

A newborn baby is lying in a hospital bed, wrapped in a white blanket. The baby is wearing a white head cap with a clear plastic tube connected to their face. A blue identification band is on their left wrist. In the background, there is a pink wall with a framed picture and a metal tray with various medical supplies like bottles and a container.

Supporting the
needs of children
through improved
health systems

HEALTH

SECTOR BUDGET BRIEF

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Health

SECTOR BUDGET BRIEF

Albania 2020



KEY HIGHLIGHTS

Public expenditure in the health sector increased from 40.9 billion All in 2015 to 53.1 billion All in 2020. As a share of the total government budget, expenditure in the health sector during 2020 accounted for 12 percent of government expenditure and 3.8 percent of the GDP. The financing of the health sector is complemented by the Compulsory Health Insurance Fund budget, which accounts for about 25% of the health sector budget.

The unprecedented Covid-19 pandemic increased pressure on the public health sector and the required mobilization of additional resources contributed to significant increase in public expenditure for the sector in the 2020 budget and the medium term budget framework.

The health sector budget (including health services for children) is allocated through four budget programs. The relative size of the main programs in the annual budget of the Ministry of Health and Social Protection, for 2020 are: Primary Health Care (12.7 %), Secondary Health Care (43.2%), Public Health Services (4.6%) and National Emergency Service (0.5%).

Expenditure per child in health is difficult to be defined, disaggregated from total data, and monitored, with the only exception the indicator of vaccination which is dedicated for children.

About 70% of health programs budget is spend on internal transfers, through the public health care system. The share of recurrent expenditure (wages, social insurance, goods and services and transfers) is above 90% while the capital expenditure is more limited.

There are weak linkages between the sectorial and crosscutting strategies in the health sector with the MTBP, including the utilization of the monitoring indicators.

Private household's out-of-pocket payments on health, as a share of current health expenditure is 56% and is the highest value in the region or about 4 times higher than the value of this indicator in the EU area.

Revision of the budget during the year is challenging in the planning process. Over the recent years the executed budget is typically lower than the revised budget, which is also lower than the initially approved budget, except for the electoral years.

Improving the linkage between health performance indicators and fund allocation would be important in improving the efficiency in budgeting.

ABBREVIATIONS

ALL	Albanian Lek
CHIF	Compulsory Health Insurance Fund
EU	European Union
EUROSTAT	European Institute of Statistics
GDP	Gross Domestic Product
HII	Health Insurance Institute
INSTAT	Institute of Statistics of Albania
MTBP	Medium Term Budget Program
MoFE	Ministry of Finance and Economy
MoHSP	Ministry of Health and Social Protection
NGO	Non-Government Organization
OECD	Organization for Economic Co-operation and Development
PFM	Public Finance Management
USD	United States Dollar



INTRODUCTION AND CURRENT DEVELOPMENTS

The health sector in Albania is a responsibility of the central government institutions (the law on local governments assign responsibilities for access to health services and maintenance of the public health centers to the local governments but these responsibilities are largely conducted by the central government). Most of the health services are offered by the public sector while the private sector operates in the regulated pharmaceutical, dental, specialty clinics and hospitals. The diagnostic and treatment health service is organized into three levels: primary care, secondary hospital care, and tertiary care.

Public health and promotion services are provided in the context of primary health care and are managed by the national Operator of Health Services, and technically supervised by the Public Health Institute. Other important health institutions at national level include Compulsory Health Insurance Fund, National Center for Quality Control and Accreditation of Health Institutions, National Center for Continuous Health Education.

1.1 STAKEHOLDER ANALYSIS AND PFM DEVELOPMENTS

Ministry of Health and Social Protection

MoHSP is the main central government institution responsible for the formulation and the implementation of the health sector policy in Albania, as well as for financing the health public services. Although the Ministry's mandate has often been redesigned, the health functions and responsibilities have remained unchanged over time and under the current structure, provided by the same ministry in charge with the social protection.

Ministry of Finance and Economy

MoFE has the responsibility of managing the public finances and government's budget management, including coordination for the health sector budget preparation and execution.

Compulsory Health Insurance Fund

The Compulsory Health Insurance Fund finances its activity through contributions from the health insurance, other income and transfers from the state budget to deliver the services provided by the primary and secondary health care.

Recent PFM developments

The PFM since the early 2000s has been undergoing a series of reforms aiming to improve capacities in charge with the state budget formulation and implementation. Albania has enabled

a thorough analysis of the goals and objectives in different sectors of the economy. Since 2017, Albania is implementing changes in the Medium Term Budget Program (MTBP) process directly related to inclusion of performance indicators in the MTBP on outcome and target level.

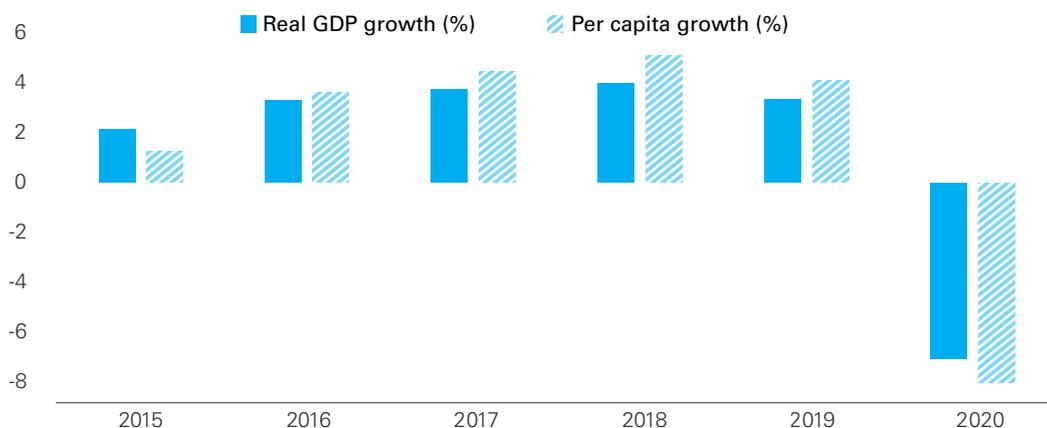
The new methodology 'Program and Performance based Budgeting' aims to provide a clearer link between the funds allocated to the different sectors with the objectives and policy goals in these sectors. A feature of the MTBP improved methodology is the implementation of baseline budgeting approach¹. Since 2018, as stated in Standard Budget Preparation Guidelines issued by MoFE², a clear separation between the strategic and technical phase of budget preparation has been introduced.

1.2 MACROECONOMIC SITUATION

During the recent years Albania has experienced a modest positive economic growth. The real growth rates since 2016 amounted between 3 and 4 percent per year. The GDP per capita, adjusted by purchasing power parity, was slightly under 14,000 USD in 2019, or 31.3 percent of the EU-28 average.

The Covid-19 pandemic brought a severe negative impact on the economy as the GDP is estimated to shrink by 8 percent, with unemployment and poverty levels raising at concerning rates. The government was forced to revise four times the budget during 2020 to reflect declining revenues due to Covid-19 pandemic on economic activity, and the social protection and business support extraordinary packages introduced during the year to mitigate the negative health, social and economic impact in Albania. As a result, the health budget (MoHSP) for 2020 increased to about 40 billion ALL, up from 37.5 billion ALL allocated in the initial budget.

FIGURE 1.1. Real GDP growth, real GDP per capita growth



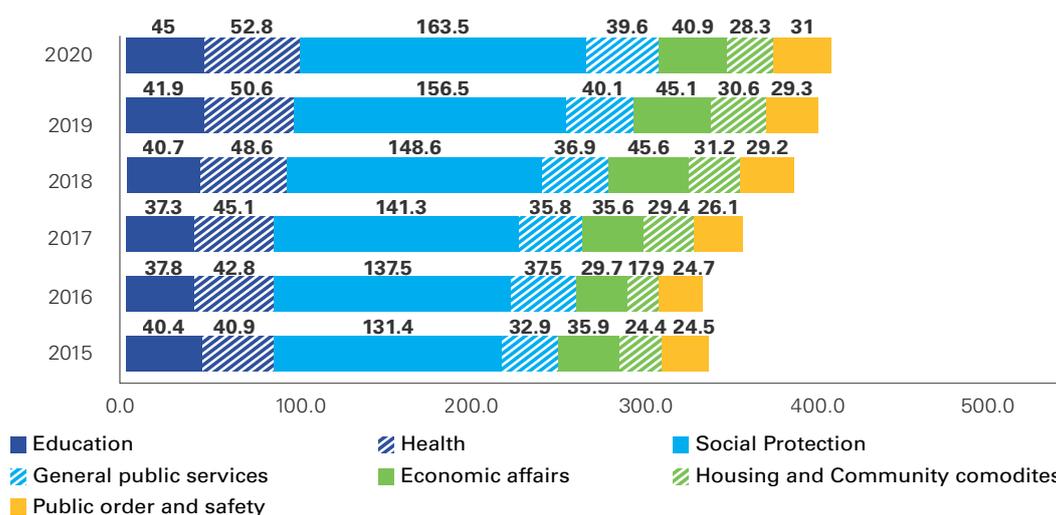
Source: INSTAT (2020), IMF, own calculations

- 1 The general principle is that the baseline represents only the costs to implement policies and programs already approved and which is anchored in the regulatory framework. New spending initiatives refer to the additional costs arising from the introduction of new services, improvement of existing services or increase in outputs.
- 2 Released each year before Technical phase of budget preparation

1.3 DEVELOPMENTS IN THE HEALTH SECTOR

The health sector is among the largest component in the public expenditure in Albania, accounting for about 13 percent of all the budget and coming second in the budget, after the social protection expenditure.

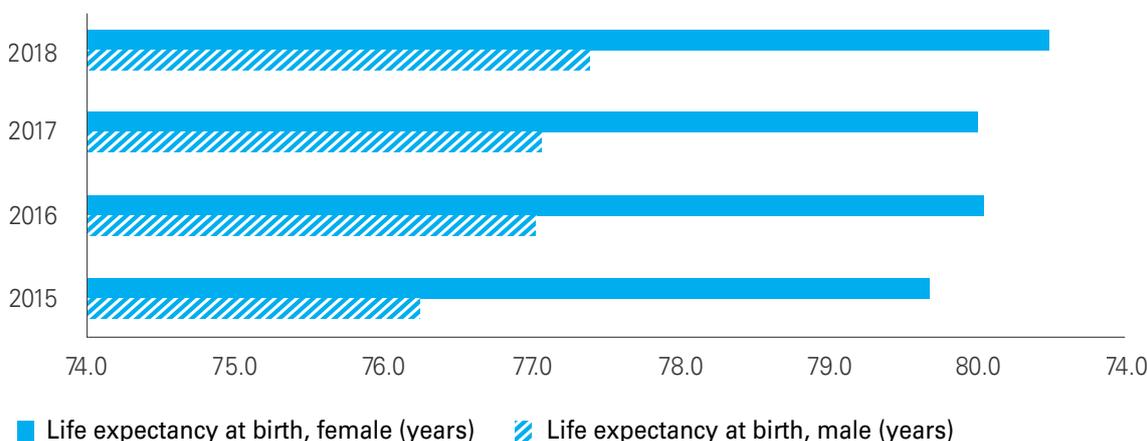
FIGURE 1.2. The trend of government priorities during 2015 – 2020 (in mln All)



Source: MoFE, Annual Budget 2015 - 2020 (Table 6 – Spending according government functions),

The analysis on the health sector in this section will be focused, where possible, on the children related indicators. The main institution in charge of drafting and financing health policies is the Ministry of Health and Social Protection through the four budget programs: Primary, Secondary and Public Health Care Services and the National Emergency Service. The key indicators related to the sector performance are as follows: From the population data published from INSTAT the *life expectancy* is increasing (latest data available 2018) with a slightly higher growth rate for the male population. However, the World Bank reports that 'Private household's *out-of-pocket payments on health*, as share of total health expenditure' for the period 2014 - 2016 was 56.7 - 58 percent while the Health Strategy 2014 – 2020 defines the target for 2020 at 35 percent.

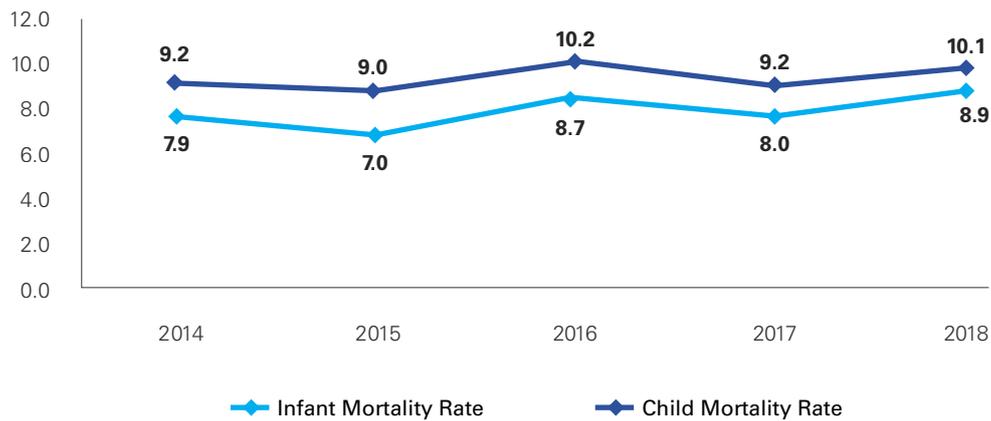
FIGURE 1.3. Life expectancy



Source: INSTAT

According to INSTAT, neonatal mortality has increased from 6,3 per 1,000 live births in 2017 to 8 per 1,000 live births in 2019, making up around 80% of under 5 deaths. Infant mortality rate remains relatively high compared to other neighboring countries. The most recent data indicate an increase in the under-5 mortality rate (U5MR) from 9.2 per 1,000 live births in 2017 to 11 per 1,000 live births in 2019.

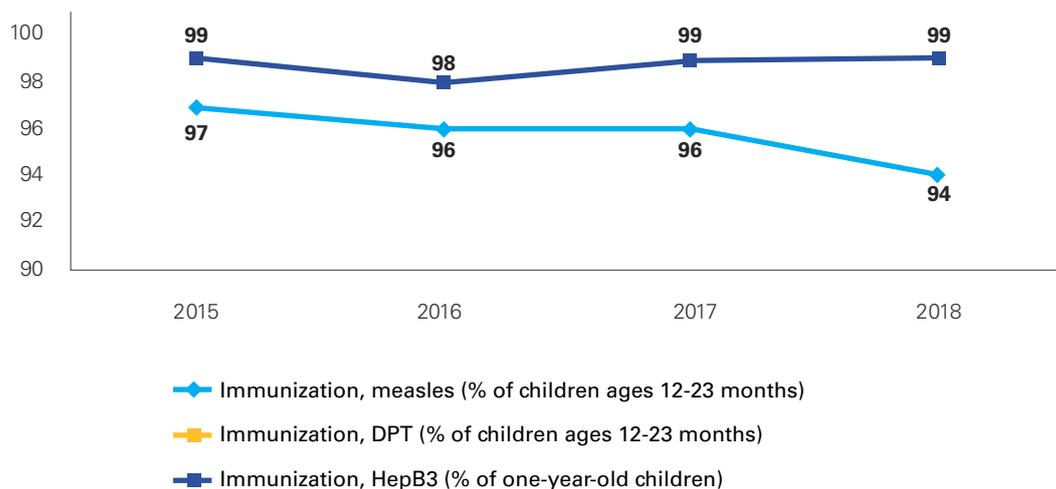
FIGURE 1.4. Neonatal and infant mortality rate



Source: INSTAT

Immunization coverage (DTP3/Penta 3) reveals that Albania performs well in terms of protecting the children from the specific diseases included in the immunization packages.

FIGURE 1.5. Immunization coverage of children

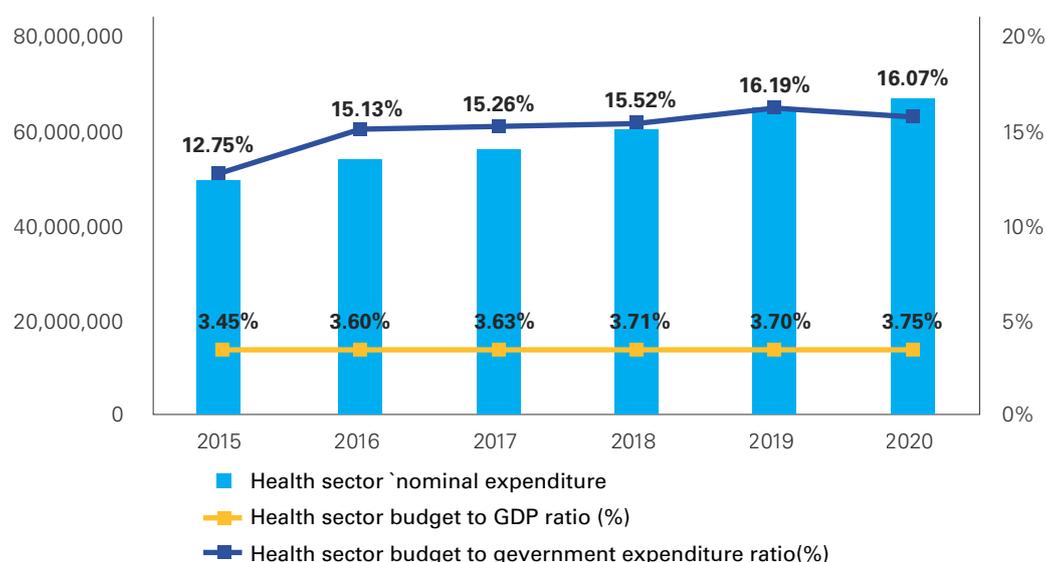


Source: The World Bank database

2 TRENDS OF PUBLIC HEALTH EXPENDITURE

The following chart shows the nominal expenditure in health and the trend of the share of health expenditure to the GDP and the government total expenditure over the period 2015-2020:

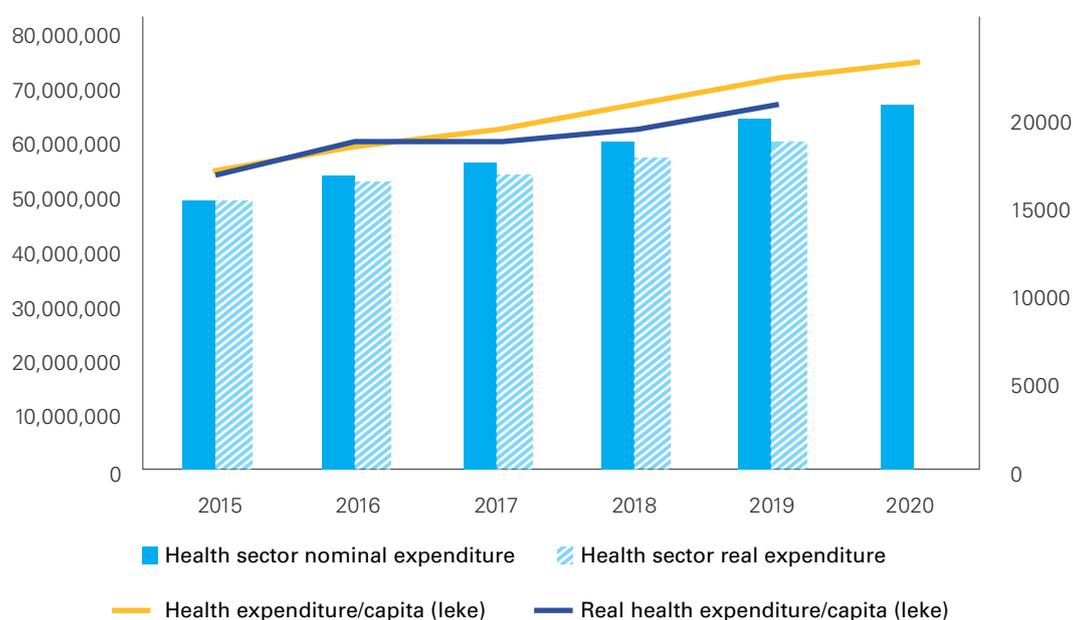
FIGURE 2.1. Health Sector budget trends (000 ALL)



Source: MTBP documents for the period 2015 – 2020 and own calculations

Public expenditure in health has increased every year in nominal terms and as a share of government's budget while the expenditure as a share of the GDP has been more stagnant. Covid-19 pandemic contributed to extra exceptional expenditure in the 2020 budget and would have an even greater impact on the share of public expenditure in health during the next years.

FIGURE 2.2. Trend of nominal health expenditures and real health expenditures (000 ALL)



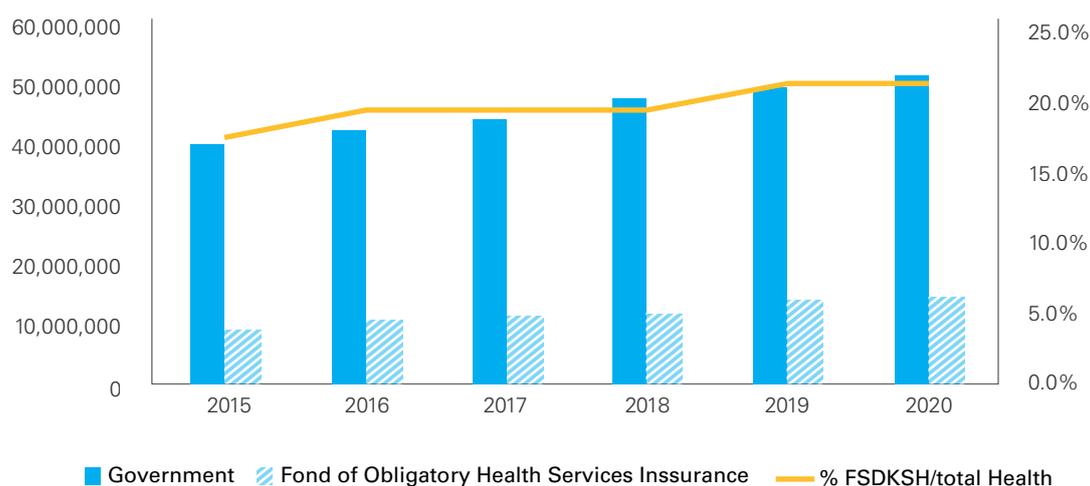
Source: Annual Budgets 2015 – 2020 and INSTAT

The above figure shows the upward trend of nominal and real expenditures of health sector. As shown in the graph, annual changes of expenditure are positive. The annual growth rate of nominal expenditure is on average 1.5 percent higher than the annual growth rate of real expenditures of health sector.

2 COMPOSITION OF HEALTH EXPENDITURE

Financing of the health services in Albania is secured through the budget of the MoHSP, the CHIF, own revenues of the health service providers (public hospitals) and other less relevant source such as the local governments, other government ministries and institutions etc.

FIGURE 3.1. Health budget composition by source of financing (000 ALL)



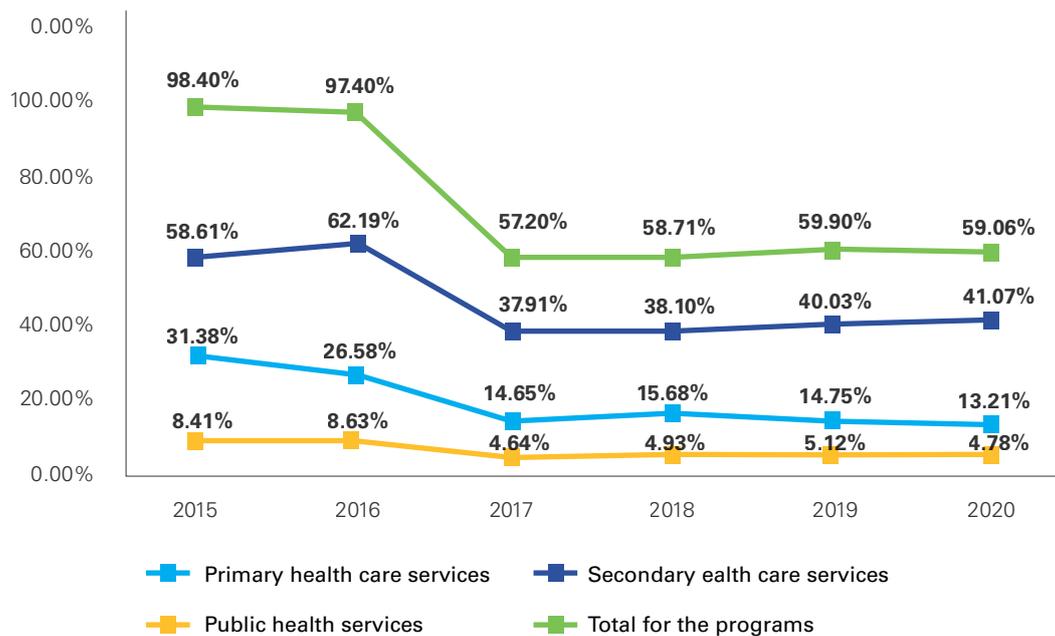
Source: Annual Budget Laws 2015 – 2020

The share of the financing of Compulsory Health Insurance Fund (FSDKSH) to the health sector is around 20 percent and it has an upward trend from 16,754,000 thousand ALL or 17.7 percent in 2015 to 22,142,214 thousand ALL, or 21.4 percent in 2020 due to the increased costs of the PPP contracts that government signed and made operational in the health sector since 2016.

3.1 EXPENDITURE ALLOCATION BY THE MAIN PROGRAMS

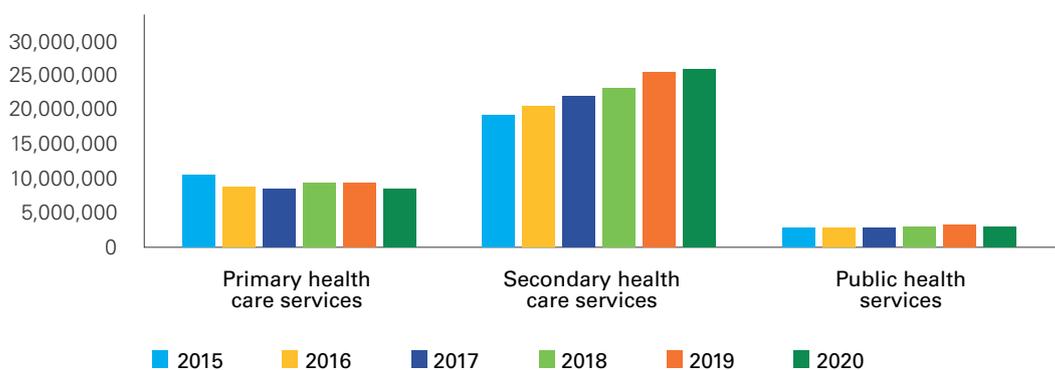
The budget of the Ministry of Health and Social Protection is composed by seven main programs, out of which 4 are in the health sector and provide services for children. These programs are Services of primary health care, Services of secondary health care, Public Health Services and the Health Emergency Services. The following chart provides the share of the main programs in the Ministry budget for the period 2015 – 2020:

FIGURE 3.2. Expenditure in the health budget programs (% budget of MoHSP)



Source: Budget Laws 2015 – 2020 and own calculations

FIGURE 3.3. Annual approved budget (000 ALL)



Source: Annual Budget Laws 2015 - 2020

3.2 EXPENDITURE DISTRIBUTION BY THE OUTPUTS

The *Primary Health Care Services* program consists of an extensive network of health centers that provide basic health care services, including: prevention, immunization, reproductive health, and specialist services recommended by the family physician (MTBP 2020 - 2022) with the objective for the improvement of preventive and early diagnosis services. The program uses performance indicators like Average Time of Family Physician Visit, Number of Children Benefiting from Diabetes Mellitus; Number of residents per family physician, Patients first visited within the year by health care staff, Children aged 0-1 years receiving mandatory health care visits.

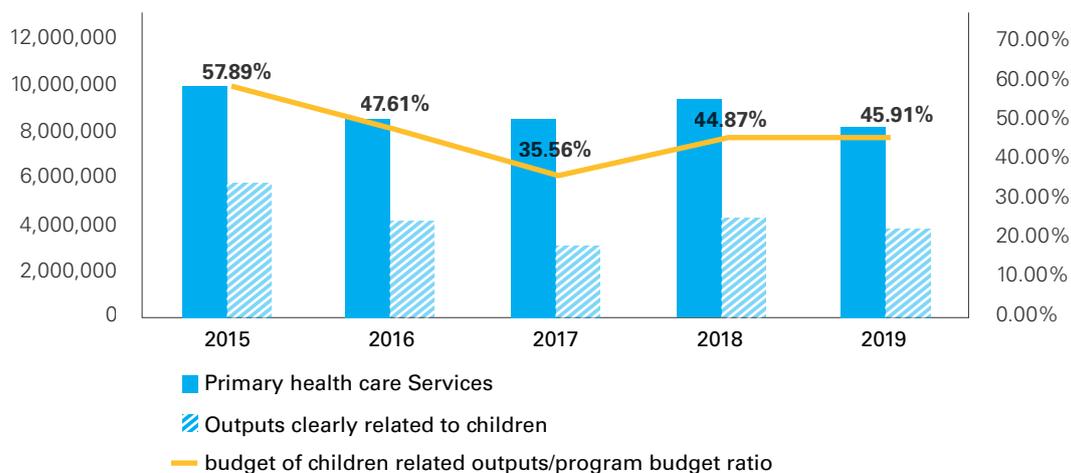
In this program is very difficult to identify clear outputs targeted to children. For this reason, in this program (and in the other two programs), are selected outputs based on the assumption that in the identified samples are included also children. The output is classified as 'children related output' in cases that the output is linked to objectives with performance indicators related to children. The main outputs identified in Primary health care budgetary program are listed in the following table.

TABLE 1. Main outputs of Primary health care services program (000 ALL)

2015		2016		2017		2018		2019	
Output name	Budget	Output name	Budget	Output name	Budget	Output name	Budget	Output name	Budget
treated patients	770,000	Visits in primary health care	4,000,000	visits in primary health care	3,071,743	visits in primary health care	3,596,320	visits in primary health care	3,435,230
visits in primary health care	5,000,000	surfaces constructed of health centers and ambulances	109,000	health centers constructed	7,000	health centers reconstructed	582,916	health centers reconstructed	300,000
Surface constructed and reconstructed	22600	Purchased equipment for health centers and ambulances	70	New constructions of health centers and ambulances	22,447	Purchased equipment for health centers and ambulances	50,000	Purchased equipment for health centers and ambulances	40,000
Total	5,792,600		4,109,070		3,101,190		4,229,236		3,775,230

Source: MTBP documents of MoHSP for the period 2015 - 2019

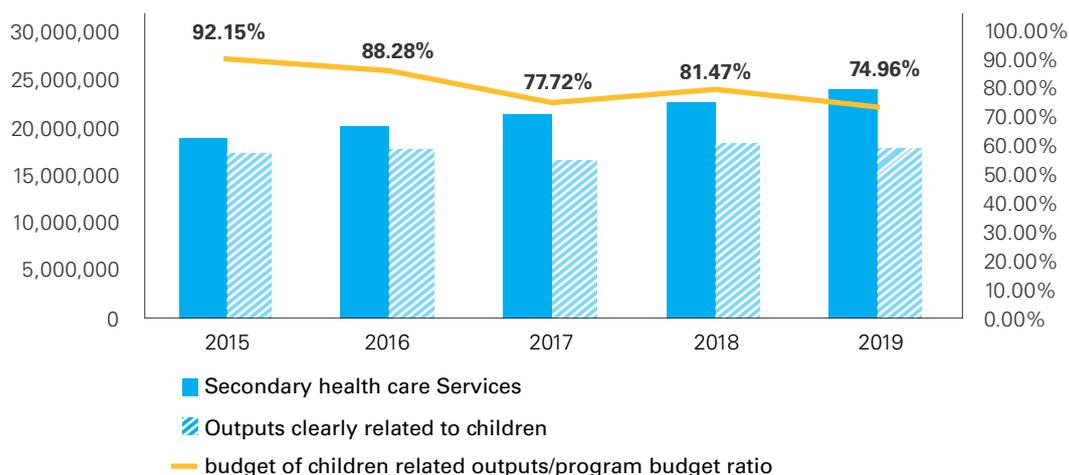
FIGURE 3.4. Primary Health Care Services budget – children related outputs (000 ALL)



Source: MTBP documents for the period 2015 – 2019

The *Secondary Health Care Services* program ensures timely and quality hospital service delivery across the country, reducing mortality and disability rates. The objectives of the program are 'Qualitative and comprehensive provision of secondary healthcare services' with performance indicators directly related to children such as: Hospital bed utilization coefficient, Patients treated at state maternity hospitals; Ratio of the number of sectio caesarea to the total number of births, Infant Mortality rate, Maternal Mortality rate. The main outputs identified in the Secondary health care budgetary program are listed in the following table.

FIGURE 3.5. Budget of Secondary Health Care Services – children related outputs budget



Source: MTBP documents of Ministry of Health and Social Protection for the period 2015 - 2020

TABLE 2. Children related outputs identified for Secondary Health Services (000 ALL)

2015		2016		2017		2018		2019	
Output name	Budget	Output name	Budget	Output name	Budget	Output name	Budget	Output name	Budget
No of national institutions	561,236	Reconstruction of Pediatric Hospital at QSUT and Bio-medical Center	106,480	Functioning of National Institutions	476,658	Patients treated in hospitals (290,000)	17,439,362	Down Syndrome Patients	25,000
Patients treated in hospitals (270,000)	16,948,596	Patients treated in hospitals (276,400)	17,718,981	Patients treated in hospitals (290,000)	16,192,645	Reconstruction of Pediatric Hospital in QSUT (WB) and other reconstruction in QSUT (CEB)	624,309	Patients treated in hospitals (290,000)	17,755,305
				Construction of new Maternity Hospital of Saranda	140,490	Reconstruction of Hospital	624,309	Reconstruction of Pediatric Hospital of Durres and maternity hospital of Berat and Lezhe	185,933
				Reconstruction of Pediatric Hospital at QSUT and Bio-medical Center	65,058			Pediatric Hospital of QSUT and E-Health (foreign financing)	290,000
Total	17,509,832		17,825,461		16,874,851		18,658,196		18,256,238

Source: MTBP documents for the period 2015 - 2020

The *Public Health Services* are provided through national immunization programs, TBC <HIV / AIDS and STIs, epidemiological surveillance and surveillance of infectious diseases (chronic morbidity with public health consequences impacted by environmental conditions) as well as food safety, control programs of Drinking Water and Reproductive Health.

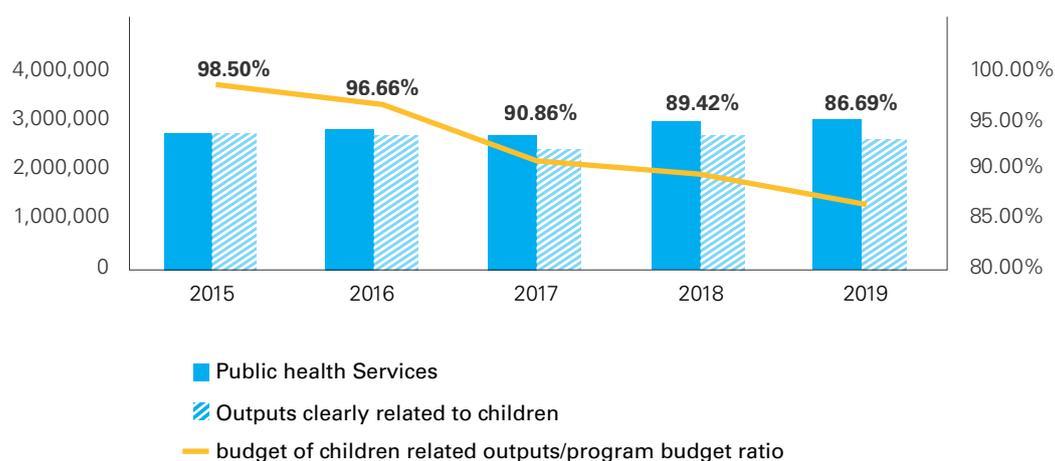
The main outputs identified in Public Health budgetary program are listed in the following table.

TABLE 3. Children related outputs identified for Public Health Services (000 ALL)

2015		2016		2017		2018		2019	
Output name	Budget	Output name	Budget	Output name	Budget	Output name	Budget	Output name	Budget
Vaccinated children 230,000	335,000	Vaccines purchased (no of children 240,000)	335,000	Vaccinated children 240,000	335,000	Vaccinated children 240,000	350,000	Vaccinated children 240,000	500,000
Inspections to monitor epidemiological situation	2,351,900	Inspections to monitor epidemiological situation	2,358,680	Inspections to monitor epidemiological situation	2,078,993	Inspections to monitor epidemiological situation	2,300,672	Inspections to monitor epidemiological situation	2,130,070
Total	2,686,900		2,708,608		2,413,993		2,650,672		2,630,070

Source: MTBP documents for the period 2015 – 2020

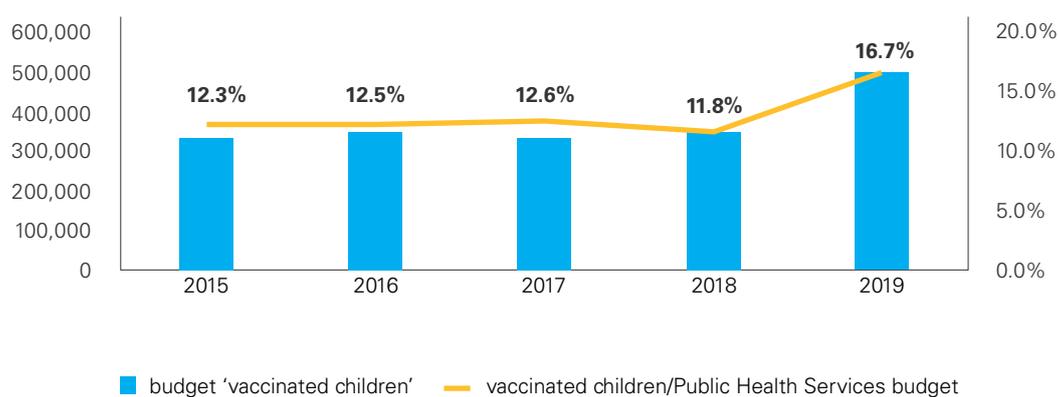
FIGURE 3.6. Public Health Services program – children related outputs budget (000 ALL)



Source: MTBP documents of Ministry of Health and Social Protection for the period 2015 – 2019

In this program, the children related outputs that can be identified are 'Vaccinated children 0-18' and 'number of controls for epidemiological situations'. The budget allocations for these two outputs were about 87 percent of the total budget of the program in 2019. This program is related directly to the Institute of Public Health and represents the budget allocated to this institution. The output 'vaccinated children 0-18 years old' is the only output that represents spending on children that is presented in the budget programs.

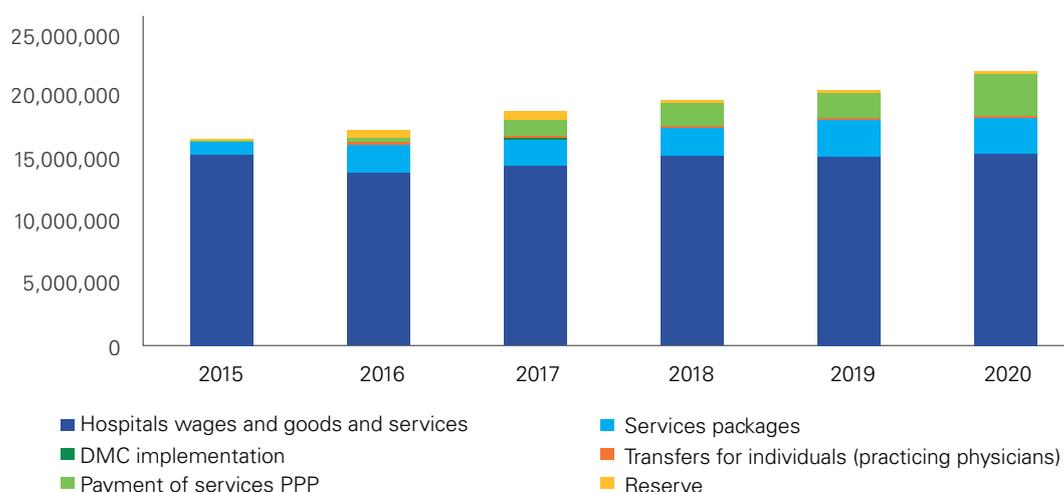
FIGURE 3.7. Budget for 'vaccinated children' (000 ALL)



Source: MTBP documents for the period 2015 - 2019

The own revenues of the *Compulsory Health Insurance Fund* – CHIF, are used to finance wages and social insurance payments for the staff of the hospitals and partly expenditure of the group 'goods and services'.

FIGURE 3.8. Hospital expenditures covered from the budget of FSDKSH. (000 ALL)

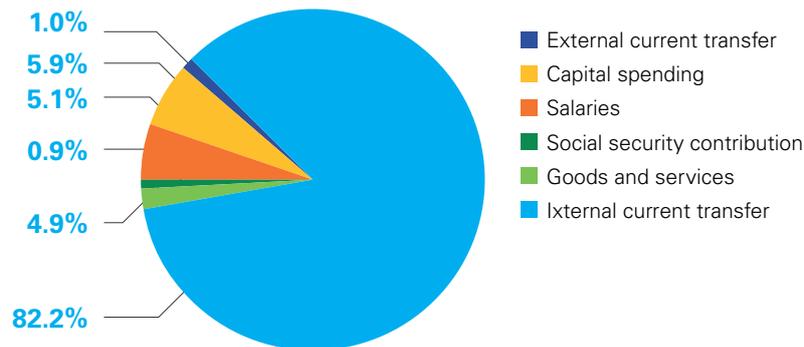


Source: DCM for 'Financing of hospital health services from the compulsory scheme of health care insurance' for each of the years 2015 - 2020

3.3 COMPOSITION OF HEALTH EXPENDITURE (CURRENT AND CAPITAL)

More than 82.2 percent of the health budget (2019) is allocated for internal current expenditure, while capital expenditure accounts for only 6 percent of the budget.

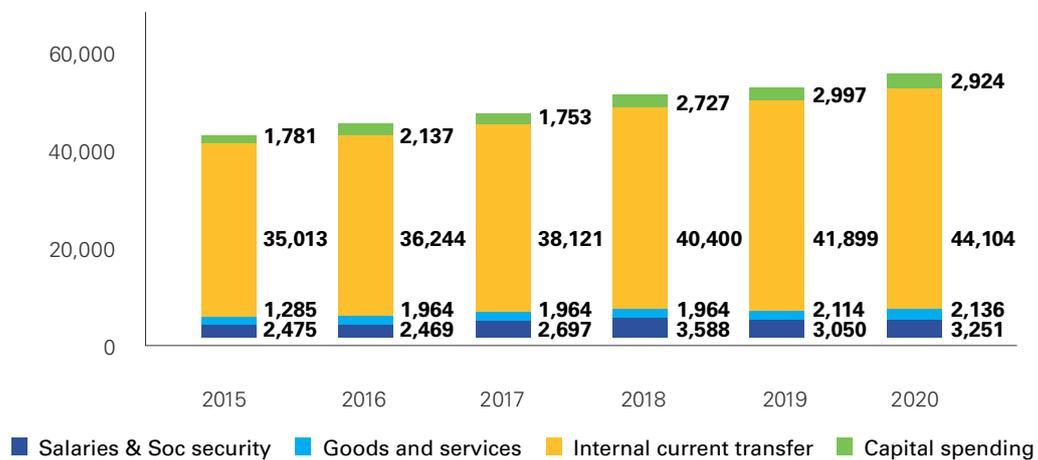
FIGURE 3.9. Composition of spending on health sector for 2019



Source: MoFE, Budget 2019 (Table 6 – Spending according government functions),

The next chart reveals the progression of the four main components of the budget over the period 2015-2020.

FIGURE 3.10. The trend of main components of health sector (in mln ALL)



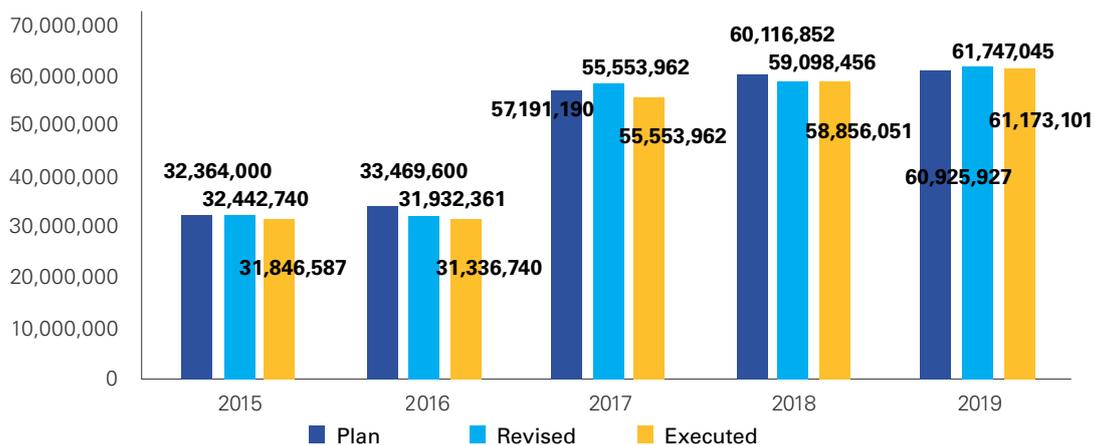
Source: MoFE, Budget 2015 – 2020, (Table 6 – Spending according government functions)

The capital expenditure remains in relatively low levels throughout the period, at about 6 percent of the budget during the period 2015-2020, reflecting limited capital investment in the public health sector.

4 BUDGET CREDIBILITY AND EXECUTION

The variations between the approved budgets of the Ministry of Health and Social Protection with the revised budgets and the executed budgets for the period 2015-2019 are shown in the following chart (much more significant changes were made in the budget for the year 2020 due to the emergency of the unexpected Covid-19 and the response by the health sector in Albania).

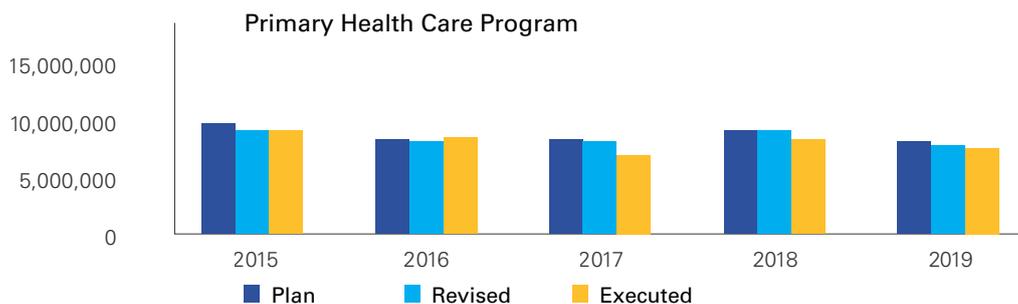
FIGURE 4.1. Approved – Revised – Executed budgets MoHSP (000 ALL)

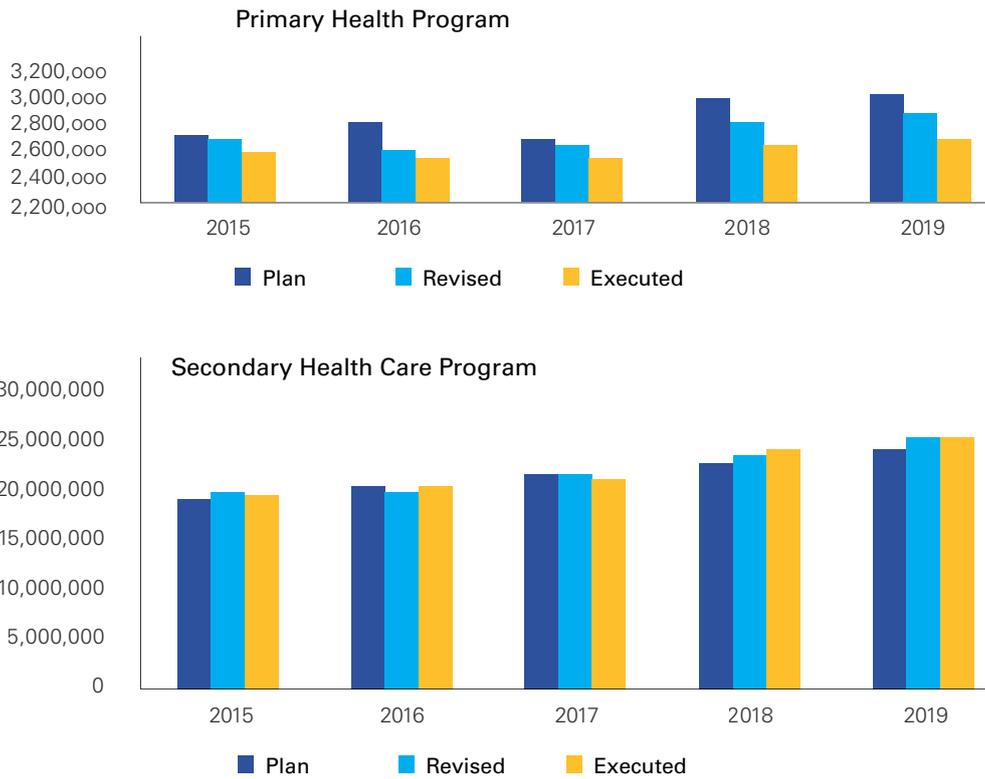


Source: Annual Monitoring Reports and Normative Acts 2015 - 2019

Based on monitoring reports of the Ministry of Health and Social Protection, the executed budget is lower than the revised budget, and the revised budget is lower than the planned budget. For the years 2015, 2017 and 2019, the revised budget is higher than the approved budget.

FIGURE 4.2. Approved-Revised – Executed budget (000 ALL)

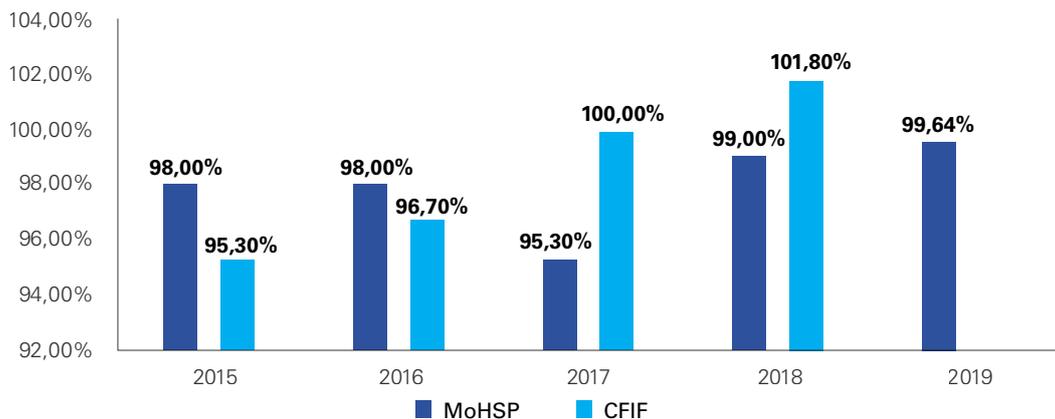




Source: Annual Monitoring Reports and Normative Acts 2015 - 2019

The inconsistencies between the planned, revised and executed budgets is reflected in all the public health budget programs and it reveals that there is further room for improvement in terms of budget credibility. This is also confirmed by the PEFA methodology, budget credibility section (2017), ‘Composition of expenditure out-turn compared to the original approved budget’ scored by D+³.

FIGURE 4.3. Budget execution rates MoHSP and CHIF



Source: MoHSP Annual Monitoring Reports and CHIF Annual Report 2015 – 2019

3 Public Expenditure And Financial Accountability (PEFA) Performance Assessment Reports, [https://pefa.org/assessments?&c_ids\[\]=23](https://pefa.org/assessments?&c_ids[]=23)



KEY POLICY ISSUES

STRATEGIC FRAMEWORK

In addition of the NSDI II 2015-2020, a number of strategic documents constitute the strategic framework of the health sector. The most important are (i) The Albanian National Health Strategy 2016 - 2020, (ii) The Health Promotion Action Plan 2017-2021, (iii) The Sexual and Reproductive Health Strategy Document and Action Plan 2017 – 2021, (iv) Child Agenda 2017-2020. Each of these documents have specific Objectives and performance indicators directly related to children's health. However, the policy planning process would benefit from additional children-specific indicators and/or disaggregation of existing indicators to capture impact on children.

TABLE 5. Monitoring indicators of the strategy

NSDI related indicators	Baseline	Last available	Target 2020
1. Infant mortality rate per 1000 live births	7.8 (year: 2012)	10.3 (INSTAT 2019)	6.8
2. Under 5 year mortality rate per 1000 live births	8.9 (year: 2012)	11 (year: INSTAT 2019)	7.7
3. Maternal mortality rate per 100 000 live births	5.7 (year: 2012)	7 (year: 2019)	10.8
4. Coverage of vaccination, percentage of target group	95% ADHS 2008/09	97% ADHS 2017/18	98%

ANHS 2020 indicators	Baseline	Last available	Target 2020
Age-standardized prevalence of overweight and obesity in 7-10 year-old individuals (defined as a body mass index > 25 kg/m ² for overweight and > 30 kg/m ² for obesity).	Overweight and obesity: 22.4% (year: 2013) COSI	Overweight and obesity: 21.7% (year: 2016) COSI	Overweight and obesity: 16%
(3.1.b) Life expectancy at birth, disaggregated by sex.	79.6 in women 75.5 in men (year: 2012) INSTAT	80.5 in women and 77.4 in men (year: 2018) INSTAT	79 years combined both for men and women

MTBP DOCUMENTS

Within the goals identified in the Primary, Secondary and Public Care Services programs for the period 2018 - 2019, specific policies regarding children are not duly reflected. In terms of outputs, it is advisable that programs identify specific outputs for children.

UNICEF Albania may provide valuable technical assistance and guidance based on best international practices to enable and improve preparation of children-policy oriented programs and budgets.

The preparation of the MTBP, in addition of the specific needs for children in the health sector should include a thorough assessment of the efficiency, effectiveness and equity of past expenditure to the best extent possible.

Improved statistical datasets and indicators, particularly pertinent or disaggregated for children would support improvements in adequacy of public expenditure in the health sector, build credibility of the budget and inform advocacy, through key messages for policy and financing changes, and facilitate the process of MTBP preparation.

Although budget execution rates in the health sector have improved during the recent years, there are still gaps regarding the achievement of both performance targets and expenditure allocated in the three main programs. A more detailed gap assessment of the factors and outcomes related to this factor would support the government to make further improvements in the MTBP over time.

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