

"EU-HCWM"

Assessment and national report of Albania on the Healthcare Waste Management System and Industry

REPORT: 3.2



DEVELOPING AN EU STANDARDISED APPROACH TO VOCATIONAL QUALIFICATIONS IN HEALTHCARE WASTE

With the support of the Lifelong Learning Programme of the European Union

Grant Agreement No 541982-LLP-1-2013-1-UK-LEONARDO-LNW

Deliverable number	3.2
Dissemination level	Four (Public)
Delivery date	31/09/2014v.1
Status	Version 1
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"This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein."



CHAPTER 1 EXECUTIVE SUMMARY

The present report intends to describe the healthcare waste management situation in Albania in the light of the recent developments in legislation and current practices.

In Albania the healthcare service is primarily public one. The majority of the healthcare services as promotion, prevention, diagnosis making and treatment of the population is provided by state. Healthcare service is organized in three levels: primary health care, secondary hospital care and tertiary hospital care. Public health care and promotion service are provided in the framework of the primary health care being supported and supervised by the Public Health Institute. The public hospital care is provided by 4 University Hospitals, 11 Regional Hospitals and 24 Municipality Hospitals. The private healthcare service is still under developing process; it actually covers mostly the pharmaceutical and dental care. There are also some diagnostic specialized clinics and a few hospitals mainly located in Tirana.

For several years, in our country hospitals have been noticed a massive hospitalization phenomenon through the emergency service. Bed's exploitation has decreased in regional hospitals with an average of 39.9%

The health taskforce is dominated by the nurses, which compose about 75% of the total number of the staff working at healthcare facilities. The number of primary healthcare professionals per 10,000 inhabitants is 21, and hospital care professionals is 17,4. The number of primary healthcare doctors per 10.000 inhabitants is 4,5 and hospital care doctors is 4,2. The regional healthcare services lack the specialist doctors.

The Albanian legislation framework is designed during the last decade on the European Framework Directive on Waste (2008/98/EC) and is continuously completed by adding relevant legal regulations. However the law implementation rates indicates that more efforts should be made towards development and improving the current waste management practice in health sector.

Unfortunately, in terms of training there are no specific professional profiles entirely responsible for the management of healthcare waste and the only trainings delivered have been initiatives of foreign organizations.



CHAPTER 2 OVERVIEW OF THE HEALTH CARE SECTOR

2.1 General description of the Health Care System

The healthcare service in Albania is primarily a public one. The majority of the healthcare services as promotion, prevention, diagnosis making and treatment of the population is provided by state. The private healthcare service is still under developing process; it actually covers mostly the pharmaceutical and dental care. There are also some diagnostic specialized clinics and a few hospitals mainly located in Tirana.

The Ministry of Health has the leadership of the public healthcare service. It has the role of policymaker; it is accountable for the development and implementation of all health strategies and synchronization of all actors within and outside the health system.

Healthcare service is organized in three levels: primary health care, secondary hospital care and tertiary hospital care. Public health care and promotion service are provided in the framework of the primary health care being supported and supervised by the Public Health Institute.

At regional level the authority responsible for the health service is the Regional Health Directory (RHD) and only in 12 districts of Albania (the centers of the regions) there is a Hospital Directory and a Primary Healthcare Directory in addition to RHD.

The Health Insurance System is institutionalized according to the Law "For Health Insurance in Republic of Albania" no. 7870, date 13.10.1994. The Health Insurance Schema started to be implemented in 1st of March 1995 and it was seen as a very significant mechanism for the improvement of the health care quality in Albania.

The Albanian Health System is sustained by a range of national organizations which depend directly on Ministry of Health.

Public Health Institute

Public Health Institute has the technical leadership in the public health area. Its functions include the assessment and monitoring of the risk factors, the surveillance of the infective diseases, laboratory reference and management of the vaccination programs. It is one the key actors in research projects and training programs of the healthcare and public health professionals with regard to the public health issues.

National Drug Supervising (Controlling) Center

This center is an organization accountable for the overseeing of any kind of pharmaceutical activity such as:

- a) Fabrication, equipments, the setting, etc
- b) Drug trading and conservation conditions,
- c) Imported drugs by all licensed subjects.

National Center of Blood Transfusion

National Center of Blood Transfusion aims to provide blood and blood products in order to fulfill as much as possible the demands for transfusion in case of accidents, interventions, and patients with severe and chronic anemia, cancer, etc. National service of transfusion is composed of 29 blood banks, 3 of which are located in Tirana and 26 in other districts.

National Center of Well-being Growth, Development and Rehabilitation of Children



National Center of Well-being Growth Development and Rehabilitation of Children (NCWGDRC) was founded in 2000 and is a diagnostic, treatment, and education center concerned with growth and development problems of children between age 0-6. The Center is financed by the state and is under jurisdiction of the Ministry of Health. The mission of the center is the improvement of life quality of children with special needs and its aim is the support of parents in the process of growth, care and education of their children. The children receive both ambulatory and hospital services. They are diagnosed and treated by a multidisciplinary team composed of pediatricians, psychiatrists, psychologists, social workers, physical therapists, speech and language therapists, occupational therapists and development therapists.

National Center of Biomedical Engineering

The aim of the National Center of Biomedical Engineering is to guarantee the protection and accurate maintenance of medical equipments used by healthcare services in order to improve the quality of healthcare to community.

National Center of Quality, Safety and Accreditation of Health Institutions

The National Center of Quality, Safety and Accreditation of Health Institutions is responsible for the development and monitoring of quality healthcare standards and the accreditation of the health institutions according to these standards.

National Center of Continuing Education for Health Professionals

The mission of the National Center of Continuing Education for Health Professionals is to promote and support the lifelong learning and continuous professional development of all healthcare professionals as a sustainable mechanism of improving the quality of care.

2.2 Statistical data on the Health Care System

The health care system in Albania is organized in three levels: primary, secondary and tertiary health care service. There are 4 University Hospitals, 11 Regional Hospitals and 24 Municipality Hospitals. The hospital organizes and provides hospital health services to the population according to the district/region in which it is situated in 3 (three) levels, which are: 24 hours emergency service, specialist ambulatory service and inpatient hospital service. In this regard, the hospital is obliged to provide health service according to the relevant specialty of the services list as stated in the contract and the referral system. According to the region it covers, the hospital provides free of charge services per insured inhabitants for controls, visits, examination, diagnosis and any other necessary treatment in service environments based solely on the General/Family/Specialist Practitioners of the district or the region. The patients' identification is done through the type recommendation issued by the physician and accompanied by the health booklet and patient's ID.

The community based health care services is quite a new concept. The number of community based services, mainly for mental health patients and terminal patients care, is about 20.

The dental care is mainly private and is not covered by the health insurance scheme.

Referring to the Annual Report 2013 of Compulsory Healthcare Insurance Fund, inpatient total number in regional



hospitals for the period January – December 2013 is 125,648 patients. For several years, in our country hospitals have been noticed a massive hospitalization phenomenon through the emergency service. Bed's exploitation has decreased in regional hospitals with an average of 39.9%. In UHC of Tirana during 2013 were performed 17761 unique tertiary examinations or 6540 more compared to 2012.

The health taskforce is dominated by the nurses, which compose about 75% of the total number of the staff working at healthcare facilities. The number of primary healthcare professionals per 10,000 inhabitants is 21, and hospital care professionals is 17,4. The number of primary healthcare doctors per 10.000 inhabitants is 4,5 and hospital care doctors is 4,2. The regional healthcare services lack the specialist doctors. A better human resources strategic planning is needed to be implemented in order to regulate the fair distribution according to the needs.

2.3 Legislation Applicable to HCWM

In the framework of the important legislative and administrative reforms our country has undertaken in order to create closer relationships with BE member states, a legal package is designed in relation to the hospital waste management, also known as healthcare waste management.

This legal basis is mostly designed on the European Framework Directive on Waste (2008/98/EC) and is continuously completed by adding relevant legal regulations.

The legislation at national level is formed by following laws:

Law no. 9323, date 25.11.2004 "For drugs and pharmaceutical services". This laws aims to determine the rules of manufacturing. Quality control and inspection of the activity related to the drugs used in the Republic of Albania. This law is subject to all entities, judicial and physical persons that operate in the foreseen dispositions of this law.

Law no. 9537, date 18.5.2006 "On the administration of hazardous waste". This law aims to determine the norms that regulate safe management of the hazardous waste, its collection, transport, process, and temporary storage, and treatment, disposal, importing and exporting. According to this law, the administration of this waste should be done causing no harm to the people or the environment. The hazardous wastes are not permitted to be mixed with other waste, unless the mixture is useful to the improvement of the safety during transport, recovery or disposal.

Law no. 10, date 11.05.2009 "On public health" The purpose of this law is to protect the health of the people, and to promote a healthy lifestyle.

This law determines the activities and public health services, and the role of the state in ensuring their proper functioning.



Law no. 10341, date 11.05.2009 "On environment protection" The Law sets out the framework for providing a high level protection for the environment, its preservation and improvement, prevention and reduction of the human health-associated risks and improvement of the life quality of today and next generations as well as ensuring sustainable development.

Council of Ministers' Decision no. 99, dated 18.02.2005, "On the approval of the Albanian Catalogue of waste classification". This catalogue is in accordance with the European Catalogue of the Waste. According to this catalogue, the waste is classified as hazardous or not.

Council of Ministers' Decision no. 798, date 29.09.2010 "On the approval of the Administration of Hospital waste". This regulation determines the procedures, rules and technical standards for the administration of hospital waste in order to protect the public health and the environment.

In addition, a National Waste Policy, Strategy & Plan and a National Guideline for the Safe Management of Healthcare Waste and a Guideline for Healthcare Waste Treatment Plan Operations were developed for the Ministry of Health, but these have not been put into practice.

The institutions involved in the hospital waste management scheme.

The Council of Ministers – Approves the regulations and laws for the administration of hospital waste.

Ministry of Health – Approves the hospital waste monitoring program which is mandatory for all the producers of such waste.

Ministry of Environment – Develops hospital waste policies. Approves hospital waste management program, which is mandatory for all the producers of such waste.

State Health Inspectorate - Performs sanitary inspection. This inspectorate issues the health permit for carrying out the activity.

State Inspectorate of Environment, Forestry and Water – verifies the conditions of the permit after it is issued by NLC (National Licensing Center). It conducts inspections in installations of type A and B

National Environment Agency - Defines the conditions for the relevant environmental permits, creates and manages environmental information system. This agency also provides information to the public about the decision making process for environmental issues; ensures the implementation of the principle of environmental responsibility; manages a national network monitoring environmental situation, and verifies and evaluates each report submitted by the operator of the activity

Regional Environmental Agency – Issues type C environmental permit, conducts inspections of type C in installations, maintains, manages and updates the Register of type C Environmental Permits, for installations operating in the region for which it is responsible



An important component of waste management scheme is the local government units. Through municipal inspection, government should exercise control over the activity of the hospital waste. These units are in charge for permission for the landfill disposal of hospital waste treated in the case when the latter managed by the municipality, for example, in the case of Sharra (Tirana).

Although there is a legal framework and an institutional system established, and efforts have been made most notably by the EU, WHO, UN Cleaner Production, World Bank and other smaller international donors, there are still many efforts to be made in order to improve the reality of waste management in Albania.

2.4 Hospital Waste Management – best practice

In Albania there 10 subjects characterized as entities which deal with hospital waste. 6 of them include non public and public hospitals, and 4 of them are private companies. It is important to clarify that the category "Public Hospital" despite being licensed to treat hospital waste, they can handle mainly non-hazardous hospital waste, and all the rest (most) are treated by a contracted private company. In most cases this company is MediTel Sh.pk. Usually hospitals perform hospital waste treatment with autoclaves which, for the Obstetric and Gynecological Hospital "Queen Geraldine", University Hospital Center "Mother Teresa", Hospital Lung Diseases "Shefqet Ndroqi", Obstetric-Gynecologic Hospital "Koco Glliozheni ", Regional Hospital in Shkodra, in Korca and Institute of Public Health in Tirana, are funded by the Ministry of Health and The World Bank in 2011.

Hygeia Hospital, unlike the above list of public hospitals, performs the treatment of hospital waste using an incinerator adjacent to the hospital. In this incinerator 80-100 kg of waste are treated every 4 days. The placental remnants are not treated in this hospital. There is no hospital waste treatment plant In the American Hospital in Tirana. However these autoclaves are not always working as the hospitals cannot afford to run them nor can they affords the equipment to segregate the waste.

There are two private sector waste contractors in Albania and each has its own treatment facility in Tirana. One uses Newster microwave technology and the other uses Ecodas autoclave technology. Both these sites are permitted by the Ministry of Environment however neither site is operating to capacity.

There are two small Incinerators in Albania one which is an American design and is operated by the Military Hospital in Tirana for burning anatomical wastes. The other is operated by the Veterinary Institute for burning infectious waste and animal carcass waste. In reality most healthcare waste is therefore not segregated and ends up being disposed of to landfill/dumpsites. This is a problem as Albania has only two sanitary landfill sites one in Tirana and one in the North near Shkoder. The other are just dumpsites chosen by the Municipalities for depositing wastes.



In reference to “*The assessment report on waste management in 5 hospitals in Albania*”, delivered by the *Environmental Vigilance Network, 2014*, 87% of hospital waste production entities recognize obligations they must meet in the legal sector in which they work; however most of them do not apply them. 27% of them are not equipped with environmental permits and 64% of them do not administer the hospital waste they produce, and the worst part is that all this happens in most cases with full willingness and desire. It should be mentioned that there are sporadic attempts at goodwill and awareness as in the case of cooperation with hospitals; or the case of subjects who contract for the service of these waste treatment, although they represent only 32%. From 10 licensed entities for the treatment of hospital waste in the country, hospitals, regardless of whether they are public or private, they treat only a fraction of the categories of hospital waste and for the rest they have contracted private companies.

The pharmaceutical residues in the country are not covered by any of the companies licensed for the treatment of hospital waste. Therefore it is believed that this category is not treated at all, or is handled by entities that work out under legal conditions.

Manufacturing entities that have contracted service hospital waste treatment are equipped with special baskets that meet WHO standards for the collection of these residues, and claim to have taken instruct the proper waste separation and packaging. The remainder bins buy themselves, most only use a basket for all medical waste or and for all residues, and in these cases the bins do not meet the standards. While nearly all entities have no special conditions for the storage of medical waste until their departure, and only 18% of the waste produced their record and report them to the appropriate institutions of addiction, some even just to treatment company.

CHAPTER 3 SKILLS, COMPETENCES AND TRAINING OF INVOLVED PERSONNEL IN HEALTH CARE WASTE MANAGEMENT

3.1 Required Skills & Competences

At the moment Vocational Education Training is a relatively new concept in Albania and the National Center of Continuing Education (QKEV) is the only VET accreditation and awarding body in the sector.

QKEV only deals with VET in the healthcare sector and is closely linked to the Ministry of Health. It is the Ministry of Welfare who oversee VET in partnership with the Ministry of Education.

There is a State institution called The National Agency of Vocational Education, Training and Qualifications who is responsible for VET in the public sector however they are very new and with a very limited amount of resources employing only around 4 persons in their Tirana main office. The EU and the Swiss Government have invested in the sector and there are also 10 regional VET centres but they are not really very active.

3.2 Training Programmes Available for Health Care Waste Managers



QKEV has accredited the ICERMS awards in Healthcare Waste Management and in Healthcare Waste Management & Treatment however there has been no uptake in these awards other than the initial uptake at the time of accreditation when this was financed by the WHO and the UN Cleaner Production Programme.

At the moment these are the only VET awards available in the sector. There is no Nationally Accepted Qualifications for Waste Managers and no National Occupational Standards for Waste Management Qualifications (healthcare waste).

CHAPTER 4 REMARKS – CONCLUSIONS

The current healthcare waste management scenario in Albania indicates urgent needs to be met. The lack of law implementation, controlling and inspecting system, financial and human resources are the main reasons for the quite absent waste management practice in Albanian health sector. The following issues need to be addressed at national level:

- Improve the implementation level of the legal framework through putting into practice the National Waste Policy, Strategy & Plan and actual Guidelines.
- Enhance the role of institutions entitled to guarantee, control and monitor the healthcare waste management procedures at national level.
- Higher budget allocation to improve the waste management infrastructure in order to cover all the healthcare facilities.
- Development and strengthen the human resources capacities in healthcare waste management through Vocational Education Training and National Occupational Standards approval.



ANNEXES

