



Long-term care for the elderly in Albania

Challenges and key policy issues



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► Abbreviation

ADLs	Activities of Daily Living
EHIS	European Health Interview Survey
EU	European Union
GALI	Global Activity Limitation Indicator
GDP	Gross domestic product
IADLs	Instrumental Activities of Daily Living
ILO	International Labour Organization
INSTAT	Institute of Statistics of Albania
NGOs	Non-Governmental Organizations
SILC	Survey on Income and Living Conditions
UN	United Nations
WHO	World Health Organization

Introduction

Although Albania has its own social protection system in place, there still exist several gaps in its scope of benefits. In particular, the recent review of the social protection system in Albania points out that Albania is still lagging behind in the long-term care services for the elderly.¹

The provision of long-term care for elderly in Albania is constrained by the low income of households and the elderly as well as by the limited financial capacities of the public budget and social insurance schemes.

While the Albanian population is ageing rapidly, Albania is facing an imminent challenge to ensure the access to affordable and quality long-term care services for all the elderly in need. The ILO Social Protection Floors Recommendation No. 202 calls upon member states to build comprehensive social security systems by establishing national social protection floors to ensure that all members of society enjoy at least a basic level of social security throughout their lives. Access to adequate long-term care is considered to be one of the basic social security guarantees to be ensured by the national social protection floors.

In 2019, the Albanian government adopted the National Action Plan on Ageing 2020-2024. It is the first policy document addressing long-term care services for the elderly. The National Plan refers to the need of integrated social and health services, and the need to expand the community services and increase the capacity of care providers.

Within the framework of the Joint UN Programme “Strategic policy options for SDG financing”, the ILO has conducted a policy study on the long-term care services for the elderly. Long-term care has been attracting a great policy focus in the countries at a more advanced stage of aging society. There has been a considerable amount of research addressing various aspects of long-term issues in the OECD and European Union (EU) countries. Benefiting from lessons learned from the experiences of those countries, this report will address the challenges facing Albania in long-term care for the elderly.

This report was prepared by Kenichi Hirose, Senior Social Protection Specialist, ILO Office for Central and Eastern Europe, based on the report prepared by Ariana Pellumbi, Director of Inspection of Social Services Standards of the State Inspectorate of Labour and Social Services of Albania. The report was reviewed by Alban Ylli and Arlinda Ymeraj, national experts on long-term care.

¹ ILO 2021a. The report was developed in the framework of the Joint UN Programme “Catalysing Municipal Social Protection”.

This report is organized as follows: **Chapter 1** presents the demographic transition in Albania and estimate the future demand of long-term care. **Chapter 2** reviews the current provision of long-term care services in Albania. **Chapter 3** presents the key issues in the long-term care policy in Albania.

We hope that the key findings and recommendations formulated in this report will contribute to national policy dialogue to discuss strategic actions to ensure adequate, sustainable and quality care services to all elderly in need in Albania.

1. Growing demand of long-term care in Albania

▶ 1.1. Demographic trends and projection

Population ageing is a global phenomenon. Albania is not an exception. As shown in Table 1.1, over the past 30 years between 1990 and 2020, Albanian population has undergone a significant improvement in life expectancy for both sexes, coupled with a sharp reduction in the total fertility rate as well as a significant level of out-migration flow. As a result, the population aged 65 or over has increased by 2.3 times from 180 thousand in 1990 to 420 thousand by 2020. Accordingly, the percentage of the population aged 65 or over has increased from 5.5 percent in 1990 to 14.8 percent by 2020.

It is estimated that 46.0 percent² of the population aged 65 or over, around 200 thousand persons, are currently living in rural areas. Due to the migration of younger family members, in some municipalities a majority of residents are elderly living alone.

▶ **Table 1.1. Key demographic indicators of Albania, 1990-2020**

	1990	2000	2010	2020
Population				
Total population (thousands)	3,286	3,129	2,948	2,846
Population aged 15-64 (thousands)	2,028	1,959	1,972	1,947
Population aged 65 or over (thousands)	181	221	314	420
Percentage of population aged 65 or over	5.5%	7.1%	10.7%	14.8%
Old-age dependency ratio	11.2	8.9	6.3	4.6
Total fertility rate (live births per woman)	3.15	2.38	1.64	1.34
Male life expectancy at birth (years)	69.3	70.2	73.2	75.2
Female life expectancy at birth (years)	75.0	76.1	78.5	79.6
Rates of change over the previous 5 years				
Crude birth rate (per 1,000)	26.0	18.7	11.9	9.9
Crude death rate (per 1,000)	5.8	6.2	6.7	9.7
Net migration rate (per 1,000)	0.0	-11.5	-14.4	-5.9

Source: From 1990 to 2010, United Nations, World Population Prospects, the 2019 Revision. For 2020, Institute of Statistics of Albania.

² Estimated by the resident population in rural and urban areas by age based on the 2011 Census. It should be noted that a growing number of internal migration to urban areas has been observed over the last decade.

As shown in Table 1.2, the population projection carried out by the Institute of Statistics of Albania (INSTAT)³ indicates that over the next 30 years the population aged 65 or over will further increase by 48 percent from 420 thousand in 2020 to 623 thousand in 2050, while the population aged 80 or over will increase by 2.6 times from 82 thousand in 2020 to 214 thousand in 2050. The percentage of the population aged 65 or over is thus expected to increase nearly twofold to 26.4 percent by 2050, while the percentage of the population aged 80 or over is expected to increase threefold from 2.9 percent in 2020 to 9.1 percent by 2050. The dependency ratio⁴ of the population aged 65 or over is projected to decrease from 4.2 in 2020 to 2.1 in 2050, and the dependency ratio of the population aged 80 or over will decrease from 21.4 in 2020 to 6.0 in 2050.

► **Table 1.2. Projected population in Albania by sex and age, 2020-2050**

	2020	2030	2040	2050
Population (males)				
Total	1,419,022	1,304,436	1,194,025	1,056,839
20-64	870,935	743,047	644,241	564,395
65 or over	202,277	272,234	291,836	272,110
80 or over	38,508	56,069	81,838	88,241
Population (females)				
Total	1,437,706	1,453,104	1,405,664	1,297,797
20-64	885,341	835,046	769,593	723,683
65 or over	218,071	315,961	365,703	350,651
80 or over	43,738	67,010	107,235	125,981
Population (both sexes)				
Total	2,856,728	2,757,540	2,599,689	2,354,636
20-64	1,756,276	1,578,093	1,413,834	1,288,078
65 or over	420,348	588,195	657,539	622,761
80 or over	82,246	123,079	189,073	214,222
Share of the total population (both sexes)				
20-64	61.5%	57.2%	54.4%	54.7%
65 or over	14.7%	21.3%	25.3%	26.4%
80 or over	2.9%	4.5%	7.3%	9.1%

³ Under the medium growth scenario, the following assumptions have been made.

- the life expectancy at birth of males increases from 77.4 years in 2018 to 81.5 years in 2031 onwards;
- the life expectancy at birth of females increases from 80.5 years in 2018 to 85.0 years in 2031 onwards;
- the total fertility rate increases marginally from 1.37 children per woman in 2018 to 1.50 children per woman in 2031 onwards.

⁴ The dependency ratio is defined by the ratio of the population aged between 20 and 64 to the elderly population aged above the specified age threshold.

Old-age dependency rates (both sexes)				
65 or over	4.18	2.68	2.15	2.07
80 or over	21.35	12.82	7.48	6.01

Source: Institute of Statistics of Albania.

Evidently, such a rapid population ageing has serious impacts on the long-term care system. An increasing number of older people will lead to more need for long-term care services. At the same time, the declining share of the working age population will make it more difficult to secure necessary human and financial resources to provide adequate care services. A significant number of migrant workers – some of whom may work as care providers in the receiving countries – negatively affects the long-term care provision.

▶ 1.2. Estimation of the demand of long-term care

In order to formulate evidence-based social protection policy, it is crucial to have the information on the number of elderly persons in need of long-term care and its future development. In 2020, there were 420 thousand persons aged 65 or above in Albania. Based on the 2019 Survey on Income and Living Conditions (SILC) in Albania, 21.6 percent of the persons aged 65 or above living in private households responded severe limitations in activities of daily living (ADLs) due to health problems.⁵ Following the methodology adopted by the EU report (EU 2021), we consider the self-reported severe limitations as a proxy for the need for long-term care. Under this assumption, it is estimated that 90.9 thousand persons aged 65 or above are in need of long-term care in 2020. As remarked by the EU report, this figure should be treated with caution because people's assessment of their limitations is subjective and may also be affected by cultural factors.⁶ Furthermore, in comparison with EU average,⁷ the above estimated number for Albania is considered to give a lower bound of the actual figure.

Assuming that each of 90.9 thousand elderly in need of care requires one-hour care work per day at the average wage, the total cost of care work was evaluated at 18.3 billion lek (150 million euro) or 1.08 percent of GDP.⁸

⁵ The Global Activity Limitation Indicator (GALI) was developed to monitor the limitation in activities people usually do because of one or more health problems. The limitation should have lasted for at least the past six months. Three answer are: 'severely limited', 'limited but not severely' or 'not limited at all'.

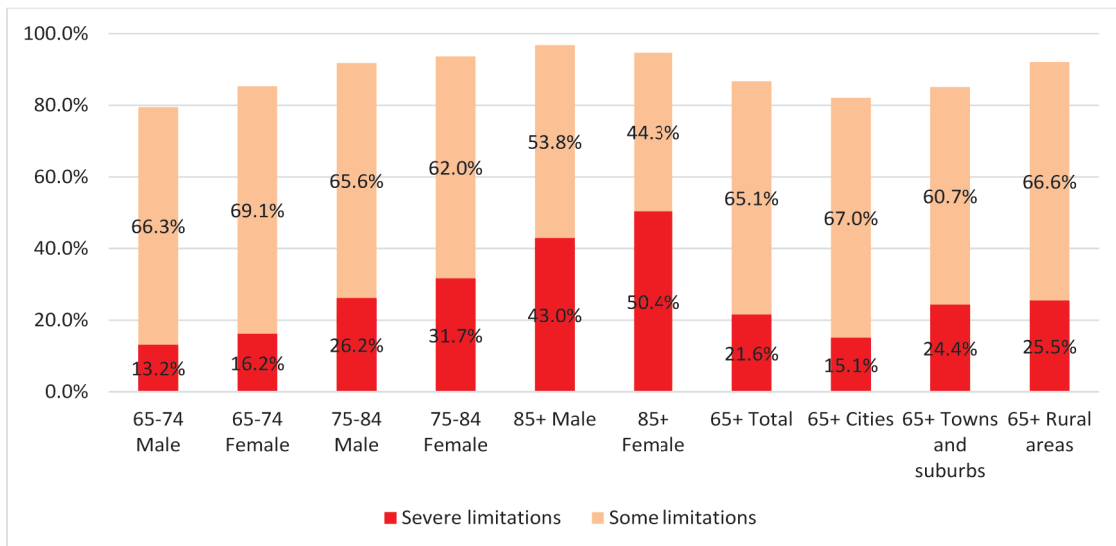
⁶ A recent cross-country study, which covers Albania, confirms the validity of the self-rated health as a measure of overall health status in older adults (Pérez-Zepeda *et. al.* 2016).

⁷ Based on the European Health Interview Survey (EHIS), the self-reported long-term care needs among older people living in private households was 30.9 percent on average of EU-22, ranging between 11.6 percent in Luxembourg and 56.5 percent in Romania.

⁸ Based on the minimum wage, the total cost of care work was evaluated at 9.8 billion lek (80 million euro) or 0.58 percent of GDP.

As shown in Figure 1.1, the need for long-term care, measured by the severe limitations in ADLs, increases significantly with age. Especially, nearly half of the population aged 85 or over (44.1 percent for men and 50.7 percent for women) report severe limitations hence require care services. The potential need for long-term care also differs by sex and geographical areas. For each age group, women face severe activity limitation more frequently than men. Further, the rates of severe limitation are much higher for the residents in suburbs and rural areas than the residents in cities.⁹

► **Figure 1.1. Self-perceived long-standing limitations in daily living activities due to health problem by sex, age and area, Albania, 2019**



Source: Institute of Statistics of Albania.

The ageing population is expected to entail a substantial increase in the demand of long-term care. Table 1.3 and Figure 1.2 present the number of elderly persons in need of long-term care estimated by applying the sex and age specific rates of self-reported severe limitations in ADLs (fixed at the 2019 level) to the projected population over the next 30 years.

It is estimated that the number of persons potentially in need of long-term care in Albania will increase from the current estimated number of 90.9 thousand to 130.4 thousand (43 percent increase) in 2030, 160.9 thousand (77 percent increase) in 2040, and 161.1 thousand (77 percent increase) in 2050. Especially the increase is more significant for women (92 percent increase by 2050). As the share of the population aged 80 or over is also projected to increase, the cost of the necessary care will increase even faster than the number of persons in need of care.

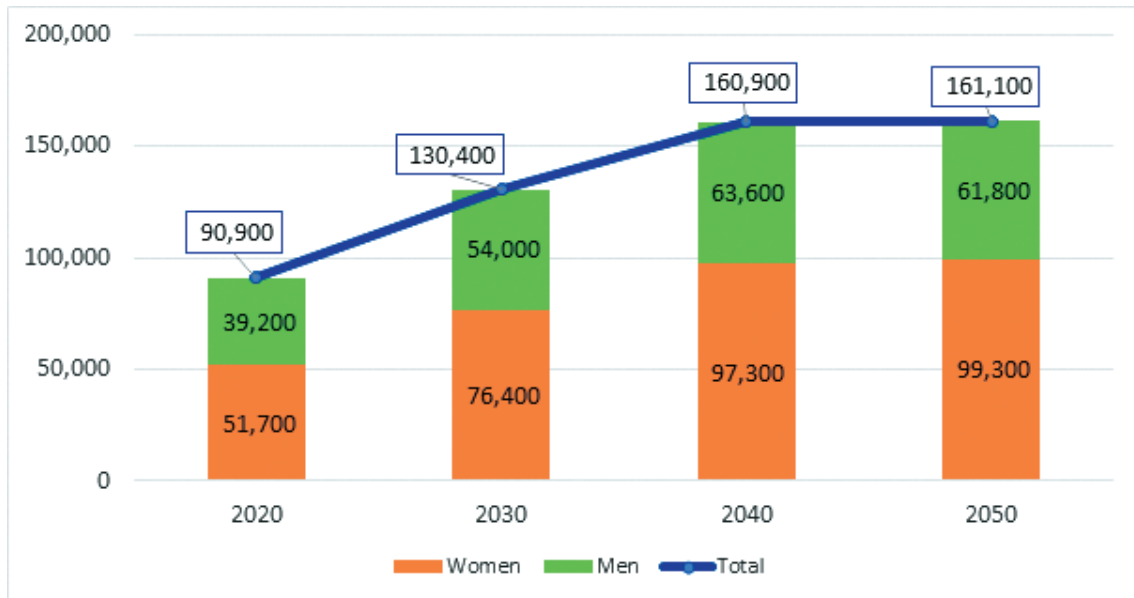
⁹ Albanian Network of Older People (MOSHA) 2017. This study also presents the socioeconomic conditions, health status and social participation of the older people in Albania.

► **Table 1.3. Projected number of the elderly in need of care by sex, Albania, 2020-2050**

Year	2020	2030	2040	2050
Males				
Population aged 65 or above	202,277	272,234	291,836	272,110
Persons with limitations	171,268	231,002	252,104	236,039
As % of the population aged 65 or above	84.7%	84.9%	86.4%	86.7%
Persons with severe limitations	39,182	54,002	63,595	61,752
As % of the population aged 65 or above	19.4%	19.8%	21.8%	22.7%
Persons with severe limitations (Index 2020=1.00)	1.00	1.38	1.62	1.58
Females				
Population aged 65 or above	218,071	315,961	365,703	350,651
Persons with limitations	193,564	280,635	328,510	316,389
As % of the population aged 65 or above	88.8%	88.8%	89.8%	90.2%
Persons with severe limitations	51,714	76,361	97,323	99,317
As % of the population aged 65 or above	23.7%	24.2%	26.6%	28.3%
Persons with severe limitations (Index 2020=1.00)	1.00	1.48	1.88	1.92
Both sexes				
Population aged 65 or above	420,348	588,195	657,539	622,761
Persons with limitations	364,832	511,637	580,614	552,428
As % of the population aged 65 or above	86.8%	87.0%	88.3%	88.7%
Persons with severe limitations	90,896	130,364	160,918	161,069
As % of the population aged 65 or above	21.6%	22.2%	24.5%	25.9%
Persons with severe limitations (Index 2020=1.00)	1.00	1.43	1.77	1.77

Source: ILO own calculations based on data of the Institute of Statistics of Albania.

► Figure 1.2. Projected number of the elderly in need of care by sex, Albania, 2020-2050



Source: ILO own calculations based on data of the Institute of Statistics of Albania.

2. The current public provision of long-term care services for the elderly in Albania

▶ 2.1. Main legislation related to long-term care services

Albania does not have a separate social protection branch dedicated to long-term care, nor does it have a definition of long-term care in the national legislation. Currently the long-term care services for the elderly are mainly provided as social care services organized at the municipality level.

The main law concerning social care services is

- ▶ Law No. 121/2016, dated 24.11.2016, “On Social Care Services in the Republic of Albania”.

The Government has adopted the following regulations concerning the social care services for the elderly:

- ▶ Council of Ministers Decision No.823, dated 6.12.2006, “On Standards of Social Care Services for elderly people in residential centre”;
- ▶ Council of Ministers Decision No.518, dated 4.9.2018, “On Community and Residential Social Care Services: procedures for their benefit and the measure of personal expenses for beneficiaries of organized service”.
- ▶ Guidance of Minister of Health and Social Protection No.581, dated 18.12.2017, “On the approval of standards of social care services in domestic assistance for the elderly”;
- ▶ Guidance of Minister of Health and Social Protection No.911, dated 27.12.2018, “On the approval of standards of multidisciplinary and community care services”;
- ▶ Council of Ministers Decision No.148, dated 13.3.2018, “On the establishment of rules of cooperation among advisory and coordination mechanisms”;
- ▶ Council of Ministers Decision No. 578, dated 3.10.2018, “On the procedures of case management”.

These regulations define the competences and tasks needed for quality services and outline the type of services and requirement of carers in community care centres. Yet the staff working in the public centres are mainly medical staff and nurses, even though the profession of social worker is foreseen in the approved structure. The implementation of these regulations requires simultaneous measures, such as the implementation of the Law on Social Enterprises, pricing of the standard services, procurement of social care services, operationalizing the Social Fund, etc.

In Albania, local governments play the main role in the delivery and financing of social care services. As a result of Albania's fiscal and administrative decentralization, the provision of social care services has been transferred from the central government to local governments (61 municipalities in 12 regions – see Annex). The main law is

- ▶ Law No. 139/2015 on “Self-governance of Local Government” (in particular Article 24).

Each municipality is expected to develop its social care plan which specifies the costs for services and the resources allocated from the municipality budget. With the support of the UNDP, 60 municipalities out of 61 have already adopted social care plans by 2021. Among them, 39 municipalities planned intervention for the elderly. However, the capacity and resources of the municipalities to deliver social care vary significantly. Many local governments still remain heavily dependent on the State budget.

To ensure an adequate level of funding at local levels for implementing social care plans, the Social Fund was established in 2018. The relevant regulations are:

- ▶ Council of Ministers Decision No. 111, dated 23.2.2018, “On the establishment of the Social Fund”;
- ▶ Council of Ministers Decision No. 150, dated 20.03.2019, “On the methodology for the calculation of funds to finance social care services”.

The Social Fund provides financial support of up to 90 percent of funding in the first year, up to 60 percent in the second year, and 30 percent thereafter. From 2019 to 2021, the Social Fund disbursed 344.1 million lek to municipalities (not all 61 municipalities). Of this, 57.0 million lek or 16.6 percent of the total amount was aimed at the delivery of social care services for the elderly.

According to a recent analysis of the social care services for the elderly,¹⁰ the following observations are made:

¹⁰ Ymeraj *et. al.* 2021.

- ▶ In Albania, 50 types of social services are provided for the elderly by 43 institutions. Of these, 42 percent of services are provided by public institutions, while 58 percent of them are provided by non-public institutions.
- ▶ For the services provided by public institutions, 43 percent were financed by municipalities and 38 percent were financed by the state, and 19 percent were financed by both municipalities and the state.
- ▶ For the services provided by non-public institutions, 35 percent were financed by NGOs and 31 percent were financed by International Organizations, and 24 percent were are financed in mixed ways.
- ▶ By geographical distribution, the Tiranë region provides the highest number of social services, while the regions of Vlorë and Fier provide limited number of services.
- ▶ By types of services, 32 percent were community services and 26 percent were residential services, followed by emergency services (16 percent) and family services (14 percent). Other types of services (specialized services, consultations, alternative care, pre-social services) constitute 12 percent in total.
- ▶ Based on the data of this study, 36 municipalities do not provide any services for the elderly, and 16 municipalities provide only one type of service for the elderly.
- ▶ As shown in Table 2.1, only 1.6 percent of the elderly in need of care¹¹ receive social care services. There is a considerable difference between regions.

▶ **Table 2.1. Number of the elderly receiving social services by region, Albania, 2021**

	Number of the elderly receiving social services	As a percentage of the elderly in need of care
Berat	100	1.8%
Dibër	62	1.2%
Durrës	150	1.5%
Elbasan	140	1.2%
Fier	61	0.5%
Gjirokastrër	90	3.0%
Korçë	340	4.2%
Kukës	128	3.9%
Lezhë	100	1.8%
Shkodër	127	1.6%

¹¹ The estimated number is 107.4 thousand persons, which is more than the ILO estimate of 90.9 thousand persons.

Tiranë	339	1.2%
Vlorë	45	0.7%
TOTAL	1,682	1.6%

Source: Ymeraj *et. al.* 2021.

Data source: Administrative data of municipality Social Service Offices, 2021.

Of the newly created municipal social services over the last five years, 33.3 percent of beneficiaries were people with disabilities, 19.3 percent were children, and 15.8 percent were victims of domestic violence and 15.8 percent were elderly. These figures *de facto* reveals the priority in the target groups by the municipalities. It is reported that municipalities face difficulties in measuring the need and cost of care services of the elderly and that the support by international agencies and NGO are mainly focused on children and people with disabilities. Some municipalities affected by the ageing due to migration (such as Konispol, Finiq, Dropull, Kolonjë in the South of the country) proposed social care services for the elderly living alone.

► 2.2. Provision of social care services for the elderly by local governments

Law No. 121/2016 “On Social Care Services in the Republic of Albania” stipulates the following services for the elderly:

- Residential care services are provided to the elderly who suffer from permanent changes in health status and need constant care in order to meet the basic needs when this care cannot be provided at home or foster family.
- Home services are provided to the elderly at home who are unable to care themselves and cannot be helped by family members or caregivers. They consist of day care services including: a) the supply and distribution of meals at home, b) supply of drugs or vital supplies, c) personal hygiene, d) assistance to other daily needs based on the individual assessment, and e) psychosocial support.
- Local governments also provide day care services at community centres or other facilities. During their stay in the community centres, the elderly will receive services for personal hygiene, health care, education, psycho-social rehabilitation, participation in leisure activities in the community, and other services.

(1) Residential care services

As shown in Table 2.2, currently 23 institutions offer residential social care services for the elderly. These residential social care service centres can accommodate up to 705 persons in total and they are almost fully occupied. The current capacity of residential care covers only 0.78 percent of the estimated number of the elderly in need of long-term care.¹²

► **Table 2.2. Residential care services in Albania by status, 2021**

Status of service	Number of institutions	Number of staff	Capacity	Number of users	User payment
Public (formerly national)	6	134	300	304	Yes: 40% of the pension
Public (local government)	2	17	25	40	No
Private (not-for-profit; religious based)	3	34	80	72	No
Private (for-profit)	12	125	300	280	Yes: usually more than 45,000 lek per month
TOTAL	23	310	705	696	

Source: The State Inspectorate of Labour and Social Services of Albania.

Public residential social care centres consists of six former national residential care centres which have been transferred to the local governments, and two residential social care centres which have been recently created by municipalities. These public residential care institutions are not adequately equipped, although some recently renovated residential care institutions have physiotherapy equipment and a nurse station which can perform electrocardiogram test, ultrasonography, oxygen therapy etc. The minimum standard requires at least one nurse on duty by shifts.

Regarding the cost sharing, the users in former national residential care centres are required to pay 40 percent of their pensions. The two municipal social care centres are fully funded by the municipality budget. In addition, there are three centres run by religious-based organizations.

¹² With the financial support from the EU, the Ministry of Health and Social Protection plans to construct 11 residential care service centres. Three of them are dedicated to the elderly.

The limited capacity of the public residential care institutions does not meet the current demand of the elderly in need of care. In 2020, out of 120 applications for residential social care services, only 42 were admitted and the rest of 78 were added to the waiting list and could be admitted only if there is a vacancy available in the existing residential centres.¹³

There are 12 private institutions offering residential care services. The payment is determined in the care service contract depending on the individual's situation and need of care. The average payment is around 45,000 lek per month. However, additional payments are required for additional services, such as hygiene packages, examination and specialized health services. The payment level of private residential care institutions by far exceeds the level of average old-age pensions (See Table 2.5).

The residential care institutions are not evenly distributed across the country. As shown in Table 2.3, more than half residential care institutions (especially 11 out of 15 private institutions) are concentrated in Tiranë region. Four out of 12 regions, mostly rural ones, have no residential care institution. If the residential services are not available near the residence, the elderly face considerable difficulties in relocating themselves and settle down in a new environment, away from their relatives and acquaintances.

► **Table 2.3. Residential care services in Albania by region, 2021**

Region	No. of institutions	Public	Private	The location of the institution
Berat	1	1	0	Poliçan
Dibër	0	0	0	
Durrës	1	0	1	Durrës
Elbasan	1	1	0	Elbasan
Fier	1	0	0	Fier
Gjirokastër	1	1	0	Gjirokastër
Korçë	1	0	1	Korçë
Kukës	0	0	0	
Lezhë	0	0	0	
Shkodër	4	2	2	3 Shkodër, 1 Barbullush, 1 Vau i Dejës

¹³ For the application of residential social care services, an elderly must submit a written request to the local social services together with necessary documents (e.g. pension certificates, conditions assessment, health status). The Commission for Admissions to Residential Care Institutions for the Elderly under the State Social Service will assess the application and make the decision within 10 days.

Tiranë	13	2	11	12 Tiranë, 1 Kavajë
Vlorë	0	0	0	
TOTAL	23	8	15	

Source: The State Inspectorate of Labour and Social Services of Albania.

(2) Community care services

As shown in Table 2.4, there are 34 community care service centres in Albania. In total, they can provide services up to 1,670 elderly, and they are almost fully used. The current capacity of community care covers only 1.8 percent of the estimated number of the elderly in need of long-term care.

► **Table 2.4. Community care services in Albania by type, 2021**

Service offered by communities	Service provider status	Number of providers	Staff	Capacity	Number of users
Full-day care service	Public	13	83	705	708
	Private	5	14	280	280
Half-day care service	Public	7	9	330	266
	Private	3	8	190	180
Cafeteria service	Private	2	6	100	100
Home service	Public	1	3	N.A.	20
	Private	2	5	35	35
Short-term housing shelter	Private	1	11	30	30
TOTAL		34	139	1,670	1,619

Source: The State Inspectorate of Labour and Social Services of Albania.

A full-day care service, from six to eight hours per day, covers a full package of community services, including meal, health care services, physical rehabilitation, and occupation therapy (e.g. sawing and other handy-craft work). A half-day service, up to six hours per day, is aimed at the socialization of elderly. The elderly spend their free time in these community centres, and the service package and the number of attended staff are minimal.

These services are not accessible across the country. Out of 61 municipalities in the country, 43 municipalities do not provide any community social services. Out of 34 service providers, only two are located in rural areas.

Very little support is available for the family members of the elderly through home care services. As shown in Table 2.4, only one community offers home care services to just 20 beneficiaries and two private providers offer home care services to 35 beneficiaries. In Albania, short stay services are not provided by community care centers.

Social isolation of the elderly is a worrying problem in Albania. It has been pointed out that extensive migration, both internal and international, contributed to weakening the traditionally strong social and family ties in Albania. It was found that 8.0 percent of the elderly (7.7 percent for men, 8.7 percent for women) have no contact with their family or friends, and this rate is much higher at a higher age.¹⁴

Box: A mobile social service project in rural and remote areas

Since 2017, a non-profit organization World Vision has been implementing a project (“Tungjatjeta Jetë - Hello life”) which provides social care services in rural and remote areas by deploying mobile social service units in collaboration with local municipalities. The project targets families with children with disabilities in six municipalities – Dibër, Bulqizë, Librazhd, Prrenjas, Lezhë and Rrogozhinë – located in mountain areas.

The minimum composition of one mobile unit includes one coordinator, one social worker, one therapist (psychologist, physiotherapist, or speech therapy specialist), and one driver. These moving units are supervised by the Social Care Services Department of the municipality. So far this project has carried out 14,000 visits for 196 beneficiary families. The project’s achievements have been positively valued by the municipalities and local communities. Some of the participating municipalities have decided to allocate a budget from their Social Fund to support the project.

Although there is an urgent need for major public investments in improving access to social care services across the country, the mobile social service units can be considered as an effective immediate measure to deliver social care services to rural and remote areas. Currently the international support to the municipalities is mainly focused on children and people with disability, but similar interventions can be extended to the families with the elderly in need of home care services (An estimated cost for the mobile long-term care provision is approximately 17,000 lek per person per month).

¹⁴ Albanian Network of Older People (MOSHA) 2017. In addition, a survey conducted in 2021 on loneliness among older people in six countries including Albania also found that 79 percent of older people were at least moderately lonely, with 18 percent being extremely lonely and emphasises the importance of basic daily support for the elderly in need (Kek 2022).

▶ 2.3. Gender inequality in the informal provision of long-term care

In Albania, family members are the main providers of care services for the elderly. However, the burden of intra-family care is not equally shared between men and women, as indicated by the following statistics:

- ▶ According to the 2019 Labour Force Survey, 38.4 percent of women (aged between 15 and 64) in Albania were economically inactive (i.e. not in the labour force), which is significantly higher than that of men in Albania (22.4 percent) or that of women in 27 EU countries (31.9 percent). Of the economically inactive population in Albania, 26.6 percent of women were engaged in domestic work, while only 1.7 percent of men were engaged in domestic work.
- ▶ According to the 2011 Time Use Survey, Albanian women (aged between 15 and 64) spent 2 hours and 20 minutes on paid work, and 5 hours and 46 minutes on various unpaid works per day. Most of the unpaid works are domestic works (food preparation, cleaning, laundry, etc.) but they include child care (47 minutes) and adult care (5 minutes).¹⁵ On the other hand, Albanian men spent 5 hours and 12 minutes on paid work, and only 48 minutes on unpaid work including 3 minutes for child care and 1 minute for adult care per day.

These data suggest that the bulk of intra-family care is provided by unpaid work of women. Despite its importance, intra-family care imposes significant costs which are largely unappreciated. An increasing trend of women's labour market participation will severely affect the sustainability of traditional intra-family care provision. Therefore, improving gender equality in long-term care provision requires a mechanism to support families through formal care services and workplace measures that would allow for a better balance between paid work and caring responsibilities.

▶ 2.4. Relevant social security benefits

(1) Pensions

Apart from remittances from families living or working abroad, most of the elderly in Albania rely on their pensions as their only source of income. The old-age and family pensions have the most important effect in poverty reduction among the existing social

¹⁵ The survey report points out a possible underestimation of adult care as essential parts of adult care were reported as general domestic work such as food preparation and laundry.

transfer programmes in Albania. In 2018, the pension benefits contributed to reducing the at-risk-of-poverty rate by 12.7 percentage-points, while other social transfers further reduced the at-risk-of-poverty rate by 2.9 percentage-points. For both sexes, the at-risk-of-poverty rate for the population aged 65 or over is significantly lower than the average.

As shown in Table 2.5, the pension levels differ significantly between urban and rural schemes. In 2019, the average old-age pension of the rural scheme was 56.4 percent of the average old-age pension of the urban scheme. While the average old-age pension of the urban scheme represented 31.0 percent of the average gross wage, or 62.5 percent of the minimum wage, the average old-age pension of the rural scheme represented 17.5 percent of the average gross wage, or 35.3 percent of the minimum wage.

Old-age pensioners also receive price compensations and minimum income compensations. In 2015, Albania introduced a social pension which is payable for persons aged 70 years or above who do not qualify for any pensions. The monthly amount of social pension is 7,465 lek in 2019. The cost of the social pension is covered by the State budget.

► **Table 2.5. Average pension amount from urban and rural schemes, 2019**

	Average monthly amount	% of average wage	% of minimum wage
Urban scheme	16,254 lek	31.0	62.5
Rural scheme	9,165 lek	17.5	35.3

Source: Social Insurance Institute of Albania.

(2) Health care

Table 2.6 shows the statistics of health care institutions in Albania. It is observed that the utilization of health care institutions is relatively low for both out-patient and in-patient care. Due to the COVID-19 pandemic, the utilization of health care institutions decreased in 2020. The population aged 60 and over accounts for around 60 percent of visits to primary care institution but less than 30 percent of persons discharged from hospitals. The Gerontology Association of Albania reports that 60 percent of people aged 65 or over have one or more chronic diseases and between 30 and 40 percent of medications are used by this age group.

According to the WHO, the health expenditure of Albania was only 6.7 percent of GDP in 2016-2017. Furthermore, the share of out-of-pocket payments was 58.0 percent which exceeded the share of public funding. The out-of-pocket payments are sources of financial hardship and obstacles to accessing health care, particularly for low-income households (ILO 2021a).

► **Table 2.6. Statistics of health care institutions in Albania, 2019-2020**

	2019	2020
Hospitals	42	42
Number of beds	8,189	8,334
Hospitalized persons	282,962	201,449
Persons recovered	281,546	207,462
of which: over 60 years old	75,129	59,179
Bed occupancy (percent)	49.9%	33.9%
Average days of hospitalization	5.3	5.1
Number of persons operated	63,669	46,369
Health centres	413	413
Number of visits	3,374,429	3,149,495
Visits of persons over 14 years old	2,728,456	2,525,460
of which: over 60 years old	1,591,778	1,351,586
Visits at home	78,345	89,700
Ambulatory centres	2,059	2,037
Number of visits	1,543,269	1,510,006
Visits of persons over 14 years old	1,130,593	1,130,380
of which: over 60 years old	692,236	628,298
Visits at home	113,499	117,492
Polyclinics	46	46
Number of visits	2,732,806	2,693,795
Visits of persons over 14 years old	2,416,438	2,272,500

Source: Ministry of Health and Social Protection of Albania.

The integration of health and social services for the elderly at the local level is high on the national agenda. For instance, it is one of the objectives (Specific objective 1 of Policy 7) of the Primary Health Care Services Development Strategy 2020-2025, adopted in 2020.

At present there is no established mechanism of coordination between health care system and social protection system.¹⁶ The national health legislation does not refer to social services, and the referral in health system does not include referral for social care. The Primary Health Care Services Development Strategy 2020-2025 aims to establish Health and Social Protection Boards at the regional level to coordinate the integration of health and social care.

► 2.5. Concluding remarks

A rapid increase in the long-term care expenditure is inevitable in Albania. It is estimated that 90.9 thousand persons aged 65 or above, or 21.6 percent of 420 thousand persons aged 65 or above, are in need of long-term care. An estimated cost of care work is at least 0.58 percent of GDP. In the next 30 years, the number of persons potentially in need of long-term care is projected to increase to 130.4 thousand in 2030, 160.9 thousand in 2040, and 161.1 thousand in 2050, with more increase in women.

In view of the growing need of long-term care for the elderly, a proactive step should be taken to enhance the access to affordable and quality care services to all elderly in need, and mobilising reliable and sustainable resources to finance adequate long-term care services.

The existing municipal social care systems are insufficient to meet the growing demand for long-term care for the elderly. Many people in need of formal care services may not be able to access them. Currently, the residential care institutions can admit only 0.78 percent of the estimated number of the elderly in need of long-term care, and community care can be offered to only 1.8 percent of the estimated number of the elderly in need of long-term care. There is very little support mechanism for home care services. Furthermore, there is a huge geographical disparity in the access to social services in Albania. Increased investment in the development of residential, community-based and home-based care services and wider geographical coverage are urgently needed.

The current limited capacity of public long-term care system implies that frail elderly have no alternative but to rely on their families and relatives. Although family support is essential in the care provision and strongly connected to the traditional Albanian culture, relying predominantly on the traditional intra-family provision of long-term care, which heavily depends on unpaid female carers, is no longer considered to be a sustainable solution. Therefore, there is a greater need of formal long-term care provision.

¹⁶ In practice, some residential and daily care institutions provide chronic disease management programmes in coordination with doctors in the local primary health care providers. In emergency cases, the institution's nurse provides first aid and then refer to the family doctor for further examination. When specialized health care services are needed, they can be provided at the public social care institution free of charge.

Elderly living alone in rural and remote areas are especially unprotected. It is estimated that 46.0 percent of the population aged 65 or over are living in rural areas. They do not live with family members to take care of them, nor do they have access to any forms of formal long-term care services, either residential care, home care or community services. The elderly in rural areas also face disadvantages in pensions, access to health care and other social protection programmes.

3. Long-term care policy issues in Albania

▶ 3.1. National Action Plan on Ageing 2020-2024

In December 2019, the Government approved the National Action Plan on Ageing 2020-2024. As summarized in Table 3.1, the plan sets out the actions to achieve three policy goals: (1) protection and social inclusion, (2) integrated social and health services, (3) health/welfare promotion and raising the awareness of society – all of which contribute to the overarching vision: “The Albanian elderly live and contribute with dignity, included and not discriminated against, by fulfilling their potential in a society that supports them into preserving their functional and health abilities and facilitates access without barriers towards qualitative health and social services.” Through the implementation of this plan, the Government aims at achieving one additional year of healthy life expectancy, a 5-percentage-point reduction of the old-age poverty, and full coverage of health and social care services for the elderly in need.

The National Action Plan on Ageing 2020-2024 is the first policy document addressing long-term care services for the elderly. It is in line with the conclusions of the European Union for Life-Long Healthy Aging. The actions related to long-term care services are under Policy Goal 2. Key actions and indicators under four specific objectives of Policy Goal 2 are summarised in Table 3.2. Specifically, the plan aims to achieve the following indicators.

- ▶ 100,000 elderly benefit the provision of integrated health and social services.
- ▶ 10 new daily care centres are established. 20 municipalities have at least one daily centre.
- ▶ 3,000 elderly users of the daily centres visit at least once per month.
- ▶ One new residential centre is established which can admit 100 elderly.
- ▶ 50 specialized buildings established for vulnerable and homeless elderly.
- ▶ 300 nurses and social workers are appointed to carry out 50,000 home visits per year.
- ▶ 400 health centres have geriatric and gerontological equipment.
- ▶ 50,000 visits in primary health care centres are made by the elderly.

Concerning the intended impact of the plan, the following remarks can be made.

The plan aims to increase the beneficiaries of community care services by 80 percent and establish one additional residential institution which increases the admittance capacity by 14 percent. This substantial increase will most likely not completely eliminate the existing significant gap. There is a definite need for continuous and scaled-up investment in the creation of new residential and community care services in a wider geographical coverage. To meet the immediate need in rural and remote areas, practical measures such as the deployment of mobile teams should also be pursued.

The establishment of the home care service for the elderly (Specific objective 2.3) is one of the most urgently needed interventions. For this purpose, an effective enforcement of standards for home care services, the revision of relevant legal framework for the support mechanism of family carers, and a systematic development of home care providers should be the foremost task ahead. It should be noted that the global policy trend is to prioritize homecare and community-based care over residential care with a view to deinstitutionalization of the elderly. From this perspective, the target indicator (50,000 visits by 300 home care providers) assumed in the plan may still be insufficient to respond to the urgent home care needs.

The total public expenditure on social care services in Albania was estimated at 0.1 percent of GDP in 2017 (ILO 2021a). It is plausible that the expenditure on long-term care services accounts for only a small share of social care services, although no data is available. This expenditure level is significantly lower than the neighbouring European countries.¹⁷ The indicative cost for a full implementation of the 5-year National Action Plan on Ageing is 6 billion lek (around 50 million euro), which is equivalent to 0.36 percent of GDP in 2020. The Policy Goal 2 which mainly focuses on long-term care accounts for almost 50 percent of the total indicative cost. Hence, a crude estimate of average additional expenditure on long-term care based on the action plan is around 0.04 percent of GDP per year.¹⁸ Thus, the plan will certainly reinforce the expenditure on long-term care services, but the resulting expenditure level may still be lagging behind most of the European countries.

The National Action Plan on Ageing 2020-2024 of Albania is considered as an important first step to develop national policies for gradually extending the access and raising necessary resources for adequate long-term care services in the face of demographic ageing. As analysed above, even if all the planned outcomes are achieved, significant gaps may still persist. A full implementation of the plan, therefore, is a minimum prerequisite for further progress in this direction.

¹⁷ The public expenditure on long-term care in GDP was 0.7% in the Czech Republic, 0.74% in Poland, and 0.53% in Serbia, while it is 1.7% in OECD countries and in EU countries (Hirose *et. al.* 2016).

¹⁸ It is not certain whether the plan is supported by the budget endorsement.

► **Table 3.1. Overview of Albania’s National Action Plan on Ageing 2020-2024**

The National Action Plan on Ageing: 2020-2024
Vision: The Albanian elderly live and contribute with dignity, included and not discriminated against, by fulfilling their potential in a society that supports them into preserving their functional and health abilities and facilitates access without barriers towards qualitative health and social services.
Policy Goal 1: Protecting the elderly most in need through pensions and other social mechanisms, and encouraging local government to transform municipalities into more elderly-friendly communities
Specific objectives
1.1 To guarantee dignified living conditions by adopting the minimum pension and by gradually improving the smaller pensions by providing sustainable support to the poorest old age pensioners (elderly).
1.2 To guarantee dignified living conditions by adopting the minimum pension and by gradually improving the smaller pensions by providing sustainable support to the poorest old age pensioners (elderly).
1.3 To ensure larger participation of the elderly in the life of the community. Reducing loneliness levels and the social isolation of the elderly.
1.4 To prolong working life and maintain working skills. Promoting life-long learning
1.5 To promote volunteering and intra-generational interaction.
Policy Goal 2: Strengthening the capacities of health and social services, so they are ready and capable of responding to the ever increasing needs of a larger proportion of the elderly in Albanian society.
Specific objectives
2.1 To develop an integrated community-based system of health and social services.
2.2 To extend services to community centres and to create the model of apartments as communities.
2.3 To establish the home assistance service for old age pensioners who have lost their autonomy.
2.4 To increase geriatric and gerontological capacities in healthcare and social services professionals
Policy Goal 3: Support to health promotion, disease prevention, the prevention of disability and abuse for better aging and a more positive perception/image of aging.
Specific objectives
3.1 To raise awareness and provide more information to persons over 50 on different kinds of behaviour, various practices, healthy and active aging, and what it means to live life autonomously at an older age.
3.2 To improve public information on aging by discouraging all forms of prejudice and discrimination.
3.3 Improving information on and monitoring one’s health/the welfare of the elderly.

► **Table 3.2. Summary of expected results and performance indicators of the policy goal 2 on the integrated social and health services of the National Action Plan on Ageing 2020-2024**

<p>Policy Goal 2: Strengthening the capacities of health and social services, so they are ready and capable of responding to the ever increasing needs of a larger proportion of the elderly in Albanian society.</p>
<p>Specific objective 2.1. To develop an integrated community-based system of health and social services.</p>
<p>1. Establishment of coordinating structures (with responsible persons) for the social support at the regional health operators. Indicator: 4 structures with responsible personnel approved.</p> <p>2. Preparation of a basic social and healthcare package for the elderly in the community. Indicator: (1) The prepared and adopted document. (2) 100,000 elderly individuals benefit from this package.</p>
<p>Specific objective 2.2. To extend services to community centres and to create the model of apartments as communities.</p>
<p>1. Establishment of new daily centres at the municipalities. Indicator: (1) 10 new daily centres. 20 municipalities offer at least one daily centre for the elderly. (2) 3,000 elderly individuals visit at least once per month the daily centre.</p> <p>2. Establishment of a model in Tirana with specialized buildings for the vulnerable elderly individuals and the homeless ones through an affordable rent. Indicator: 50 specialized buildings for the elderly.</p> <p>3. Establishment of a new residential centre for long-term care for the elderly. Indicator: A new residential centre offers housing and long term social and healthcare services for 100 elderly individuals.</p>
<p>Specific objective 2.3. To establish the home assistance service for the elderly persons who have lost their autonomy.</p>
<p>1. Preparation of guidelines and standards for home care for the elderly. Indicator: (1) Prepare guidelines and manuals. (2) Established website equipped with information. (3) Training courses for informal and professional carers.</p> <p>2. Appointment of dedicated personnel (nurses and social workers) and organization of systematic visits. Indicator: (1) 300 nurses and social workers dedicated to home visits. (2) 50,000 visits carried out during the year.</p> <p>3. Reviewing of the legal framework for the social support of family carers and its recognition. Indicator: Draft package of the necessary legal changes.</p> <p>4. Drafting of a national care plan for the people who suffer from dementia. Indicator: Prepared and financed plan.</p>

Specific objective 2.4. To increase geriatric and gerontological capacities in healthcare and social services professionals.

1. Preparation of protocols and specific instruments for doctors and nurses of the primary healthcare concerning the evaluation of the prevailing problems of the elderly.

Indicator: (1) Prepared clinical protocol and guidelines. (2) 400 health centres equipped with the package of respective instruments. (3) 50,000 visits for the elderly in primary healthcare with improved quality.

2. Preparation of an intensive training programme on geriatrics at the national level. Organization of short-term training courses as part of professional development training.

Indicator: (1) 5 accredited courses. (2) 100 participants.

3. Reorganization of bed services and improvement of norms that guarantee a suitable distribution of hospital beds for the long-term care of the elderly.

Indicator: (1) Adopted plan. (2) 5 piloting functional units at the chosen hospitals.

► 3.2. Key issues in the long-term care policy of Albania

(1) Need for a standardised definition of long-term care needs

The lack of a clear definition of long-term care needs constitutes an impediment for effective provision of care services.

The national regulations define the procedures for the needs assessment and case management (e.g. Council of Ministers Decision No.518, dated 4.9.2018, “On Community and Residential Social Care Services: procedures for their benefit and the measure of personal expenses for beneficiaries of organized service”). However, in practice, municipalities are facing difficulties in assessing the needs of the elderly in their community and determining the amount of required care services for them. As a result, many municipalities fail to include social care for the elderly in their social care plan.

In fact, there is no single internationally accepted definition of long-term care needs. For example, EU countries typically perform an individual needs assessment which takes into account difficulties with ADLs/IADLs, cognitive limitations, and other criteria (e.g. social environment, availability of family support, medical history) to determine one’s need for care. The needs assessment may be performed by a variety of professions (e.g. nurses, doctors, specialised healthcare staff, social workers) (EU 2021). The long-term care insurance system of Japan uses a computer-aided initial assessment for determining the

level of the long-term care needs of individuals.¹⁹ The final decision is made by a multi-disciplinary certification committee based on the initial assessment and the attending doctor's opinion.

(2) Need for focal points for an integrated management of health and long-term care

In view of the foreseeable shift of primary focus on social protection for the elderly from pensions and health care to long-term care, an integrated care management is crucial in efficient provision of care and resource allocation under the tightening budget constraint. To effectively integrate health and social services at the community level, it is crucial to appoint focal points for providing assistance to the elderly and their families and coordinating with service providers and health care providers.²⁰

The National Action Plan on Ageing of Albania refers to “responsible persons” within the coordinating structures for integrated health and social services (including the long-term care for the elderly) at the regional level (Specific objective 2.1). It is necessary to clarify the responsibilities and the required competences for those focal points. Fostering the professionals who perform efficient and effective care management will be crucial for achieving integrated health and long-term care in Albania.

For example, in the Japanese long-term care system, care managers play the key role in designing individual care plans within the benefit ceiling, arranging and monitoring the home care services, coordinating with service providers, doctors and nurses, as well as offering counselling and support. Care managers are expected to have extensive knowledge on the quality, availability and cost of services in their communities and coordination skills. In Denmark, integrated health and long-term care is guaranteed by home nurses and home-help workers and other home care team (e.g. housekeepers, volunteers) at the municipality level in coordination with medical teams (e.g. geriatricians) based in hospitals at the regional level (WHO 2019).

It should be noted that with support from the UNFPA, a team of Albanian experts have prepared “Instrument to assess the progress, opportunities and needs for integrated care for the elderly” and “the Manual of integrated care services for the elderly at local government level”. Both documents are meant to assist the local governments in analysing

¹⁹ The certification is based on 55 items of questionnaires with respect to five dimensions on physical and psychological status (including: (1) paralysis and limitation of movement; (2) conditions requiring assistance with ADLs/IADLs; (3) cognition and communication; (4) behavioural and psychological symptoms; and (5) social adaptation), and 12 items of supplementary questionnaires on the use of special medical treatment in the past 14 days.

²⁰ The Primary Health Care Services Development Strategy 2020-2025 aims to establish Health and Social Protection Boards at the regional level to coordinate the integration of health and social care. Also, it aims to pilot a new model of integrated organization of social and health services for vulnerable groups.

the situation and identifying the most critical concerns and improving services. They also intend to build a foundation for the institutionalization of integrated care services for elderly at the local level. As of 2022, they are tested in three pilot municipalities – Durrës, Rogozhinë and Gjirokastër.

The Instrument provides the guidance on:

- ▶ The identification of the elderly who need health and social care services;
- ▶ The assessment of service provision capacities at the local level; and
- ▶ The identification of appropriate measures at each level within the framework of the integrated system of social and health services.

The Manual aims to assist local governments in the management and operationalisation of integrated services for the elderly. It covers the main pillars of service management, including:

- ▶ Criteria for the implementation of health care and social protection standards;
- ▶ Institutional structure;
- ▶ Services planning;
- ▶ Financial management;
- ▶ Provision and monitoring of services; and
- ▶ Reporting on the quality of services and the effectiveness in meeting the needs of the elderly.

(3) Need for securing the long-term care workforce

The shrinking working age population and the large number of labour migration especially at the prime working age between 25 and 54 years are expected to lead to the shortage of the workforce and skills for care provision in Albania (“care drain”). Increasing trend of women’s participation in labour force will also create limitations on the potential supply of caregivers within families. Therefore, ensuring adequate workforce is another urgent task for Albania to cope with an increasing demand of service.

As a measure to supplement the limited capacity of the public sector, Albania could make further use of provision of social care services by NGOs through procurement contracts (Article 36 of Law No. 121/2016 on Social Care Services). Typically, this type of contract is used for counselling and specialized services for the victims of human trafficking, and a specific budget called conditional funding transfers is assigned. This mechanism can also be used to provide long-term care services for the elderly at an affordable cost.

Further, Albania could also explore the possibility for developing a market for long-term care services by private providers. For this, efforts should be made to create a conducive environment to enable more business to enter into the long-term care market, while developing the capacity for market regulation and quality assurance with a view to efficient co-operations between public and private sectors.

Many high-income EU countries are striving for securing long-term care and health care workforce. Despite strenuous works, the average wage of the long-term care sector is lower than the national average wage. In order to attract and retain the long-term care workforce, there is a need to improve the wage and working conditions of this sector. The development of new technologies could potentially contribute to offset the shortage of the workforce in the future.

(4) Consideration on cash benefits

In some countries, cash benefits, such as care allowances or pension increments, are a major form of long-term care support for the elderly and their families.²¹ Cash benefits have the advantage of giving beneficiaries the freedom to choose the services according to their priority. Because of this there are limited options for incentivizing the recipients of the cash benefits to spend them on formal care services.

For instance, results of a survey in the Czech Republic reveal that a large portion of the allowance is used for purposes other than the direct acquisition of care services. For this reason, a proposal has been made to replace cash benefits with service vouchers in the Czech Republic and Poland but has not been implemented yet.

When the supply of formal long-term care services is insufficient, a recipient uses the care allowance to pay an informal personal carer, usually a female family member. This will at least provide partial financial compensation for them though the amount may not fully compensate the lost opportunity costs. Worse yet, this could lead to a permanent confinement of family members as informal home carers.

In Nordic countries, long-term care support is mostly provided in the form of services. It should be noted that in the policy making process of the Japanese long-term insurance system a major consensus was made to prioritize in-kind service benefits in order to reduce the burden of family members on care services.

²¹ In Albania, the law No. 8626, dated 22.06.2000, "On the status of invalids, paraplegics and quadriplegics" stipulates the conditions for the personal carers for the disabled persons who need constant attendance. However, the allowance for the personal carers is lower than the social pension.

(5) Need for creating a sustainable fiscal space for long-term care

In many European countries including Albania, the expenditure on long-term care is growing the fastest among all branches of social protection expenditure over the next 30 years. Therefore it is necessary to take a proactive step to explore all possible options to create a fiscal space to finance long-term care. An analysis of fiscal space for financing social protection in Albania could be instrumental for this purpose.²²

In Albania, based on the evaluation of the implementation of Law on Social Care Services (No.121/2016) over the last five years, the effectiveness of the current financial mechanism should be reviewed. It has been pointed out that although social care services should be delivered at the administrative level closest to the beneficiaries' living environment, the delivery capacity and financial resources of the municipalities vary considerably. In the decentralised setting of social care service provision, the central government should ensure access throughout the country and support the municipalities especially those with weak fiscal capacities.

Further, under the current system, long-term care services for the elderly are a part of the municipal social care plans which encompass other vulnerable groups such as children with disabilities and victims of human trafficking, who require urgent protection. Due to the competing priorities in the social care plan, long-term care services for the elderly often do not receive the deserving priority and hence resources.

Some countries such as Germany, Luxembourg, the Netherlands, Japan and Korea have established long-term care insurance as a branch of social security, and introduced a new social contribution earmarked for financing of the long-term care expenditure together with subsidy from taxes.

Prevention of the frailty in old-age is important in containing the increase in long-term care expenditure. Support should be provided for keeping the elderly active through health promotion and disease prevention programmes.

▶ 3.3. Conclusion

In view of the rapidly rising demand for long-term care and the shortage of the potential supply of carers, Albania is facing an imminent policy challenge in providing access to affordable and quality care services to all elderly in need, ensuring the care workforce, both formal and informal carers, and creating a fiscal space to finance the cost of long-term care services.

²² ILO 2021b. The analysis was carried out by the ILO in collaboration with UNICEF and UNWOMEN in the framework of the Joint UN Programme "Catalysing Municipal Social Protection."

As a first systematic policy response, Albania has adopted the National Action Plan on Ageing 2020-2024. The plan sets out policy goals which are in line with the relevant EU policy and the actions to achieve them.²³ The plan will certainly contribute to enhance the existing long-term care system in Albania, but even its full realisation may not completely close the significant gap in access to adequate long-term care services. In particular, there is a strong need to develop the mechanisms to support home-based care. There is a further need to invest in public infrastructures of long-term care services to minimise the shortages and regional disparities. Continuous efforts and strong commitment are required to strengthen the Albanian long-term care system throughout the successful execution of the plan and beyond.

In line with the rights-based approach enshrined in international standards, notably the ILO Social Protection Floors Recommendation No. 202, and in collaboration with other UN organizations, the ILO stands ready to provide further technical assistance in supporting national efforts to establish a comprehensive long-term care systems as a basic pillar of social protection floors.

²³ Principle 18 of the European Pillar of Social Rights states that “Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services.”

References

Albanian Network of Older People (MOSHA). 2017. *Assessment of socioeconomic conditions, social participation and health status of older people in Albania 2017*.

<https://mosha-network.org/2017/11/01/vleresimi-i-kushteve-social-ekonomike-pjesemarrjes-shoqerore-dhe-gjendjes-shendetesore-te-te-moshuarve-ne-shqiperi/>

European Commission, Directorate-General for Employment, Social Affairs and Inclusion

Social Protection Committee. 2021. *2021 Long-Term Care Report. Trends, challenges and opportunities in an ageing society, Volume I*.

Hirose, Kenichi; Czepulis-Rutkowska, Zofia. 2016. *Challenges in long-term care of the elderly in Central and Eastern Europe*. ILO Decent Work Technical Support Team and Country Office for Central and Eastern Europe, Budapest.

ILO. 2021a. *Review of social protection system in Albania: coverage, expenditure, adequacy and financing*. ILO Decent Work Technical Support Team and Country Office for Central and Eastern Europe, Budapest.

—. 2021b. *Fiscal space for financing social protection in Albania*. ILO Decent Work Technical Support Team and Country Office for Central and Eastern Europe, Budapest.

Keck, Tara. 2022. *Loneliness and Social Isolation Among Older People in the Eastern Europe and Central Asia Region*. UNFPA Regional Office for Eastern Europe and Central Asia University College London.

Ministry of Health and Social Protection. 2020a. *The National Action Plan on Aging 2020-2024* [Decision No. 864, dated 24.12.2019 “On the adoption of the 2020-2024 national policy document on aging and the national action plan for its implementation”]

—. 2020b. *The Strategy for the Development of Primary Healthcare Services in Albania 2020-2025*. [Decision No. 405, dated 20.5.2020 “On the approval of the primary health care services development strategy in Albania 2020-2025”]

Pérez-Zepeda, M.U.; Belanger, E; Zunzunegui, M.V.; Phillips, S; Ylli, A; Guralnik, J. 2016. *Assessing the validity of self-rated health with the short physical performance battery: A cross-sectional analysis of the international mobility in aging study*. PLoS One. 2016;11(4).

WHO. 2019. Denmark: Country case study on the integrated delivery of long-term care.

WHO Regional Office for Europe, Copenhagen.

Ymeraj, Arlinda; Ylli, Alban; Ahmeti, Albana. 2021. *Analysis of the situation of social services for the elderly*. Draft August 2021. [Analiza e situatës së shërbimeve për të moshuarit]

Annex. Regions and municipalities in Albania

Municipalities	Regions	Population (at the beginning of 2021)	Percentage of population aged 65 or over (2021 est.)	Percentage of rural population	Urban/rural classification
Berat	Berat	119,450	15.8	57.6	Predominantly rural
Kuçovë					
Poliçan					
Skrapar					
Ura Vajgurore					
Bulqizë	Dibër	113,683	14.6	72.9	Predominantly rural
Dibër					
Klos					
Mat					
Durrës	Durrës	292,029	15.6	24.7	Intermediate
Krujë					
Shijak					
Belsh	Elbasan	266,245	15.9	55.5	Predominantly rural
Cërrik					
Elbasan					
Gramsh					
Librazhd					
Peqin					
Prrenjas					
Divjakë	Fier	286,002	15.5	58.4	Predominantly rural
Fier					
Lushnjë					
Mallakastër					
Roskovec					
Patos					
Dropull	Gjirokastër	58,031	16.6	62.2	Predominantly rural
Gjirokastër					
Këlcyrë					
Libohovë					
Memaliaj					
Përmet					
Tepelenë					

Devoll	Korçë	202,193	14.7	51.6	Predominantly rural
Kolonjë					
Korçë					
Maliq					
Pogradec					
Pustec					
Has	Kukës	74,388	15.5	75.1	Predominantly rural
Kukës					
Tropojë					
Kurbin	Lezhë	120,678	16.3	62.4	Predominantly rural
Lezhë					
Mirditë					
Fushë - Arrëz	Shkodër	197,177	14.9	51.1	Predominantly rural
Malësi e Madhe					
Pukë					
Shkodër					
Vau i Dejës					
Kamëz	Tiranë	912,190	15.0	11.5	Predominantly urban
Kavajë					
Rrogozhinë					
Tiranë					
Vorë					
Delvinë	Vlorë	187,675	15.7	43.9	Intermediate
Finiq					
Himarë					
Konispol					
Sarandë					
Selenicë					
Vlorë					
TOTAL		2,829,741	15.3	41.8	

Sources: Law 115/2014 "On the Territorial and Administrative Division of Local Government Units in the Republic of Albania". Institute of Statistics of Albania.

While the Albanian population is ageing rapidly, Albania is facing an imminent challenge to ensure the access to affordable and quality long-term care services for all the elderly in need.

Within the framework of the Joint UN Programme “Strategic policy options for SDG financing”, the ILO has conducted a policy study on the long-term care services for the elderly. This report presents the estimate of the future demand of long-term care, reviews the current provision of long-term care services, and discusses key issues in the long-term care policy in Albania.

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