000 report a life expectancy for men of 64.3, and for women 72.9. Alcohol and tobacco consumption have been low, but are thought to be rising. Unemployment rose from 12% in 1996 to 28% in 2001.

Population and life expectancy, Central and Eastern Europe (2000)

	<i>Population</i>	<i>Life expectancy</i>	
	<i>Millions</i>	<i>Male</i>	<i>Female</i>
Albania	3.1	64.3	72.9
Bosnia- Herzegovina	3.9	68.7	74.4
Bulgaria	7.9	67.4	74.9
Croatia	4.6	69.8	77.7
Czech Republic	10.2	71.5	78.2
Estonia	1.3	65.4	76.5
Hungary	9.9	66.3	75.2
Latvia	2.4	64.2	75.5
Lithuania	3.7	66.9	77.2
Macedonia	2.0	70.2	74.8
Poland	38.6	69.2	77.7
Romania	22.4	66.2	73.5
Serbia	10.5		
Slovakia	5.3	69.2	77.5
Slovenia	1.9	71.9	79.4

Source: World Health Report 2001

Figures are not available for Albania on standardised death rates per 100,000 population.

*WHO age standardised death rates per 100,000 population,
Central and Eastern Europe (1995-1998)*

	<i>Year</i>	<i>All causes</i>	<i>Cancer</i>
Albania			
Bosnia- Herzegovina			
Bulgaria	1998	958.9	123.3
Croatia	1997	836.0	174.2
Czech Republic	1998	706.6	182.9
Estonia	1998	907.7	157.8
Hungary	1998	917.8	219.4
Latvia	1998	955.2	152.1
Lithuania	1997	817.2	149.4
Macedonia	1997	809.1	126.6
Poland	1996	812.2	165.2
Romania	1998	933.9	130.6
Serbia			
Slovakia	1995	820.9	172.3
Slovenia	1997	666.1	167.5

Source: World Health Organisation: World Health Statistics 1997-1999

3.3 Health care system

Civil unrest in the early and late 1990s led to the physical destruction of some health services buildings and equipment. Emergency care only was available and many health care staff abandoned their posts. There was little administrative or managerial capacity to respond to such crises. The governments of Albania and Switzerland, together with the World Bank, embarked upon a wide-ranging development strategy for the country's health care system in 1999. The Ministry of Health remains the major funder and provider of health care services. Health insurance was introduced in 1995 in the form of the Health Insurance Institute and nearly 70% of the population was covered through health insurance by 1997.⁷

One palliative care commentator has said of the country:

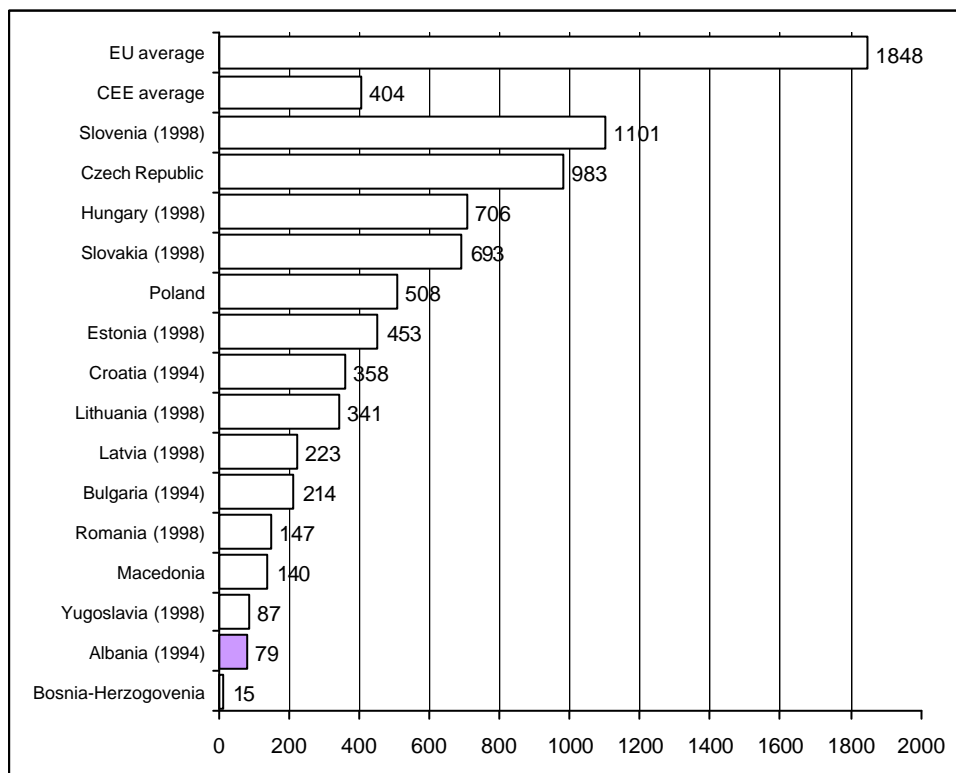
⁷ *Health Care Systems in Transition: Albania* (1999) Copenhagen: The European Observatory on Health Care Systems: passim and USAID Albania country profile (www.usaid.gov/regions/europe_eurasia).

Cancer and morphine are synonymous with death and therefore not mentioned. Even the medical profession is reluctant to use the word ‘cancer’ preferring to call it ‘the big severe illness’ when communicating with patients and their families. The result is great anxiety and distress for the patients who, while on the one hand are told that they are getting better, are increasingly aware that their symptoms are getting worse. They do not want to distress their family by asking awkward questions so they exist in an uneasy silence.⁸

Misconceptions about cancer and about pain relief are said to be widespread both among doctors and the wider public.

Health care expenditure (US\$) per capita, Central and Eastern Europe

Health care expenditure (US\$) per capita: CEE



Source: WHO Regional Office for European Health for All database and HiTs

3.4 Political economy

In the early 1990s the Albanian government began to allow opposition parties, after the collapse of communism elsewhere in Eastern Europe and following popular

⁸ Newton M (2001) The development of terminal care in Albania. *European Journal of Palliative Care* 8(6): 246-49.

protests within the country itself. Privatisation of state lands soon followed. In 1997 however there was a major collapse of several so-called pyramid savings schemes, leading to widespread violence and civil unrest.

Albania is divided into 12 administrative prefectorates, each with a centrally appointed administration and each divided into three districts. Districts are further sub-divided and there are 315 communes and 42 municipalities in the country.

Albania is among the poorest of European countries: GDP per capita was US\$2,853 in 1995. War in Bosnia and Kosovo and continuing civil instability have all affected the Albanian economy.

4 Ethics and ethnography

4.1 Ethical issues

No information currently available.

4.2 Ethnographic studies

No information currently available.

5 References and further reading

5.1 References

- 1: *Health Care Systems in Transition: Albania* (1999) Copenhagen: The European Observatory on Health Care Systems: 1
- 2: Questionnaire data (EAPC East)
- 3: Sallaku A, Prifti F, Huta K, Leka P, Rama R and Bicaj X. Aspects of palliative care in Albania and in Kosovo: the experience of Ryder Albania Association (RAA). Poster: *Seventh Congress of European Association of Palliative Care*, Palermo, Italy, 2001.
- 4: Newton M (2001) The development of terminal care in Albania. *European Journal of Palliative Care* 8(6): 246-49.
- 5: International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.
- 6: Questionnaire data (Observatory)
- 7 : *Health Care Systems in Transition: Albania* (1999) Copenhagen: The European Observatory on Health Care Systems: passim and USAID Albania country profile (www.usaid.gov/regions/europe_eurasia/countries/al/index.html).
- 8: Newton M (2001) The development of terminal care in Albania. *European Journal of Palliative Care* 8(6): 246-49.