

**AN ANALYTICAL VIEW OF ALBANIAN AND FRENCH LEGISLATION ON
ACCESS TO HEALTH CARE BENEFITS**

Dr. Oljana Hoxhaj¹

¹(Department of Law, Faculty of Human Science, "Ismail Qemali" Vloa University,
Vloa/Albania)

Abstract: *The integration process of Albania into the European family carries many difficulties. In this context, the Albanian legislator is inclined to implement in the domestic legal framework models which have been successful in other countries. Our paper aims to present an analytical and comparative approach to the health system in Albania and France, mainly focusing on citizen's access to these services. Over the last few years, the Albanian government has undertaken concrete reforms in this sector, aiming to transform the vision on which the previous health system was structured. In this perspective, the state fulfils not only an obligation to its citizens, but also consolidates progressive steps toward alignment with European Union standards. The inclusion of health services on the Albanian government agenda reflects its will in the function of good governance, transparency and broadening access to the provision of quality health services in the public and private sectors. France has one of the most effective healthcare models in Europe. That is why we have chosen to analyze this country, aiming to highlight the advantages of this system, as well as the commitment of the French state to drafting effective health policies. In the framework of the process of harmonization of the Albanian legislation with that of the European Union, through our work, we aim to identify the space to implement the whole of these legislative innovations in the Albanian legislation.*

Keywords: Albania, Effective Service, Harmonization Level, Innovation, Reform

Research Area: Law

Paper Type: Research Paper

1. CHARACTERISTICS OF THE ALBANIAN HEALTH CARE SYSTEM

The Constitution of the Republic of Albania provides the right to healthcare as an economic and social right of Albanian citizens: "*Citizens enjoy equally the state health care*". (Constitution, Article 55) The Constitution also proclaims rights related to other aspects of health such as the lawful protection of the person's life, protection from torture and cruel treatment, social protection at work, right for social security, special protection for children, young people and pregnant women. The Albanian Health System is largely public. The state provides most of the services provided to the population in the field of promotion, prevention, diagnosis and treatment. The private sector covers most of the pharmaceutical service, dental service, and some specialized diagnostic and hospital clinics, mainly concentrated in Tirana. The diagnostic and curative health service is organized on three levels: the primary, secondary and tertiary health care service. The public health service and promotion are

provided within the framework of the primary health care service and are supported and supervised by the Public Health Institute and the public health directorates in the districts.

Albania's healthcare vision encompasses many aspects of good health and well-being, including the reduction of health inequalities, and further development of modern infrastructure and technology of health, human resources and institutional capacity, enhancing safety and quality, equal to everyone and protection from financial burden due to the cost of treating diseases. Basic public health services are coordinated and, to a large extent, provided by the Public Health Institute and 12 Regional Health Directorates and 24 Public Health Directorates. The Public Health Institute is a reference institution in public health, is a research centre and a university centre. The health services are offered by 42 public hospitals, 46 polyclinics and 421 health centres. (Statistics of the Ministry of Health and Social Protection of Albania, 2018) University hospitals, located in Tirana, attract an increased inflow of patients for reasons related to lack of services in municipal and regional hospitals and bypassing the referral system. The migration in recent years, increased a lot the population of the capital, Tirana and according to the statistics from 2016 to 2021, the population in the capital might increase with 6,7%. (Institute of Statistics in Albania, 2014)

This data means that it is difficult to provide a good service in the whole country. In fact, human resources in health are characterized by unequal distribution, especially specialist doctors concentrated in Tirana and some of the larger cities. We should also consider that throughout the transition period Albanians have had a low-income level. In addition, the unequal distribution of economic growth and wealth among the regions has led to an increase in inequalities in the health of the population, especially along the urban-rural axis. These factors, combined with lack of access to healthcare services and large payments for health services, have violated health and quality of life, especially for volunteer groups such as children, retirees, uninsured people, etc. According to the World Bank classification, Albania is a middle-income country since 2009. (National Strategy of Health, Albania 2016-2020) During the last two years, the country has maintained positive growth rates and financial sustainability despite the inherited situation, the effects of the global economic crisis and shocks to the economies of neighbouring countries, especially after 2008.

The welfare system in Albania consists of several columns, which are implemented in the form of social protection programs (pension scheme, employment promotion program, unemployment payment, economic aid; residential, day and community social services for vulnerable groups; support for people with disabilities; social housing; the benefits of veterans; as well as the benefits of formerly persecuted politicians). Nowadays, one of the goals of the country to become a member of the EU is development and integration as the main priorities aimed at transforming Albania into a decent country, achieving standards of service to citizens, enhancing the well-being and protecting their rights; adopt policies that enhance competition and economic development in Albania, as well as competition with the countries of the region and beyond. This year, the budget for the Ministry of Health and Social Protection is 74 billion ALL, or 4.43% of GDP. Government spending on health has increased in recent years, however, the level of budget funding for health is still low,

compared to the needs of the population. Evidently, providing a good health service, it is not easy and it depends even on other significant factors that are very important to be mentioned.

2. ACCREDITATION AS A FUNDAMENTAL CHALLENGE FOR BUILDING A QUALITATIVE HEALTH CARE SYSTEM

The Government has a particularly important role in providing a well-functioning health system, in the area of preparation of legal frameworks, guidelines and regulations, financing and administration of health care as well as education and training of health personnel. Detailed healthcare infrastructure and proper availability of technology in healthcare are fundamental prerequisites for effective and efficient coverage of some essential health services. On the other hand, there is a need to provide sufficient and good human resources. This remains one of the main challenges in transition Albania, which is characterized by a gradual modernization of technology in health but which does not necessarily correspond to the proper development of human capacities. The main challenge for the Albanian healthcare system is to build effective mechanisms to assess the cost-effectiveness of new medicines, in line with international examples and best practices. Community participation, active involvement of citizens in decision-making and setting priorities in relation to various health and community-based services vary widely. Policies, programs and investments in health are a controversial issue in political dialogue and parliamentary debates between the Government and the opposition.

These debates are focused both on the philosophy of building the health system in Albania and on investment policies in the health system. (National Strategy of Health, Albania 2016-2020) Certainly, these issues are all to be truly considered and to be more specific in how to increase the availability of service, to build trust in the health system and to improve the quality, using the accreditation process. In fact, a special institution was set up in 2006 and the legal regulatory framework required for Accreditation of Health Institutions was drafted. And the question is, how can this institution be the major actor in leading core values on providing better health services? To achieve these goals was created National Center of Quality, Security and Accreditation of Health Institutions,(Decision of Council of Ministers, no.230, 2015) which is an administrative subordinate structure of the Ministry of Health established by the Council of Ministers Decision no.230, dated 16.09.2005, with autonomy in technical-professional activity related to processes and methods of improving quality, safety, compilation and evaluation of standards and sub-standards.

This is the only national institution responsible for carrying out the accreditation of public and private health institutions. National Center of Quality, Security and Accreditation of Health Institutions supports the Ministry of Health in the implementation of its long-term strategy regarding the improvement of quality and safety of health care, in accordance with the best practice and scientific practice and international standards in the following areas: continued improvement of the quality of the health system; education and training of medical staff and other partners, regarding the quality of medical care and the creation of a new culture for it; formulation, dissemination and monitoring of clinical guidelines (clinical protocols) of best clinical practice, in support of medical staff; accreditation of Albanian

public and private health institutions; Establish links and technical coordination of the Ministry of Health programs in the above areas, with the partners, institutions or organizations of the country and foreign interested and necessary for them.

According to the Council of Ministers Decision no. 315, the steps for accreditation begins with the registration in the procedure and should go through 13 stages until the end of the accreditation and decision of accreditation by the Minister of Health. Accreditation is made compulsory and periodically every five years. The accredited health institution is provided with a certificate of accreditation signed by the Minister and a special emblem, which are placed in the institution in a visible place for the public. NCQSA-HI, in case of accreditation, submits the relevant certificate together with the accreditation emblem to the health institution, which has the right to display it in a visible place for the public. Although we have a legal framework that provides the most important tasks of the accreditation centre, it can be seen from the process results and the central organization that the impact is not really related to improving better quality of health services.

On one hand, the Law on Health Care in the Republic of Albania no. 10107, date. 30.03.2009 is a good reference for the Ministry of Health to meet the standards while approving the Regulation for accreditation, on the other hand, this law does not provide a penalty for the institutions that don't obey to these rules. Another topic that is still unclear and should be more specifically précised is whether the accreditation process is mandatory or not. Until now, there are just 4 private hospitals that received the accreditation. This number is very low according to the total number of hospital institutions that operate in Albania. From this point of view, there is a need to emphasize the fact that all the accredited hospitals are private, and are located in Tirana, that means that no other city hospital has completed the criteria to go through this process. In addition to this, the impact of the process is never considered by the institutions and in my opinion, this made the National Center of Quality, Security and Accreditation of Health Institutions not very committed regarding the process. For this purpose, the French Agency example would be very interesting to study and refer to.

3. THE FRENCH HEALTHCARE SYSTEM CHARACTERISTICS

France is a country that spans a combined area of 643801 square kilometres and a total population of 65 million people. The French health system is a centralized system, which means the state prerogatives in planning and the organization of the health care system. It is a model of "mixed" social protection, from one side Bismarckian system (access to care and care related to professional activity) and the other side Weveridgian type system (Clarke, E. & Bidgood, E. 2013) (creation of the CMU¹, financing financed by the tax). The regulation of the health system is ensured by the state and the central place of social security in the financing of the health system. Ministry of Social Affairs and Health develops policies and social cohesion, in connection with different authorities or representations and national agencies. (Trottmann, E. 2018) In France, the backbone of the regional organization is the ARS (Regional Health Agency) (Law: 2009), which has the objective of articulation of the

¹ Couverture Maladie Univerelle (Since 1st January 2016 France has had in place a universal system of healthcare, called the *Protection UniverselleMaladie (PUMA)*

different sectors: sanitary (town and hospital medicine) and medico-social. In order to meet the population's health needs, the regional health agencies (ARS), services of the state, issue authorizations to implement the necessary medical activities or equipment: the creation of an anti-establishment, conversion or grouping of care, installation of heavy equipment, change of location of an existing establishment. These authorizations are granted for five years.

ARS has two very important missions: the first in piloting public health at the regional level (health surveillance and safety, prevention/health promotion and health crisis management), and the second one, in the regulation of the health supply in the outpatient, hospital and medico-social sectors. The ARS performance is enhancing in these four strategic axes:

- To reduce territorial inequalities in health
- To ensure better access to care
- To improve the organization of the courses of care
- To ensure better control of health expenditure

4.1 The main principles of the French Health care System and financial issues

The French health system is based on more solid funding, the guarantee of the social pact. Its main principles are:

- Liberty of choice: free choice of the doctor by the patient.
- The central role of the treating physician in setting up a coordinated care pathway.
- Reimbursement of individual health costs associating a public share (by the compulsory health insurance funds, almost 75%) and a private part (intervention of mutual and private insurance).
- What is left to the patient is the moderator ticket. In the case of third-party payment, no advance of costs by the patient.
- Solidarity and redistribution: broad funding of health insurance organizations by employee-based social contributions (employee and employer participation).

Health spending in France represents almost 11% of GDP. With a Current Health Expense accounting for 10.9% of GDP in 2013, France is in 6th position, behind the United States (16.4%) and has a level very close to the Netherlands, Switzerland (11.1%) and Germany (11%). And these statistics are significantly higher than the average for OECD countries (8.7%). The French health system is governed by three major levers, (Clarke, E. & Bidgood, E. 2013) the organization of care, the regulation of care and care financing. The Parliament (National Assembly and Senate) votes each year law of financing of social security, which fixes the *national objective of the expenditure of health insurance* (NOEHI). It is divided into 5 sub-objectives:

- the care of town (84.3 billion Euro)
- the expenditure of health establishments (77.9 billion Euro)
- medico-social expenditure (18.2 billion Euro)
- the regional intervention funds of the ARS (3.1 billion Euro)
- alternative care methods (1.6 billion euros); that is 185.2 billion euros in total.

Parliament interacts for the annual vote of the Social Security Financing Act (LFSS) setting a projected health insurance expenditure target for the following year (ONDAM: national health insurance expenditure target) and proposing the orientations of the health and social security policy.

4. ACCREDITATION IN THE FRENCH HEALTHCARE SYSTEM AS A BASIC GUARANTEE FOR INCREASING THE QUALITY OF SERVICES PROVIDED BY THE PATIENT

The French accreditation program for hospitals has been mandated by law since 1996 (Decree of 24 April 1996) to improve quality and safety of care through the generation of sustained changes in clinical practices and management, but only in August 2004, (Law No. 2004-810 of 13 August 2004) the French government set up “Le Haute Autorité de Santé” (HAS) - or French National Authority for Health, in order to improve the quality of patients through activities, ensuring equality of access to services within the health care system. Among the main activities of HAS, besides training in quality issues and information provision, it is worth mentioning the evaluation of medicines and medical equipment. Based on the scientific expertise gained, key components of the HAS work program are the publication of guidelines until accreditation of health care organizations and certification of physicians. The French accreditation program is mandatory and aims to improve the quality and safety of care through the generation of sustained changes in clinical practices and management. In this context, there are a lot of examples that show how hospitals improve their quality and performance after HAS decisions. Here there are 2 specific cases, including public and private hospital:

CHU de Montpellier, an academic public hospital, which according to the Certification Report of the college of HAS in 2016, University Hospital Center of Montpellier had some problems with the management of patient care in the delivery room. For this purpose, HAS’ college with Decision N°2016.0004/DC/CCES-30149 in 27/01/2016, decided that it was necessary a follow-up visit within 6 months. The establishment must produce an additional quality account on the reserves defined in the report and send it to the HAS within two months preceding the month of the follow-up visit. He could integrate the improvement obligations that he wished to update. The analysis of this quality account would allow HAS to define the program of the follow-up visit.

After that, the college of HAS as was mentioned, checking the compliance of the recommendations and with Decision N°2017.0084/DC/SCES-30149 on 15/02/2017; decided to certify CHU de Montpellier with obligations of improvement (Level C)for a period of four years. The establishment had to produce an additional quality account on the improvement obligations defined in the certification report and send it to the HAS within 6 months of the notification of the present decision. After the analysis of this quality account, the HAS reserved the right to organize a follow-up visit on the improvement obligations defined in the certification report. In 2018, with an additive to the certification report (Certification Report CHU de Montpellier; College of HAS 2018), and the Decision of 27/02/2018, the health

facility certification board, decided to certify CHU de Montpellier with recommendations for improvement (Level B) for a period of four years. So this is a good example, how a hospital can really improve after HAS' recommendations and offer a better service for its patients, in compliance with its missions.

Another successful example of how a hospital can improve its service after HAS' recommendation, is the case of "Groupe Hospitalier Prive Metropole Nord". This is a private hospital which in 2016, had a (D) certificate because of some problems with quality and risk management, management of the patient's medication, management of the patient in radiotherapy, management of patient care in the birth room etc. HAS, with the Decision of 13/04/2016, decided to stay the certification of the establishment due to reserves pending the results of a follow-up visit within 6 months. The HAS report was specifically identified where there was a need to improve, all the reserves and the mandatory issues to improve. After the next control from HAS, we can clearly see the improvement mentioned not only in the report of 2017 but even in the Decision of the HAS' college, N°2017.0332/DC/SCES-30394 in 11/05/2017, saying that the health facility "Group Hôpital Prive Metropole Nord" was certified with obligations of improvement (Level C).

HAS is not a government body, but an independent public body established by law to perform specific missions in the field of health. As a body with financial autonomy, the HAS reports periodically to the Government and Parliament and liaises with government health agencies, national health insurance funds, research organizations, not leaving out the unions of healthcare professionals and patient representatives. The HAS Board provides governance. Each Board member heads a specialist Committee and is responsible for a specific mission or specific aspects of a mission. The organization is divided into several divisions which implement the strategic work-plan conceived by the Board. Concretely, there are 5 Directorates, General direction; Medical, Economic and Public Health Assessment Division; Directorate for the Improvement of Quality and Safety of Care; Department of Quality and Social and Medico-Social Support and Directorate of Communication and Public Information (General organization of HAS: 2018)

The annual budget is 60 million Euros. HAS's permanent staff includes 350 people, but works closely with field experts and can call over 3000 of them. The accreditation of French hospitals aims to have a positive impact on enhancing quality and safety in health institutions and reporting on management and improvement plans. The new model of accreditation round came as a result of an in-depth analysis of stakeholders' perceptions of the first three rounds of the accreditation process. Part of this model was the analysis of results. The creation of a new model for HAS accreditation of hospitals in 2014 was based on the process audit and tracking methodology. Le Haute Autorité de Santé (HAS) has undertaken to fulfil two objectives: fully transparent accountability of the results achieved and information on the systems and methodology applied, to increase the effectiveness of patient care delivery. Achieving accreditation is a quality example of an organization's efforts to achieve high standards.

In 2010, a HAS' study (MATRIX Knowledge Group: 2010) showed that the context in which accreditation takes place has a considerable influence on the dynamics of

organizational change. While accreditation itself was not necessarily the cause of the change, the accreditation process was an effective tool allowing hospitals to promote a spirit of cooperation and stimulate integration in newly formed professional teams. Also, it helped to introduce continuous quality improvement programs in newly accredited or not-yet-accredited hospitals; as well as to create a new style of leadership for quality improvement initiatives; to increase social capital by facilitating the development of working relationships amongst health professionals; to foster links between hospitals and its external stakeholders, particularly patients.

The study also found that health care professionals' motivation to introduce accreditation-related changes dwindled over time. The study concludes that accreditation may be an effective tool to promote organizational change. However, it is worth underlining that this was not the only study about accreditation importance. In July 2013, HAS made another *pilot study* (Haute Autorite de Sante, 2013) of accreditation data, about the impact of accreditation recommendations on healthcare organizations. Accreditation has had the great merit of encouraging healthcare organizations to implement systems for managing the quality and safety of care. As a result of accreditation, organizations have taken it to the next level in terms of developing these systems. The pilot study of 2013, highlights the role of HAS reservations and recommendations as a lever for improvement and indicates that changes related to the practices of all professionals are only progressively implemented and there may be delays due to obstacles or adjustments within the healthcare system.

However, accreditation helps healthcare organizations to engage and improve, through the continuity provided by its follow-up system and its gradual increases in requirements. Patient satisfaction is an important dimension that reflects patients' experiences of the quality of services provided. According to the link between patients satisfaction and accreditation process, it is better to refer to the studies and surveys for this purpose. Patient satisfaction findings are used to monitor the quality of health care and accreditation. Some studies assessed patient satisfaction and accreditation have shown that the impact of hospital accreditation on patient satisfaction is significantly positive, while other studies showed that hospital accreditation has no significant impact on patient satisfaction. (Health Science Journal: 2018) But a French report in 2016, measured for the first time patient satisfaction and the results at the national level showed that the national scores were calculated from the responses of 56,759 patients who were hospitalized in 983 health facilities. By topic, the level of national satisfaction of the patients was good for the management (score of 80.7 out of 100), the average for the reception (score of 72.7 out of 100), and insufficient for the organization of the outing (62.6 out of 100) and room and meals (66.7 out of 100). (Haute Autorite de Sante, 2016) Across all themes, the satisfaction score of institutions was 72.7 out of 100, which was an acceptable score that showed that if patients in France were rather satisfied with their hospitalization, a certain number of targeted improvement actions must have been implemented by the institutions. This helps understand the importance of accreditation and the impact on users of this service.

5. IMPLEMENTATION OF ACCREDITATION PRACTICES IN ALBANIA IN RESPONSE TO CURRENT CHALLENGES AND DIFFICULTIES

Nowadays, there are many requests for conducting studies in the field of accreditation. The researchers acknowledge that the evidence to support the effects of accreditation on improving the quality of services is low and insufficient. Some of the key findings of studies conducted in the field of accreditation indicate that the healthcare workers 'view about the accreditation is not perfect and complete and, therefore, the researchers are trying to develop these views. Some researchers believe that accreditation is a tool to help external stakeholders in order to find out how quality and safety are managed in an organization. According to them, accreditation is an effective strategy for improving team decisions and organizational performance and for assuring quality. Some critics also believe that accreditation leads to bureaucracy and spending much time, however, it has limited impacts on improving patient care. The findings of some studies in the field of hospital accreditation have shown that preparing for accreditation is increasing, although its organizational effects and effectiveness are not clear yet.

In some studies, the researchers have concluded that implementing accreditation have had the limited impacts on improving patient care, not clear organizational effectiveness, and mentioned the following problems: It is a bureaucratic process; It is very time-consuming; It cannot have a significant impact on patient care; It is very costly; There is no unity among assessors and surveyors and there are some problems with standards. Despite the critics, an impact study in 2013 conducted by HAS, demonstrates the positive effects of accreditation/certification in the context of improved risk management and good practices and the development of new initiatives. This impact relates to all aspects of the process, from the publication of standards to recommendations and final results. The process includes the self-assessment phase, certifications, extensions and finally, suggestions are given for improving the organization in certain areas and directions. The main purpose of the recommendations is to achieve accreditation expectations and objectives as a mechanism to improve patient care.

In this context, it is important to consider the impact of V2reservations. Therefore, it seems that:

- almost all recommendations in V2 were followed up by organizations with improvement initiatives, referring to the surveyors' observations;
- the most part of recommendations was followed up with improvement initiatives;
- in almost 36% of cases, the improvement initiatives were still in progress;
- there were very few cases, where a recommendation was ignored.

As a result of the analysis of the facts, it turns out that reservations and recommendations create a positive "pressure" on healthcare organizations. As a consequence of the accreditation process, there is also a shift in the approach of organizations to prioritize initiatives and assess the degree of necessity for intervening and taking action in the context of improving the service they provide. It has been noted that almost all organizations reflect a response to HAS recommendations, which they would not identify in the absence of

accreditation. External periodic evaluation mobilizes the inclusion of certain types of occupations and promotes long-term initiatives and investments in the health sector. An illustration of improved practices is seen in the quality and safety of medication management.

6. RECOMMENDATIONS

The right to health care, as a constitutional right, should be on the legislator's attention in order to facilitate patient access and to increase the quality of services in this sector. The first step in fulfilling these objectives will be achieved through the implementation of a strategy in the centre of which is the accreditation process. This process is a useful tool to improve the healthcare services, in terms of providing better service after the accreditation process and its recommendations. This may be considered a promising aspect from hospitals to fulfil the criteria requested to be certified. The present findings confirm the involvement of patients in the expression of their satisfaction with the service, in each phase. On this basis, the institution responsible for accreditation has real feedback from users of medical service and can better address the problems and patients concerns, even though the Albanian's patient perception for National Center of Accreditation is not the same as in France about HAS and they tend to think that health service faces nowadays a lot of problems. It can be seen from the information provided that Haute Autorite de Sante (HAS) is an independent body, not exactly the same as the National Center of Quality, Security and Accreditation of Health Institutions in Albania. As a matter of fact, this difference is related mostly with each one structure, budget and wide with the development of the health care in both countries. All things considered, it is to say that the accreditation process in Albania means that health institutions are subject to the accreditation process through the national quality control centre, so it is not perceived as a *mandatory process*. As a result, all the steps provided by the legal framework are not been followed, which is one of the most significant differences with the accreditation process in France. Certain barriers may limit the possible transfer of the main ideas of this report in Albania, some of which have been highlighted by the study, such as:

- a. It may affect the acceleration of the accreditation process, shortages and problems with structural issues and resources;
- b. The inclusion of some sectors that undergo substantial and long-term changes in the practices of all professionals slows progress in some way.

Taking into consideration the lack of medical staff, most of them concentrated in Tirana and the lately graduated that are leaving Albania to seek other opportunities abroad, it might lead to long terms and difficulties in the implementation process. The findings of this study can be understood as a positive "pressure" on organizations' approach to prioritizing initiatives and assessing the degree of necessity for intervention and measures to improve the service they provide. Importantly, the results provide evidence for national and international collaboration with other accreditation agencies and to identify, to appoint and train local quality and safety coordinators as well as external evaluators for the accreditation process. Although the National Center of Quality, Security and Accreditation of Health Institutions has not sufficient staff to lead such a process, that requires a lot of external expertise and

human resources to complete all the phases of the accreditation process, comparing with the HAS on France and all the results achieved and published reports., the latest strategy of Albanian Government has given more importance to the accreditation process and this is a good start and to be considered as a first step for improving health services.

Recommendation 1. Ministry of Health should organize a conference and invite foreign experts (especially from HAS France) to offer a dynamic debate with European and national experts as well as policymakers, researchers and NGOs, explain how the accreditation process functions and how Center of Quality, Security and Accreditation of Health Institutions can improve its performance, by exchanging experience

Recommendation 2. Center of Quality, Security and Accreditation of Health Institutions in collaboration with the Ministry of Health and Social Protection, should create a website to involve citizens and patients that received health care services. This information can be used as feedback to enhance the hospitals' performance and to be considered as an indicator during the accreditation process.

Recommendation 3. Center of Quality, Security and Accreditation of Health Institutions should update the information on the official website, regarding all the annual plans, the realization of the main duties and also to publish the reports for each hospital accredited or not. This is an important way to be more transparent for the patients and to inform them about hospital quality.

Recommendation 4. Center of Quality, Security and Accreditation of Health Institutions should collaborate more with other national and international accreditation agencies, as long as one of the main duties is to coordinate and represent at national and international level activities and projects related to the quality, safety, and accreditation of health institutions. The collaboration may need to be part of international organizations or to adapt the best French practices or methodologies for the accreditation process and furthermore from other developed countries.

Recommendation 5. Albania Government, should at least, enhance a plural annual budget program that allows the structure of National Center of Quality, Security and Accreditation of Health to grow and enhance its expertise, at a first step, and then rely on international cooperation and exchange to benefit for another perspective, in order to facilitate the possibility of fulfilling the priority to achieve the establishment of a monitoring system that will measure performance and allow hospital accreditation by 2020.

REFERENCES

- [1] (n.d.). Retrieved April 16, 2018, from https://www.hassante.fr/portail/jcms/c_412227/en/organisation-de-la-has
- [2] (n.d.). Retrieved May 2018, from <http://qkcsaish.gov.al/rreth-akreditimit/institucione-te-akredituara>
- [3] (n.d.). Retrieved April 2018, from http://www.duque.eu/uploads/DUQuE_Seven_Ways_To_Improve_Quality_And_Safety_2014.pdf
- [4] (n.d.). Retrieved March 2018, from <http://qkcsaish.gov.al/rreth-akreditimit/institucione-te-akredituara>
- [5] (n.d.). Retrieved May 2018, from https://www.hassante.fr/portail/jcms/fc_1249744/fr/relations-internationales
- [6] (n.d.). Retrieved May 2018, from https://www.jointcommission.org/accreditation/accreditation_main.aspx
- [7] Haute Autorite de Sante. (2013). 'What is the impact of accreditation recommendations on healthcare organizations? Retrieved May 2018, from <https://www.hassante.fr/portail/upload/docs/application/pdf/2013-09/impact-decisions-anglais-v2.pdf>
- [8] Clarke.E; Bidgood.E. (2013). Civitas Report "Health Care system in France". Retrieved May 2018, from <http://www.civitas.org.uk/content/files/france.pdf>
- [9] College of HAS. (n.d.). Retrieved June 2018, from https://www.hassante.fr/portail/upload/docs/application/pdf/2016-01/30149-decision_mel.pdf
- [10] College of HAS 2016. (n.d.). Decision N°2016.0187/DC/CCES-30394 in 13/04/2016. Retrieved from https://www.hassante.fr/portail/upload/docs/application/pdf/2016-04/30394_decision_mel.pdf
- [11] College of HAS 2016. (n.d.). Decision N°2016.0004/DC/CCES-30149 in 27/01/2016. Retrieved from https://www.hassante.fr/portail/upload/docs/application/pdf/2016-01/30149-decision_mel.pdf
- [12] College of HAS 2017. (n.d.). Decision N°2017.0084/DC/SCES-30149 in 15/02/2017. Retrieved from https://www.hassante.fr/portail/upload/docs/application/pdf/2017-02/30149_decision_signee.pdf
- [13] College of HAS 2018. (n.d.). Additive to the Certification Report. Retrieved from https://www.hassante.fr/portail/upload/docs/application/pdf/2017-02/30149_additif1_chu_de_montpellier.pdf
- [14] College of HAS. (n.d.). Certification Report for University Hospital Center of Montpellier, 2016. Retrieved from https://www.hassante.fr/portail/upload/docs/application/pdf/2016-01/30149_rac1_chu_montpellier.pdf
- [15] College of HAS. (n.d.). Decision N°2017.0332/DC/SCES-30394 in 11/05/2017. Retrieved from https://www.hassante.fr/portail/upload/docs/application/pdf/2017-05/dir119/30394_additifvs_groupe_hopital_privé_metropole_nord_vd.pdf
- [16] Constitution of the Republic of Albania, (2016)

- [17] Council of Ministers of Albania. (2011, 03 23). Decision of Council of Ministers, No.315 "Regulation for determining the rules and the method of realizing the accreditation process of health institutions". Retrieved April 2018, from http://www.qbz.gov.al/botime/fletore_zyrtare/2011/PDF-2011/60-2011.pdf
- [18] Council of Ministers. (2005, 4 15). Official Journal. Retrieved March 27, 2018, from Decision no.230, "For the establishment and functioning of the National Center for Quality, Safety and Accreditation of Health Institutions:<http://80.78.70.231/pls/kuv/f?p=201:Vendim%20i%20KM:230:15.04.2005>
- [19] General Inspection of Social Affaires. (2010). Report « On the information of the users on the quality of the care of the health establishments. Retrieved May 2018, from <http://www.ladocumentationfrancaise.fr/rapports-publics/104000502/index.shtml>
- [20] General Inspection of Social Affairs, 2010. (n.d.). Rapport sur l'information des usagers sur la qualité des prises en charge des établissements de santé . Retrieved from <http://www.ladocumentationfrancaise.fr/var/storage/rapports-publics/104000502.pdf>
- [21] General organization of HAS. (2018). Retrieved from https://www.has-sante.fr/portail/upload/docs/application/pdf/2017-06/dir83/2017_06_15_organigramme_general_has.pdf
- [22] Haute Autorite de Sante. (n.d.). Retrieved May 2018, from https://www.has-sante.fr/portail/jcms/fc_1249588/fr/accueil
- [23] Haute Autorite de Sante 2016. (n.d.). Certification Report of Groupe Hospitalier Prive Metropole Nord, 2016. Retrieved from https://www.has_sante.fr/portail/upload/docs/application/pdf/2016-04/30394-racl_groupe_hopital_privé_metropole_nord.pdf
- [24] Law No. 2004-810 of 13 August 2004 "On health insurance. (2004, 08 13). Retrieved June 2018, from <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000625158>
- [25] Law no.10107 on Health Care in the Republic of Albania. (2009, 03 30).
- [26] Loi no 2009-879 "Portant réforme de l'hôpital, et relative aux patients, à la santé et aux territoires".(2009, 07 21). Retrieved May 2018, from <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000020879475&categorieLien=id>
- [27] MATRIX Knowledge Group. (2010). Literature review on the impact of hospital accreditation; Paris, 2010. Retrieved May 2018, from https://www.has-sante.fr/portail/upload/docs/application/pdf/2011-10/synth-matrix_ang_v2.pdf
- [28] Ministry of Finance and Economy of Albania. (2017, 11 30). Low no.109/2017 "Budget law 2018". Retrieved April 2018,from <http://www.qbz.gov.al/Botime/Akteindividuale/Janar%202017/Fletore%20229/LIGJ%20nr.%20109-2017,%20date%2030.11.2017.pdf>
- [29] Ministry of Health and Social Protection of Albania. (2018). Statistics of Ministry of Health and Social Protection of Albania. Retrieved March 16, 2018, from <http://www.shendetesia.gov.al/>

- [30] Ministry of Health. (2016). National Strategy of Health 2016-2020. Tirane, Albania: http://www.qbz.gov.al/botime/fletore_zyrtare/2016/PDF-2016/201-2016.pdf.
- [31] Ministry of Health of Albania. (n.d.). National Strategy of Health, Albania 2016-2020.
- [32] National Center of Quality, Security and Accreditation of Health Institutions. (n.d.). Retrieved from <http://qkcsaish.gov.al/>
- [33] Law No. 2004-810 of 13 August 2004 “On health insurance. (2004, 08 13). Retrieved June 2018, from <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000625158>
- [34] Law no.10107 on Health Care in the Republic of Albania. (2009, 03 30).
- [35] Loi no 2009-879 “Portant réforme de l’hôpital, et relative aux patients, à la santé et aux territoires”.(2009, 07 21). Retrieved May 2018, from <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000020879475&categorieLien=id>
- [36] MATRIX Knowledge Group. (2010). Literature review on the impact of hospital accreditation; Paris, 2010. Retrieved May 2018, from https://www.has-sante.fr/portail/upload/docs/application/pdf/2011-10/synth-matrix_ang_v2.pdf
- [37] Ministry of Finance and Economy of Albania. (2017, 11 30). Low no.109/2017 "Budget law 2018". Retrieved April 2018, from <http://www.qbz.gov.al/Botime/Akteindividuale/Janar%202017/Fletore%20229/LIGJ%20nr.%20109-2017,%20date%2030.11.2017.pdf>
- [38] Ministry of Health and Social Protection of Albania. (2018). Statistics of Ministry of Health and Social Protection of Albania. Retrieved March 16, 2018, from <http://www.shendetesia.gov.al/>
- [39] Ministry of Health. (2016). National Strategy of Health 2016-2020. Tirane, Albania: http://www.qbz.gov.al/botime/fletore_zyrtare/2016/PDF-2016/201-2016.pdf.
- [40] Ministry of Health of Albania. (n.d.). National Strategy of Health, Albania 2016-2020.
- [41] National Center of Quality, Security and Accreditation of Health Institutions. (n.d.). Retrieved from <http://qkcsaish.gov.al/>
- [42] National Strategy of Health, ALbania 2018-2022. (n.d.). Retrieved from http://solidaritessante.gouv.fr/IMG/pdf/dossier_sns_2017_vdefpost-consult.pdf
- [43] Parliament of Republic of Albania. (2009, 03 30). Law no.10107 “On Health Care in the Republic of Albania”. Retrieved April 2018, from <http://www.ishp.gov.al/wp-content/uploads/2015/ligjet/Per-kujdesin-shendetesor-ne-Republiken-e-Shqiperise.pdf>
- [44] Trottmann, E. (2018, 04 22). Adviser “International Prospective and International Projects. (S. Hoxhaj, Interviewer)