Palliative Care—Albania

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Abstract

Sixty percent of cancer patients are diagnosed with advanced stages of disease and those diagnosed in early stages face challenges to receive adequate treatment. Palliative care has had significant developments in recent years in Albania because of a close partnership with the Ministry of Health, local nonprofit organizations, and the Open Society Foundation Albania. In 2011, a five-year action plan for palliative care as one of four parts of the National Cancer Control Plan was approved. At the end of 2014, the first palliative care law was approved by Parliament. Palliative care by-laws, documents, standards, clinical protocols, and guidelines for adults and children have been developed. Training and education are being provided to primary care professionals. Curricula on palliative care have been developed for the faculty of medicine, nursing high schools, and social work. About 80% of essential medications used in palliative care are available in Albania, 50% of these are paid for and have some access restrictions, and meanwhile the opioophobia still remains an enormous barrier. In the last three years, significant progress has been made in service provision. From only one public palliative care service in 2013, there are now eight palliative care services in eight of the 11 regional hospitals. By the end of 2016, it is expected that palliative care services will be available in all regional hospitals in the country.


Key Words
Albania, palliative, pain, palliative care education, palliative care medications

Background

Albania is a small country of almost 2.8 million inhabitants in the Balkan Peninsula. After 50 years under communist dictatorship, Albania became a democracy in 1990. The passage to a completely new system of government alongside other factors has made the last 26 years a long and difficult transition for the country’s population. Challenges persist especially in two fields of fundamental services for Albanian citizens’ health care and education.

The diagnostic and curative health services are organized on three levels: primary health care, secondary hospital service, and tertiary hospital service. Public health services and promotion are provided within the framework of the primary health care, supported and supervised from the Institute of Public Health.

The health care system in Albania in the last 10 years has changed from mostly public to a growing private health care system of providers. The public system, mostly used by average and poor citizens, has always been under-resourced. Although there is a Fund for Health Care Insurance (HCIF), the government’s major problem of tax collection and a tax schema, it does not cover the needs for quality health care provision.

Another critical issue in Albania is the qualification of the health care personnel, which is of poor quality. The Center for Continuous Education was established 10 years ago, whose main aim is providing necessary courses and trainings, but because of scarce resources it does not function properly. The physicians must gain 120 credits of continuing medical education.
over four years and the nurses must gain 40 credits. If they have not accomplished these criteria they cannot be licensed.

There are no nursing homes in Albania because the attitude of society toward the ill and sick is that the main caregiver should be the family, and the care is given at home.

Patients and families are very dependent on palliative care providers as there are no government services other than one home care service for oncology patients with life-limiting illnesses. Family members are critical for the quality of the government run health services; however, there is a great lack of effective communication, support, and coordination of care. Palliative care staff are very dedicated to their work; however, it is still a common practice for health care professionals, including palliative care providers, not to tell most of their patients their diagnosis and prognosis.

The first palliative care service began in Albania in 1993 by the Ryder Albanian Association (RAA) with a very small team of two doctors and one nurse. Now a number of nongovernment organizations have been working in the field of palliative care many years in Albania. These include:

1. National Association for Palliative Care (NAPC) which is the official national organization for the four existing palliative care providers in Albania and is mainly focused on advocacy and the development of palliative care in the country.
2. RAA (in Tirana and Durres) was the first palliative care provider in Albania. RAA’s main focus is the provision of home care, palliative care, advocacy, and fundraising. A 10-bed inpatient unit developed by RAA had to close in 2008 due to a lack of funding.
3. Mary Potter (Family Health Care) Association (MPA) in Korca’s main focus is home care and in-patient palliative care service provision and palliative care training. The MPA program is led by a nurse with physician support.
4. Caritas Albania (Elbasan, Shkodra, and Lezha) is a Catholic charity that operates more than 50 health centers throughout the country. They work mostly with the poor and provide financial support for various supplies.

The first government palliative care service was created in 2001 and for more than 10 years has been the only government provider of palliative care. The Oncology Home Service (OHS) provides home care to cancer patients on referral from the National Oncology Center in Tirana.

As of 2015, in addition to the four nongovernment organizations providing palliative care, there are seven new palliative care units in the regional hospitals of Albania: in Shkodra, Elbasan, Durrës, Fieri, Berat, Korca, Kukësi, and Vlora offering inpatient and home care services for patients (Fig. 1). These programs were based on a model program run by RAA through the regional hospital in Durres.

In 2010, a palliative care national working group was established and it continues to function. Its main goal is to envision and strategize about palliative care development in the country but also to supervise the implementation of the palliative care strategy that is included in the National Cancer Control Plan.

In Albania, there are no specialized pediatric palliative care inpatient units; however, the pediatric hem-oncology ward at the National Oncology Center provides some inpatient palliative care consultation. More work is needed to establish children’s palliative care in Albania.

Policy

Palliative care became part of the Albanian Ministry of Health’s (MoH) agenda in 2011 when the MoH signed the implementation of the National Cancer Control Plan. In this plan, palliative care is the fourth pillar in the National Cancer Control Plan—Prevention, diagnoses, treatment, and palliative care (Ministry of Health; 2011). An integral part of this document is the palliative care strategy and five-year working plan (2011–2015).

In October 16, 2014, the Albanian Parliament approved the law on palliative care, which was developed with the contributions of all palliative care stakeholders in country, including Ministry of Health. This new law assures that palliative care is considered a basic human right and is a multidisciplinary service, the law seeks to increase the amount of opioids available in the country, it urges that extensive specialization and education on palliative care be provided, and it seeks to include palliative care in the state’s welfare scheme.

Although these accomplishments are important, the most challenging work is yet to come, the implementation of the law. In 2015, the NAPC undertook the initiative to work with a group of professionals on drawing by-laws to make the palliative care law applicable. In the beginning of 2016, the by-law documents were drafted and approved by the Council of Ministers and the Ministry of Health. The by-laws call for social and economic support for patients and their families in the terminal phase of illness. However, the by-laws have been postponed because of the high cost assessed by the Ministry of Social Welfare.

In 2011, the palliative care working group developed National Palliative Care Standards. The same year, those standards where approved by the MoH. Although approved, applying the standards continues to be a challenge. In 2012, the Palliative Care Clinical
Guidelines for Children and Adults were developed and approved by the MoH, and in 2014, medical protocols were developed based on these guidelines. These protocols are still under consideration by the MoH and even if they their application will continue to be a challenge because of limited resources.

**Education and Training**

RAA and the Mary Potter Center are the main organizations building the professional capacity in the country. Every year, both organizations are involved in capacity building initiatives for general practitioners (GPs) and other nursing staff in the palliative care services in several cities in Albania. However, the planning and organization of the trainings are completely dependent on donor funding; therefore, the delivery of training is a challenge every year for RAA and Mary Potter.

In 2013, about 40 GPs and nurses received the Educating in the End of Life Nursing Education Consortium (ELNEC) certificate. The training was organized in country, and the full ELNEC module is now available in the Albanian language.
Since 2013, there have been significant improvements in the curricula of university programs for physicians, nurses, and social workers. The Faculty of Medicine program has a palliative care module integrated in the oncology module, in the Faculty of Social Sciences (Social work branch), palliative care is part of the curriculum with five classes, and in 90% of public High School for nurses (this is an equivalent of BA degree), palliative care is an elective or compulsory subject of the curricula. There are no lectures on palliative care offered in or at the GP specialization course. There are four books on palliative care that have been translated and published in Albanian and are available for students (Hospice and Palliative Care: The essential guide, The Hospice Companion, Symptom Relief in Terminal Illness, and Cancer Pain Relief, with a Guide to Opioid Availability).

In 2012, RAA took over the initiative of opening a one-year (short term) specialization course for palliative care within the Public Medical Faculty. As of 2016, the course has not become active because of changes in the Faculty of Medicine (2013), the high education reform that is taking place in Albania (2013–2015), and the process of drafting a new law for higher education in Albania (2015). RAA has undertaken the initiative to review and adapt the draft program of one-year specialization with the new law requirement.

In 2013, Open Society Foundation in Albania (OSFA) produced three TV spots aiming to increase public awareness regarding palliative care in Albania. The materials for preparation have been extrapolated from the “Life before death” series produced by Moonshine Agency (supported by the Open Society Foundation’s International Palliative Care Initiative). A major part of the series has been translated and subtitled in Albanian and distributed to the main palliative care stakeholders in country that are involved in capacity building to use as resource and advocacy.

**Medicine Availability/Access to Opioids**

Opioid availability remains a significant problem in Albania. WHO recommends an essential list with 33 drugs for palliative care, from which 27% or 75% are available in Albania. In the reimbursement drug list of HCIF, 17 drugs are included or 48%. Meanwhile, 20% of this group of drugs (reimbursed for palliative care) has limitations on their use and quantity. Only a small number of terminal patients are able to access these medications because of the lack of knowledge of all physicians.

For many years, morphine was only available in 10 mg injection and in 10 mg slow-release tablets. Recently, two crucial critical palliative medicines have become available oxycodone and oral morphine solution. Additional medications that are available include:

- Fentanyl patches, 25 and 50 μg.
- Methadone is only available for injecting drug users as part of the HIV program.
- Pethidine (not recommended for palliative care) is very rarely used.
- Injection morphine is now produced in Albania by a local company.

The length of a prescription has been limited to seven days, but because of the new law, it has been expanded to 28 days maximum. However, local physicians still apply the previous restrictions. All GPs can prescribe opioids but only based on the oncologist’s recommendation. The authority for prescribing opioids is limited to palliative care physicians (as mentioned earlier) and oncologists.

Opiophobia among the population and the medical professionals continues to be a great challenge and is one of the major obstacles for effective palliative care and pain relief.

**Service Provision**

As mentioned, there are four palliative care services operating in Albania. In 2012, plans for development of palliative care units in all the regional hospitals were projected to reallocate the resources of the hospital with no additional costs from the Compulsory Health Care Insurance Fund. RAA in close partnership with MoH and the Open Society Foundation—Albania made it possible to establish seven palliative care units in seven regional hospitals. Each region has at least two main cities. The palliative care units provide home care only for the cities where the hospital is and day hospital service for whole region. Each palliative care team has a part-time physician, two full-time nurses, and one part-time social worker who have been trained by RAA and Mary Potter. Regulatory documents have been developed for administrators and managers of palliative care units. The new palliative care law makes it possible to provide palliative care service in a variety of service delivery models; however, it will be necessary to expand to many cities that are not currently covered by the regional hospital model.

**Challenges and Future Direction**

In 2016, there are now 12 providers offering palliative care home care services in Albania. This covers about one-third of the country’s need for palliative care. Four of the providers are nonprofit organizations (RAA, NAPC, M. Potter Center, and Caritas Albania) who receive approximately 90% of their funding from donors (international organizations). Ten percent of the budget of the not-for-profit home care services comes from Compulsory
Health Care Insurance Fund in form of opioid reimbursement as part of the drug reimbursement schema.

Philanthropy and charity are underdeveloped in Albania, and at present, there is no revenue from these sources.

Over the next three years, palliative care stakeholders in Albania will aim to:

- implement the new law on palliative care,
- establish palliative care units in all regions of Albania,
- expand the provision of palliative care services to other cities throughout Albania,
- advocate for resources to improve the standards for offering the care in the population,
- establish palliative care for children,
- expand palliative care to other noncancer patients,
- expand the number of qualified professionals through postgraduate palliative care specialization courses,
- continue palliative care capacity building and training activities, and
- promote palliative care through public awareness raising activities.

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References


