



EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Long-term care for older people

Albania

Elira Jorgoni and Enkelejd Musabelliu



EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

Directorate C — Social Affairs

Unit C.2 — Modernisation of social protection systems

Contact: Giulia Pagliani

E-mail: Giulia.PAGLIANI@ec.europa.eu

European Commission

B-1049 Brussels

European Social Policy Network (ESPN)

**ESPN Thematic Report on
long-term care for
older people**

Albania

2021

Elira Jorgoni and Enkelejd Musabelliu

The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

The ESPN brings together into a single network the work that used to be carried out by the European Network of Independent Experts on Social Inclusion, the Network for the Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat.

The ESPN is managed by the Luxembourg Institute of Socio-Economic Research (LISER) and APPLICA, together with the European Social Observatory (OSE).

For more information on the ESPN, see:

<http://ec.europa.eu/social/main.jsp?catId=1135&langId=en>

LEGAL NOTICE

The information and views set out in this document are those of the authors and do not necessarily reflect the official opinion of the European Union. Neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein. More information on the European Union is available on the Internet (<http://www.europa.eu>).

Manuscript completed in September 2020.

The European Commission is not liable for any consequence stemming from the reuse of this publication. Luxembourg: Publications Office of the European Union, 2021

© European Union, 2021



The reuse policy of European Commission documents is implemented by the Commission Decision 2011/833/EU of 12 December 2011 on the reuse of Commission documents (OJ L 330, 14.12.2011, p. 39). Except otherwise noted, the reuse of this document is authorised under a Creative Commons Attribution 4.0 International (CC-BY 4.0) licence (<https://creativecommons.org/licenses/by/4.0/>). This means that reuse is allowed provided appropriate credit is given and any changes are indicated.

For any use or reproduction of elements that are not owned by the European Union, permission may need to be sought directly from the respective rightholders.

Quoting this report: Jorgoni, Elira and Musabelliu, Enkelejd (2021). ESPN Thematic Report on Long-term care for older people – Albania, European Social Policy Network (ESPN), Brussels: European Commission.

CONTENTS

HIGHLIGHTS..... 4

1 DESCRIPTION OF MAIN FEATURES OF THE LONG-TERM CARE SYSTEM..... 5

 1.1 Demographic trends 5

 1.2 Governance and financial arrangements 6

 1.3 Social protection provisions 7

 1.4 Supply of services 8

2 ASSESSMENT OF THE LONG-TERM CARE CHALLENGES IN THE COUNTRY 9

 2.1 Access and affordability..... 9

 2.2 Quality 9

 2.3 Employment (workforce and informal carers)..... 10

 2.4 Financial sustainability 11

 2.5 Country-specific challenges regarding LTC for other age groups in need of care 11

3 REFORM OBJECTIVE AND TRENDS 12

4 MAIN OPPORTUNITIES FOR ADDRESSING LTC CHALLENGES 12

REFERENCES 14

STATISTICAL ANNEX 15

Highlights

- The first effects of population ageing are being observed in Albania, with declining fertility rates, increasing life expectancy and high levels of emigration. The old-age dependency ratio is increasing, and the number of people aged 65+ is expected to reach 21.8% of the total population in 2031.
- Provisions on long-term care (LTC) can be found in different laws, such as on healthcare, social care and social insurance. However, there is no official definition, and no formal and unified system, of LTC. Ageing projections have triggered the approval of the first national policy paper on ageing 2020-2024 and its action plan.
- The affordability of healthcare is a significant issue for people aged 65+. An important development is increasing private sector provision of LTC services, currently accounting for 75% of registered providers and 54% of the LTC workforce. Whereas an expanding offer allows for greater choice and diversity, private providers cater to a more affluent section of society.
- The implementation of the national action plan for ageing provides an opportunity to tackle LTC. The aim is to review the legal framework for social support to family carers, facilitate labour market access for informal caregivers aged over 50 and regulate the caregiving profession. Support for adequate standards, care protocols for medical staff and nurses, and training in LTC are envisaged.

1 Description of main features of the long-term care system

1.1 Demographic trends

Discussion of population ageing and LTC needs in Albania has emerged only recently. The continuous population growth during communism helped maintain the median age well below 30 for several decades. Nevertheless, declining fertility rates, increasing life expectancy and high emigration among younger cohorts over the last three decades have affected the demographic structure of the population enormously – thus increasing the attention given to issues related to LTC. Still, as one of the youngest countries in Europe, Albania has not yet developed a proper LTC system. Projections that the population of Albania will shrink and age more quickly have been taken seriously by the government, which in 2019 approved the first national policy document on ageing 2020-2024 and its associated action plan (MoHSP, 2019b).

The population of Albania fell from 3.06 million in 2001 to 2.86 million in 2019, while the share of people aged 65+ in the same period increased dramatically from 7.5% to 14%. Furthermore, the old-age dependency ratio increased from 11.3% in 2001 to 21.6% in 2019. 54.7% of people aged 65+ live in rural areas. Projections suggest a rapid shrinking of the population and a rapid increase in the old-age dependency ratio. The Albanian Institute of Statistics (INSTAT) forecasts¹ that by 2031 the population will fall slightly to reach 2.74 million, while the old-age dependency ratio is expected to jump to 32.7%. For the same year the share of people aged 65+ is expected to reach 21.8% of the total population. Since projections by INSTAT cover only the time period 2019-2031, for 2050 and 2070 we refer to 'World Population Prospects' data² from the United Nations. According to these projections, the population is expected to fall to 2.42 million by 2050 and 1.94 million by 2070. The old-age dependency ratio is expected to jump to 40.7% in 2050 and 76.1% in 2070.

Albania does not release statistics on the number of elderly people who suffer from a disability or are in need of LTC. According to data from the State Social Services (SSS)³, in 2019 there were 73,169 people with disabilities, 19,847 (or 27.1%) of whom were eligible for a caregiver as a result of being classified dependent or in need of LTC. Additionally, there are 74,658 people with work-related disabilities who benefit from the social insurance scheme, 1,915 (or 2.5%) of whom benefit from an additional payment as a result of being eligible for a caregiver. Nevertheless, a study carried out by INSTAT and the United Nations Population Fund (UNFPA) found that close to 73,000 people (or 23% of those aged 65+) could be classified as disabled according to the 2011 census data (UNFPA and INSTAT, 2015). Among the oldest (aged 80+), 42% could be classified as disabled. This does not give a definite answer to the question of how many people aged 65+ are in need of LTC, but it does suggest that this number may be higher than perceived.

According to the 2011 census, the proportion of elderly people who lived in large households of five or more had dropped to 42%. Additionally, 30% of people aged 65+ lived in a two-person household and 8% in a one-person household. A survey conducted in 2016 in Tirana found that 10% of people aged 65+ lived totally alone, while 45% lived only with their spouse (IMIAS, 2016). In the light of changing family structures and the demographic projections on population ageing, the need to establish an LTC system becomes imperative.

¹ <http://www.instat.gov.al/al/temat/treguesit-demografikë-dhe-socialë/projeksionet/publikimet/2019/projeksionet-e-popullsisë-2019-2031>.

² <https://population.un.org/wpp/Download/Standard/Population/>.

³ <http://www.sherbimisocial.gov.al/raporte/>.

1.2 Governance and financial arrangements

There is no official definition of LTC in Albania and hence there is no formal LTC system either. Provisions on LTC can be found in different laws, such as those on healthcare, social care and social insurance, but they do not define a proper, complementary system.

Social care and social protection are managed by the Ministry of Health and Social Protection (MoHSP) and financed through general taxation. The social protection programme provides payments for people with disabilities, who are the only group whose need for LTC is officially recognised. Depending on the degree of disability, these people benefit from cash transfers and other services. In cases of heavy or full disability, they become eligible for a caregiver. The principle that only people with disabilities are eligible for LTC is stressed also by the recently approved Law 57/2019 on social assistance. Nevertheless, this new law reasserts the provisions of Law 121/2016 on social care (GoA, 2016), according to which people aged 65+ are eligible for in-home services as well as social care provided in community centres or social residences.

Social care is provided regionally by the SSS or locally by the municipalities. Social, residential or day care centres provide services for several groups, including people aged 65+. However, both central and local government have limited capabilities and provide services either to people with disabilities or to those who have been abandoned by their families. Collaboration between these social care structures and the healthcare system is also limited. Furthermore, although the State Labour Inspectorate is responsible for inspecting the social service provision (including LTC) of public and private providers, very weak institutional capacity and the limited number of staff (only five), make it impossible to exercise any meaningful oversight. Law 121/2016 on social services envisaged the establishment of an inspectorate for social care services, which four years later has yet to materialise.

Financed by compulsory health insurance, the healthcare system offers free access to primary healthcare (PHC) for people aged 65+. The PHC package includes an elderly healthcare programme which provides only basic services such as the identification of typical diseases of the elderly, and counselling and education on preventive care. Several new reform initiatives in the healthcare system have not included any new provisions with regard to LTC. The check-up programme introduced in 2015 covers only the age group 35-70, thus excluding the vast majority of the elderly.

The affordability of healthcare is a main issue for people aged 65+. Pensions are low and cover only a small proportion to total monthly expenditure on healthcare needs by the elderly. As a result, out-of-pocket spending has become a financial burden for them. Out-of-pocket expenditure often consists of the many fees for medicine, laboratory work, medical staff and transport (Tomini *et al.*, 2015).

The social and health insurance schemes do not cover LTC and private insurance is not available either. However, social insurance offers partial coverage in the case of disability. If a person with disability has a working history, they do not benefit from the social protection programme but become eligible for a work-related disability pension or an invalidity pension under Albanian legislation. This scheme is financed by social insurance and beneficiaries may receive an extra payment if a medical commission finds them eligible for a caregiver.

The absence of a proper system, and the provision of services from different budgetary programmes, make it difficult to assess government expenditure on LTC. The social insurance scheme spends each year around 0.4% of GDP⁴ on pensions for people with work-related disabilities, even though only 2.5% of them are eligible for a caregiver and thus in need of LTC. The yearly expenditure on people with disabilities and their caregivers, funded by general taxation, accounted for around 0.5% of GDP⁵ in 2018. Lastly, the

⁴ http://www.isssh.gov.al/wp-content/uploads/2019/04/Statistika_ISSH_2018.pdf.

⁵ <http://documents.worldbank.org/curated/en/141451524231350685/pdf/Albania-Social-PP-04172018.pdf>.

indicative expenditure for full implementation of the national policy paper on ageing 2020-2024 is calculated at 0.2% of GDP.

1.3 Social protection provisions

The existing legal and policy framework indicates that people aged 65+ are not considered as a vulnerable group. Law 121/2016 on social care services makes reference to 'persons over the working age' as those who, at the moment of assessing eligibility to benefit from social services, are beyond working age. Further, this law makes reference to the typology of services – with no specific reference to LTC. Yet it conveys a new approach on the need for services for the elderly, aiming to gradually approximate 'treatment based on the needs' with 'treatment based on rights', and improves access by the elderly to social services. Law 22/2018 on social housing (GoA, 2018) defines the elderly as one of the categories eligible for housing.

A number of legal provisions are in place, but their operation is hindered by a lack of institutional, human, professional and financial capacity (Albanian Network of Older People, 2017). More specifically, home services are still not available and social services are mainly provided by non-public centres. The official information on social services for the elderly is insufficient to be able to assess the need for these targeted services, while data on the degree of implementation of quality standards are also missing. On the other hand, health reform based on the 'community-based services' approach is expected to have a positive impact on the availability of services to the elderly.

Although access to PHC is available to all, some forms of LTC, such as eligibility for a caregiver, are available only to people with disabilities, including work-related disabilities. People claiming this status have to be examined by a medical commission. Once they become eligible, they receive an extra payment on top of their disability benefits or pensions. However, several studies have found the amount of the payments does not cover the real needs of the people concerned (Voko, 2018).

Although Law 21/2016 on social services stipulates that people in the category 'elderly in need' have the right to receive financial assistance and social services, other sectoral legislation excludes them from such treatment. Whereas cash assistance is determined on the basis of income, regardless of age, social services are available only to elderly people identified as individuals in need. This includes the single elderly, and elderly people without income or without support. Additionally, they may also benefit from the disability cash programme, if eligible, if they quit their old-age pensions. There are no benefits for carers of elderly people, unless the elderly person is disabled and in need of a caregiver. The role of 'social carers' is not yet recognised officially and as such they are not eligible for any kind of support.

In December 2019, 3,511 individuals of pensionable age were beneficiaries of economic assistance. Pensioners, those in receipt of disability payments or invalidity pensions, and low-income families, are subject to limited financial compensation measures that mainly relate to energy and transport costs. The government also provides subsidies for water connection and water meters for all beneficiaries of social assistance, people with disabilities, recipients of invalidity pension, and pensioner-headed households with no employed or self-employed family member (Jorgoni, 2020). Beneficiaries of invalidity pensions are also entitled to free transport. However, pensioners do not receive any reimbursement of transport costs, and neither do beneficiaries of social assistance.

There is no financial support provided to families who provide care to their older relatives, except for social assistance and electricity compensation for poor individuals and households. And these small amounts of benefit are likely to have only limited effects by way of improving their social conditions and well-being. In addition, there are disability benefits for older people under the recognised (medically certified) disability status. Conversely, regardless of socioeconomic status and/or disability conditions, basic medicines are reimbursed for all individuals aged 65+.

1.4 Supply of services

LTC has been overlooked even as Albanian society is facing an ageing problem. Weakening of traditional family links as a result of migration or inability to provide care services for elderly family members is increasingly highlighting the need to provide more sustainable solutions. Formal LTC consists merely of some earmarked hospital beds, which mainly provide healthcare for chronically ill elderly people. These services remain inadequate and there are very few physicians trained in geriatrics and gerontology (Ministry of Health, 2016). Palliative care is mainly provided in Tirana and some other major urban areas of the country. Also, home-based palliative services are available in Tirana and some other major urban areas. However, they do not meet the needs of the population, and therefore palliative care at home relies upon close family members and relatives.

Although Law 121/2016 on social care services foresees home care services, these services are not available yet. There are several residential facilities mainly providing shelter and food. Unlike other countries in the region, Albania has not inherited a traditional system with integrated social care and healthcare for the elderly. The national action plan for ageing states that 60% of people aged 65+ live in remote and isolated areas.

Social services for elderly people are provided through community, day care and residential centres. About 1,871 elderly people, or 0.46% of the population aged 65+, are recipients of social services (SSS, 2019). Municipalities lack services for elderly people and most services (both public and private) are concentrated in the capital (Tirana). The government has approved standards for services for the elderly, outlining the typology of services and profiles of staff in these centres' multidisciplinary teams. However, the number of centres available is not sufficient, they have limited capacity, and they are absent from rural areas – and thus they accommodate only half of applications. In terms of costs, 40% of pensions are used to cover living and service costs in the public centres and the difference is covered by the state. For those clients without a pension, their costs are fully covered by the state and they also receive a monthly allowance of 6,000 ALL (€47).

Family values and the importance of family members providing care for elderly people have traditionally been prominent in Albanian culture; but in the absence of family caregivers, a growing number of seniors still find themselves facing physical and social isolation (Porrizzo *et al.*, 2015). Most of the elderly in Albania rely on their pensions and remittances from relatives living abroad to cover their living and medical expenses. However, families that have greater financial stability rely on informal care services, which in most cases are not provided by a trained workforce, but rather by unemployed women in search of a job. There are no data available related to the informal workforce that is mobilised to help elderly people in need. Family care for elderly people remains unpaid work, with consequences for the living standards and wellbeing of the families concerned. However, the incidence of informal care within the family is fading, as the 'care drain' is becoming evident and a new 'culture of distance' is embracing the Albanian family (Meçe, 2015).

Service providers are faced with demands that reflect the different needs of the elderly, while coherence in service provision is missing because the general standards refer to the beneficiary group 'elderly people' without further specification of their needs (UNICEF, 2016b). Furthermore, the current structure of service provision fails to distinguish between types of services provided for people with different health and social issues – despite the fact that it is important to distinguish between physical and mental health status, and to assess progress accordingly (UNICEF, 2016a).

2 Assessment of the long-term care challenges in the country

2.1 Access and affordability

In the absence of a formal LTC system, people aged 65+ have to turn to the PHC system as the only remaining alternative. This system is organised through a network of public centres in each municipality. On average, a PHC centre offers services to 8,000-20,000 inhabitants, with a ratio of one doctor per 2,500 patients and one nurse per 500 patients (WHO, 2018). A recent study (Albanian Network of Older People, 2018) found that 16% of people aged 65+ were not able to access medical care when needed. The main reasons for this were an inability to afford medical treatment (17.6%), long distances to medical facilities (12.3%), and incapacity due to severe pain/illness (11.4%). The waiting time for an appointment is long and queues at the doctor's door are not rare. In-home services are also available, but the wide territory covered by PHC centres and the limited number of staff restrict the use and efficiency of this service. As regards affordability, PHC is free, and basic medicine costs are reimbursed. However, the above-mentioned study found that 24.7% of people aged 65+ could not afford the medications prescribed by their family physicians.

Municipalities have an important role with regard to the provision of social services. Law 121/2016 on social care services states that, in order to benefit from services, people aged 65+ need to apply to a social worker at the local government unit. The application is then subject to approval by the municipal council. Services are usually provided in social or community centres. However, out of a total of 61 municipalities, 21 do not provide any social services at all, while 44 municipalities face several difficulties in providing them. Further, on a country scale only 15% of the 276 social care centres provide services for the population aged 65+ (SSS, 2019). Additionally, 36% of these centres are located in Tirana with the remainder in the other big municipalities, leaving small municipalities and rural areas without coverage. Research data (UNFPA, 2015) confirm that the services provided to the population aged 65+ are far from covering their needs. In 2020, there are 18 residential centres (seven public and 11 non-public) and 30 community centres (25 public and five non-public). Data from SSS show that around 300 people aged 65+ get services in these public residential centres. An additional 180 people get services in the few private residential care centres that have been opened recently. The latter are highly expensive and usually provide services to parents of migrants.

2.2 Quality

The lack of legacy social care services has led to incomplete regulatory frameworks and standards in social service delivery overall, as well as services that are both few in number and varying in quality. One of the challenges that the existing social care centres are facing relates to the high demand for support and the insufficient resources and/or capacity to respond to all the needs of the municipal territory. As the population is ageing the few existing residential facilities in Albania are faced with extensive waiting lists to get LTC. The quality of residential public LTC facilities and services is not as high as their private counterparts, but they are more affordable in relation to pensions (Porrizzo *et al.*, 2015).

Standards for social care services in residential institutions were approved in 2006 and they serve as an instrument for monitoring and assessing the capacity of providers, inspecting them, and for licensing purposes. Some of the key challenges affecting the quality of service provision are related to the approved structures, which are not fully consistent with the standards regarding professional expertise (UNICEF, 2016b). Moreover, the staffing procedure has also been reported as problematic, because sometimes it is not based on merit and qualifications, and because the professional expertise recruited does not reflect the needs of clients, thereby jeopardising standards and service quality (UNICEF, 2016a). Though the current standards for social care services for elderly people

incorporate almost all the guiding principles for standards internationally, they fail to reflect reality and the different needs of beneficiaries such as support for people with physical and/or mental issues, palliative care, and short-term emergency situations (UNICEF, 2016a). The day care centres are not equipped to deal with elderly people with health problems, whereas the reality is that many require medical support. Findings from the monitoring reports of the SSS indicate that the internal regulations of centres need to be adjusted better to day care services for elderly people; and that there is a need for infrastructure investment, as well as additional staff, to keep the service fully operational in three shifts in line with service standards.

There is an immediate need to focus on the quality of LTC services and related policies to meet socio-demographic change. Currently, there are insufficient data to provide a full picture of the quality of LTC offered by public and non-public providers. There are no assessments available also on the quality of jobs, working conditions, and types of contract in LTC services overall. There are also no data available related to the existing informal workforce in the sector as well as the costs entailed, and support provided by the family carers. Increasing attention is paid to the need for improved cooperation between NGOs and local government in order to be able to respond to immediate needs. However, the lack of financial support discourages effective cooperation and more efficient service provision.

2.3 Employment (workforce and informal carers)

Even though Albania lags behind EU averages in terms of women's participation in the labour market, it has seen a significant increase over the past six years, with female labour force participation increasing from 50% in 2013 to 62% in 2019. The increased share of women in the labour market, coupled with shifting demographic trends (emigration, urban migration, and a decline in the number of elderly people sharing a domicile with their adult children), has led to increased demand for a system of elderly care.

In 2020, the formal system of LTC for older people is comprised of 36 providers (27 private, nine public), which employ a total of 334 formal workers. No public data are available on the gender division of LTC workers; however, the majority are presumed to be women. Anecdotally, increased migration (particularly of nurses) to EU countries limits the number of available and well-trained LTC workers.

Education and training of LTC workers is key to the quality of service provision. Opportunities for the continued professional development of caregivers are minimal, limited to a small number of public and private providers of short-term vocational training. Administrative data from the National Agency for Employment and Skills (NAES), indicate that in 2019 a total of 107 individuals received short-term training in elderly care from public providers, a number that has held steady through the past few years. There is an increasing private sector provision of LTC services, currently accounting for 75% of registered providers and 54% of the LTC workforce. Whereas an expanding offer allows for greater choice and diversity, private providers cater to a more affluent section of society.

LTC for older people in Albania relies heavily on informal care. From a gender perspective, women in Albania are 1.8 times more likely than men to be contributing family workers, and as many as 30.8% of the economically inactive female population aged 15-64 carry out domestic tasks such as the provision of informal care for a dependent relative⁶. In addition, a significant market for informal carers has developed, with working adult children hiring informal LTC workers (sometimes live-in) for their older parents. Unfortunately, no data are available on the number of informal LTC workers, the gender division of responsibilities in LTC, and/or remuneration levels. No formal work arrangements exist for paid informal caregivers.

⁶ INSTAT, Labour Market 2018, <http://instat.gov.al/media/5575/tregu-i-punes-2018-ang-alb.pdf>.

No specific reforms have been enacted to attract and retain the workforce in the formal care sector. Clear wage differentials between Albania and EU Member States have attracted a significant number of medical personnel to migrate to the latter, leading to upward wage pressures (particularly on private providers). No reforms have been announced or are under implementation on the formalisation of informal care workers. Vocational education and training opportunities are increasing; however, they remain minimal compared with the demand for qualified workers.

2.4 Financial sustainability

Albania has not yet developed a budgetary programme to finance LTC. The few LTC services that exist are financed through different budgetary programmes. Thus, each year Albania spends 0.5% of GDP from general taxation on cash transfers to people with disabilities and their caregivers, and around 0.4% of GDP from the social insurance fund on people with work-related disabilities. Expenditure on people aged 65+ from the PHC programme cannot be calculated accurately, while the costs for providing social care in the few community centres are irrelevant.

Even though the national policy paper on ageing recognises the fact that the Albanian healthcare system is not prepared for the growing needs of people aged 65+, the indicative budget it allocates for the development of LTC for the next five years is only 0.2% of GDP. As the population is shrinking and ageing fast, the expectations are that the government will face severe financial constraints in providing LTC. Both social and health insurance schemes run high deficits and cannot cover the costs of the development of an LTC system. In 2018 the social insurance scheme had a deficit of 1.80% of GDP⁷ and the health insurance scheme a deficit of 1.09% of GDP⁸. It seems almost unavoidable that the future LTC system will be financed through general taxation.

2.5 Country-specific challenges regarding LTC for other age groups in need of care

The analysis of the main LCT challenges is conditioned by a lack of data. This is particularly relevant when it comes to data related to the quality of services provided, the capacity and profile of employees, the real scale of demand, and what the offer is.

Under the disability reform, it is planned that personal assistance services and a healthcare package should be provided by the municipalities to applicants who have reached the pension age. However, there has been no progress in negotiating this type of support in the pilot municipality of Tirana. More coordination between the MoHSP and local government is needed in order to identify housing and community-based services needed to move people with intellectual disabilities out of psychiatric hospitals and into supported houses/apartments. Two community-based services for the integration of people with mental illnesses have been established to address the housing needs of 20 people (Jorgoni, 2019). However, according to the national action plan for people with disabilities (MoHSP, 2019c) there were 85 people with limited intellectual abilities who, although not in need of intensive medical treatment, were still in hospitals due to a lack of alternative housing (Jorgoni, 2019). As the government also has a deinstitutionalisation agenda, there are a few concerns related to service standards in supported houses/apartments, especially in view of an insufficient and underqualified workforce and inadequate care infrastructure. In addition, special attention needs to be given to the welfare of children with disabilities moved out of residential institutions as the deinstitutionalisation plan is rolled out. Deinstitutionalisation will require establishing new services at the community level, an integrated system of care, and better planning and delivery – along with strengthened monitoring and inspection, which remains a weak link in the current system.

⁷ http://www.issk.gov.al/wp-content/uploads/2019/04/Statistika_ISSK_2018.pdf.

⁸ https://www.fsdksh.com.al/images/2019/Botime_09092019/Raport_Vjetor_2018_09092019/RaportiVjetor2018_Shqip15112019Rz.pdf.

3 Reform objective and trends

As the first step towards the development of a formal LTC system, the national policy paper on ageing has set out a future reform agenda that involves moving towards the fulfilment of the following objectives. The main goal is full coverage of the population aged 65+ by health and social services. It is intended to create a basic package of health and social care services which will be available to 100,000 people or 24.8% of people aged 65+. In addition, the policy paper has as its strategic objective the strengthening of in-home care for elderly people who have lost their physical autonomy and for those aged 80+. The former will be visited on a monthly basis by professional nurses, and the latter twice a year. Strengthening of geriatric and gerontologic capacity is another objective, with new protocols and more trained medical staff in PHC in order to better assess the needs of people aged 65+. Lastly, the policy paper sets as an important objective the widening of services provided in community centres as well as the opening of at least 10 new day care centres providing social care. Another important objective of the national action plan for ageing is to develop an integrated system of community-based social care and healthcare services. The government plans to introduce a referral mechanism between the social care and healthcare services at the local level in order to ensure service integration and the quality of services for the elderly. The aim is to provide support to elderly people, especially the most vulnerable ones, support ageing in community, and encourage greater autonomy on the part of this target group.

The policy paper on ageing recognises health conditions as one of the main problems of people aged 65+, and emphasises the fact that the public healthcare system is not prepared for the increasing needs of the elderly. The government is also preparing a draft package of social and healthcare services for elderly people, which includes the competences and different tasks at all levels needed to provide high-quality services to them. In terms of incentives, there have been important policy steps which require implementation mechanisms in place – such as the approval of the law on social enterprises, social care reform and a basket of services, the social fund, and reviewing the procurement law for social care services – which are still ongoing. The social fund has been approved as a mechanism, but its methodology and full operation at local level is dependent on the procurement law. Municipalities, with the support of development partners, have been drafting and budgeting for local social care plans which include services for elderly, but financing remains a serious concern at all levels. Therefore, at the moment, realistically speaking there are limited incentives for LTC providers.

4 Main opportunities for addressing LTC challenges

There are a number of challenges related to the implementation of standards, while there are other substantial issues such as: limited and under-capacity services; an uneven distribution of services throughout the country; a lack of services in rural areas; and an absence of multidisciplinary teams to address all the needs of the elderly. Furthermore, the economic situation of the elderly and the low level of pensions make it a challenge for them to have a decent life and cover their needs for medications and other living costs.

The national strategy for social protection, the national action plan for ageing, and the law on social care services emphasise better community-based provision of care services. The law on social housing, as well as the national action plan for people with disabilities, provide for the first time a more complete policy framework on LTC in Albania. However, it remains important to consider and draw attention to the standard framework necessary for new service provision and providers in community care.

Two packages of services mentioned above, the basket for social care services (GoA, DCM 518/2018) and the basic package of services for PHC, both entailing services for elderly people (MoHSP and UNFPA, 2015), require significant investment to be able to provide adequate services, including home care services. The personal assistance services and healthcare package planned under the disability reform will be extended to applicants who have reached the pension age.

The basic standards of service are considered as adequate. However, they should be better structured by using procedural, personal, and operational standards, while the criteria and indicators should reflect the logic of operation and whether they meet the indicated standard (UNICEF, 2016b). Municipalities need to be supported to respond to the changes in policy frameworks related to social services and LTC, and to meet the relevant service standards. Law 65/2016 on social enterprises (GoA, 2016) represents an opportunity to be explored for partnerships in funding LTC, supporting service provision through affordable approaches, and extending services to in-home care (Porrizzo *et al.*, 2015).

The national action plan for ageing aims to review the legal framework for social support to family carers such as the provision of special leave for working family members who are also caregivers, based on the maternity leave model. Return to the labour market for informal caregivers over 50 will also be facilitated, as well as the regulation of their pensions and priority consideration for housing applications. Furthermore, the plan also foresees the preparation of care protocols for medical staff and nurses as well as training for staff engaged in LTC.

Continuous education of the LTC workforce is imperative for both public and non-public service providers, while providing more opportunities for raising the skills of informal workers (in cooperation also with NGOs). Investment in social care services has been highlighted in all sector-related debates in the country. Many positive steps have been undertaken during the last year in the light of the ongoing social care reform, but the sector has a significant financial gap to cover in order to be able to meet these goals and improve the coverage and quality of service provision. The training curricula related to care providers need to be tailored better to the service provision and multidimensional needs of the clients.

The implementation of the national action plan for ageing needs to be closely monitored. The MoHSP should cooperate closely with local government to catalyse support initiatives while encouraging participation and voluntarism by active older citizens. There is an awareness by the MoHSP of the need to include specific services, tasks, and resources in a dedicated care system for the elderly; and to integrate services for older citizens into existing primary and secondary systems by improving the standards and qualifications of health workers. Families will also need to be supported by a combination of financial, social, and health measures in order to be able to handle the care needs of elderly people appropriately, without falling into poverty as a result of inflexible employment arrangements.

References

- Albanian Network of Older People (MOSHA) (2018), Assessment of Socioeconomic Conditions, Social Participation and Health Status of Older People in Albania.
- Albanian Network of Older People (MOSHA) (2017), Assessment of Socioeconomic Conditions, Social Participation and Health Status of Older People in Albania.
- GoA, DCM No. 864, dated 24.12.2019, "On the approval of the National Policy Paper on Ageing 2020-2024 and its Action Plan.
- GoA, Law No 121, dated 24.11.2016, 'On social care services'.
- GoA, Law no. 65, dated 9.06.2016, 'On social enterprises'.GoA, Law No 22, dated 3.05.2018, 'On social housing'.
- GoA, Law 57/2019 on "Social Assistance".
- GoA, Law No 65, dated 9.06.2016, 'On social enterprises in the Republic of Albania'.
- IMIAS (International Mobility in Ageing Study), Albania (2016).
- Jorgoni, E. (2019), ESPN Thematic Report on National strategies to fight homelessness and housing exclusion – Albania, European Social Policy Network (ESPN), Brussels: European Commission.
- Jorgoni, E. (2020), ESPN Thematic Report on Access to essential services for low-income people – Albania, European Social Policy Network (ESPN), Brussels: European Commission
- Meçe, M. (2015), Population Ageing in Albanian Post-Socialist Society: Implications for care and family life. SEEU Review, Vol. 11, Issue 2.
- MoHSP (2015), Basic Package of Services in Primary Healthcare. MoHSP (2019b), National Action Plan for Ageing 2025.
- MoHSP (2019c), National Action Plan for People with Disabilities, 2024.
- MoHSP (2019a), National Strategy for Social Protection.
- Ministry of Health of the Republic of Albania. Albanian National Health Strategy 2016-2020. Tirana, Albania, 2016.
- Porrizzo, J., Siewert, G., and Small, B. (2015), Evaluating Long-Term Healthcare Options for the Elderly in Albania, Worcester Polytechnic Institute.
- State Social Service (2019) Vlerësimi i nevojës për shërbime shoqërore në 12 qarqet e Shqipërisë
- Tomini, S.M., Groot, W., Pavlova, M., and Tomini, F. (2015), Paying Out-of-Pocket and Informally for Healthcare in Albania: The impoverishing effect on households. *Frontiers in Public Health*, 2015; 3:207.
- UNFPA (2015), Profile of the Elderly in Albania.
- UNFPA and INSTAT (2015), Population Ageing: Situation of Elderly People in Albania, available at: http://www.instat.gov.al/media/1582/population_ageing_situation_of_elderly_people_in_albania.pdf.
- UNICEF (2016a), Technical Assistance to MSWY to Enhance the Effectiveness of Social Care Standards in Albania – Assessment Report, drafted by Cousins, M. and Gabanyi, G.
- UNICEF (2016b), Technical Assistance to MSWY to Enhance the Effectiveness of Social Care Standards in Albania – Standards Framework Report, drafted by Cousins, M. and Gabanyi, G.
- Voko, K. (2018), *Prevalenca e aftësisë së kufizuar, aksesit të shërbimit dhe cilësia e shërbimeve*, Save the Children Albania and World Vision Albania.

Statistical Annex

Table A.1 Demographics

		2008	2019	2030	2050
Population (in millions)		2.95	2.86	2.74	2.42
Old-age ratio (%)		13	21.6	32.7	40.7
Population 65+ (in millions)	Total	0.29	0.40	0.59	0.61
	Women	0.15	0.19	0.31	0.36
	Men	0.14	0.20	0.28	0.25
Share of 65+ in population (%)	Total	9.9	14	21.8	25.4
Share of 75+ in population (%)	Total	3.4	5.7	8.6	18.1
Life expectancy at the age of 65 (in years)	Total	n.a.	20.2*	20.8	22.5
	Women	n.a.	23.9*	24.1	25.8
	Men	n.a.	16.6*	17.6	19.2

* 2018

Population: The number of people living permanently in the country for at least 12 months.

Source: INSTAT and UN Population Projections for 2050.

Old-age ratio: the ratio of people aged 65+ to the number aged 15-64.

Source: Author's estimation based on the data from INSTAT and UN Population Projections for 2050.

Population 65+: The number of people living permanently in the country for at least 12 months aged 65 or more.

Source: INSTAT and UN Population Projections for 2050.

Share of 65+ in population: the proportion of the population aged 65+ in the total population.

Source: INSTAT and UN Population Projections for 2050.

Share of 75+ in population: the proportion of the population aged 75+ in the total population.

Source: INSTAT and UN Population Projections for 2050.

Life expectancy at the age of 65: the mean number of years remaining for an individual reaching 65 years old.

N.a.: data not available.

Source: Ministry of Social Welfare and Youth: Pension Policy Paper, 2014.

Table A.2 People in need of LTC

	2008	Most recent	2030	2050
Number of potentially dependants (in thousands), 2019	n.a.	21.7	n.a.	n.a.
Share of potentially dependants in total population (%), 2019	n.a.	0.76	n.a.	n.a.

Number of potential dependants: The number of people eligible for a caregiver who benefit from disability benefits or work-related disability pensions.

Source: Social State Service and Social Insurance Institute.

Share of potentially dependants in total population: The proportion of people eligible for a caregiver who benefit disability benefits or work-related disability pensions as a percentage of the total population.

Source: Social State Service and Social Insurance Institute.

Table A.3 Access to LTC

	2008	Most recent	2030	2050
Share of population 65+ receiving care in an institution (%), 2016*	n.a.	480	n.a.	n.a.
Long-term care beds per 100,000 inhabitants, 2017	n.a.	n.a.	n.a.	n.a.

*Data reflect the number of people aged 65+ who receive care in public and private residential centres.
Source: State Social Services (2019)

Table A.4 LTC Workforce

		2008	Most recent	2030	2050
Number of LTC workers per 100 individuals 65+, 2016*	Total	n.a.	0.08	n.a.	n.a.
	Women	n.a.	n.a.	n.a.	n.a.
	Men	n.a.	n.a.	n.a.	n.a.

*Authors' calculations based on data from taxation (no of formal employed) and INSTAT (no of people 65+)

Getting in touch with the EU

In person

All over the European Union there are hundreds of Europe Direct Information Centres. You can find the address of the centre nearest you at: <http://europa.eu/contact>

On the phone or by e-mail

Europe Direct is a service that answers your questions about the European Union. You can contact this service

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696 or
- by electronic mail via: <http://europa.eu/contact>

Finding information about the EU

Online

Information about the European Union in all the official languages of the EU is available on the Europa website at: <http://europa.eu>

EU Publications

You can download or order free and priced EU publications from EU Bookshop at: <http://bookshop.europa.eu>. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see <http://europa.eu/contact>)

EU law and related documents

For access to legal information from the EU, including all EU law since 1951 in all the official language versions, go to EUR-Lex at: <http://eur-lex.europa.eu>

Open data from the EU

The EU Open Data Portal (<http://data.europa.eu/euodp/en/data>) provides access to datasets from the EU. Data can be downloaded and reused for free, both for commercial and non-commercial purposes.

