

Albania - Researched and compiled by the Refugee Documentation Centre of Ireland on 20 July 2009

Access to medication in Albania

The Country of Return Information Project states in their December 2008 report under Section, 3.4.3.7, Supply with standard medicines:

"In 1994, an essential drugs list of 174 products was drawn up, adapted from the WHO Essential Drugs List. The Health Institute only reimburses the pharmaceuticals on this list, either in part or in full. The list was expanded to 308 drugs in 2001. Drug reimbursement absorbed 70% of the HII budget in 2002, when it had reimbursement contracts with 754 pharmacies and pharmaceutical posts.

As of August 2008, only infants under one year old, invalids and war veterans received full subsidies for essential pharmaceuticals. Other subsidies are categorized by therapeutic application, for example, drugs used for cancer or tuberculosis.

Hospitals purchase essential drugs three months in advance based on anticipated need. A key issue is the efficiency and effectiveness of public procurement systems, specifically whether procurement agents obtain the best prices. As funding is very limited, they often run out of drugs before new supplies arrive, so that patients must often buy their medications from private pharmacies.

Private pharmacies, which number more than 500, are well stocked and better managed than hospital dispensaries. There is no shortage of essential drugs, but the absence of a good regulatory framework allows poor practices to continue, such as the dispensing of drugs that are inferior quality, outdated or unregistered.

However, the Austrian Ministry of Foreign Affairs describes the supply with standard medicines in Albania as insufficient and advises his citizens to carry an own supply of medicines needed while being in the country." (Country of Return Information (CRI) Project (December 2008) *Country Sheet - Albania*)

A WHO web page on pharmaceuticals states:

"Until 1992, Albania produced all the vaccines used in its national immunization programme in the Institute of Hygiene, Epidemiology and Immune-biological Products, except for the poliomyelitis vaccine. Production took place under poor laboratory conditions, which was why the Ministry of Health decided to stop producing vaccines. Since then, all vaccines have been supplied by UNICEF or imported. However, quality control of imported biological products and drugs remains a problem, since Albania has poor quality control capabilities.

Health care technology assessment is an area that still needs to be developed. One proposal, which has not yet been implemented, is to only purchase expensive technology after assessment by an expert national body. There is also an urgent need to oversee the safe operation and proper maintenance of basic medical equipment (X-rays, laboratory equipment, etc.)." (WHO/Europe (15 December 2006) *Pharmaceuticals - Albania*)

A WHO document on Albania states under the heading 'Public/Private Mix':

"The private sector provides drug distribution, dentistry, medical care, mainly through diagnostic outpatient clinics in urban areas, some run by religious or other NGOs. There are no mechanisms to monitor the quality of the services in the private specialized outpatient facilities." (WHO (undated) 10 health questions about the new EU neighbours - Albania p. 12)

This document also states under the heading 'Pharmaceuticals':

"Domestic drug manufacturing has been privatized, but imports comprise the largest share of drugs used in the country. Essential drugs are provided free to infants, disabled people and war veterans. Other subsidies for medicines are categorized according to diseases. Private pharmacies are very well developed, but a good legal base is still needed to regulate their work." (Ibid, pp. 13-14)

The US Department of State Country Report states under the heading 'Persons with Disabilities':

"The ombudsman's inspection of mental health institutions showed that the hospitals were understaffed and poorly supplied, with unacceptable hygienic and sanitary conditions and a lack of medical supplies." (United States Department of State (25 February 2009) 2008 Country Reports on Human Rights Practices – Albania)

In relation to private sector distribution of drugs the UK Home Office Operational Guidance Note states:

"The private sector provides a good distribution of drugs via a network of about 750 private pharmacies around the country." (United Kingdom Home Office (December 2008) *Operational Guidance Note – Albania*, Sections 4.4.7)

In relation to medical treatment the UK Home Office Operational Guidance Note states:

"Since the 1990s government services, including health care, have suffered several setbacks. During this transitional period, almost a quarter of the city health centres and two thirds of the village health posts were destroyed or in bad condition. Most hospitals were reduced to providing emergency care only and about 30% of the country's medical staff abandoned their posts.

A basic primary health care system was established prior to 1990. Albanian health care services are delivered in poor facilities with inadequate equipment. Most of the doctors have not been trained in general practice. A typical health post is staffed by a nurse or midwife and provides maternity care, child health services and immunisations. In urban areas, large polyclinics provide specialist outpatient care and also act as the first point of contact for medical care. Tertiary care (specialised consultative care) remains quite limited and is located mainly in Tirana. Secondary grade care is provided mainly by district hospitals of which there are 20 with 100 to 400 beds, and 22 smaller hospitals. District hospitals provide a minimum of 4 basic services; internal medicine, paediatrics, general surgery and obstetrics/gynaecology." (Ibid, Sections 4.4.4 and 4.4.5)

References

Country of Return Information (CRI) Project (December 2008) Country Sheet - Albania

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

Sources consulted

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