Theoretical and practical implementation of the right for an equal enjoyment of health care service

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Abstract

This study is divided in three parts which intend to meet the following targets: Primarily to provide theoretical approaches toward the concept of equality in the healthcare. In the theoretical treatment of the concept of equality in health care the authors are cautious while making the difference between equality and justice; between equality in levels of health or health care and equity in financing etc. Secondly target it to assess the concept implemented in our legislation and make an overall assessment of whether this legal framework is comprehensive and convenient for the realization of the right to health care enshrined in the Constitution. The Albanian legislation stipulates that health care in the Republic of Albania is guided by very important principles. These principles embody the Constitution predictions from the formal point of view, primarily when declaring the right to health care as a key right of the individual, as well as when guaranteeing the equal rights based on non-discrimination. Thirdly to determine some of the specific areas of the legislation, which have to be improved and completed. After the analysis make in this paper, we found the need for some theoretical and practical improvements, which are reflected in the conclusions.

Keywords: health care; equality; access to health care; health care providers; human rights; patient; distribution of health institutions; health services quality

Introduction

One of the main rights of citizens provided for at the Constitution and international conventions applicable in the Republic of Albania is the right guaranteed by the state to enjoy equally the right to health care and health insurance in compliance with the procedures specified in the law [1]. The Constitution also determines that one of the social goals of our state is to ensure the highest possible health, physical and mental standard for its citizens via constitutional powers implementation and the development of private initiative[2].

This right, just like other rights specified in the Constitution, is indivisible, inalienable and inviolable, because the freedoms and fundamental rights of citizens are the pillar of all our legal order. On the other hand, the Constitution specifies that public

[1] Constitution of the Republic of Albania, article 55 specifies "1. Citizens equally enjoy the right to health care by the state. 2. Everyone is entitled to health insurance according to the procedure set out in the law.

[2] Constitution of the Republic of Albania, article 59, 1, letter c

institutions are obliged to abide by the fundamental rights and freedoms of people, as well as contribute to their realization.

Pursuant to these constitutional obligations, our state has drafted a wide framework of legislation in the field of health with the intention to enable the realization of the aforementioned rights. This legal framework intends also to arrange the activity of institutions which operate in the healthcare field, to define their powers and the healthcare standards and mechanisms that can be used by the citizens in order to benefit necessary health care service, etc.

The purpose and targets of the study

This study is divided in three parts which intend to meet the following targets:

- To provide theoretical approaches toward the concept of equality in the healthcare.
- To assess the concept implemented in our legislation and make an overall assessment of whether this legal framework is comprehensive and convenient for the realization of the right to health care enshrined in the Constitution.
- To determine some of the specific areas of the legislation, which have to be improved and completed.

On the concept of equality in health care

A health system should be designed to address the diverse needs of the population in a fair, efficient and accountable way. Although health systems vary greatly in how they are organized, managed and funded, they should ensure equality of access, high quality, efficiency and financial sustainability of health care services for the entire population, based primarily on the need and not on ability to pay. The fundamental values of equality, universality and solidarity, support health systems throughout the European region. All systems are based on solidarity between sick and healthy individuals, between rich and poor, between young and old, as well as between those living in urban and rural areas [3].

The main purpose to achieve equal access to health care of all social groups is to reduce, or at least not to deepen further the existing health inequalities. It is already evident that people in vulnerable groups of the population have more health care needs, for e.g. those who have high rates of disease and ill-health, but they do not always receive health care they need. Inequality is present almost everywhere and can be explained by a variety of geographic, financial and socio-cultural barriers. The burden of payment for health care is a growing concern for vulnerable people, both socially and economically. Meantime, the facts testify that “the availability of

[3] Judge,K., S.Platt, (2005). Health inequalities: a challenge for Europe. Report prepared for the UK Presidency of the EU.

good medical care tends to vary inversely from the need to offer this service to the population", or called otherwise as "inverse healthcare law".[4]

Providing universal access to health care services does not eliminate inequalities, as we may have seen in most industrialized countries, which have removed financial barriers for vulnerable groups considerably so that these groups have access to services. Different population groups, such as poor people, the elderly, legal and illegal immigrants, people with disabilities and ethnic minorities may have different needs and expectations concerning health care services.[5]

To understand the concept of equality in access to health care services, it is necessary to be based on the concept of "the need for health care services". If people, who belong to different socio-economic groups report the same use of health care services, this does not indicate that their access is equal. Poor people often have more expressed needs and requirements to have health care services they need. The goal of equality in access to health care, therefore, can only be achieved if there is equal access for equal needs[6]. However, even today there are many difficulties associated with determining both the access, as well as the needs for health care[7].

Almost all the constitutions that have as their cornerstone Universal Declaration of Human Rights as well as the Constitution of Albania set out the right to equal health care. However, it is observed that there is no a widely accepted definition of "equality" in health care.

In the theoretical treatment of this concept the authors are cautious while making the difference of three key moments:

- Primarily, the difference between equality and justice;
- Secondly, the difference between equality in levels of health or health care and equity in financing;
- Thirdly, the difference between the weak and strong concepts of equality.

Equality means "the same" or "similar". It may be assumed that the ideal meaning of equality will be taking measures to make the health status of individuals similarly equal for all. But everyone knows that this is impossible, taking into account the changes

[4] Hart, J.T.(1971) ""The inverse care law". The Lancet 1(7696): 405-12.

[5] Healy, J. & M. McKee, Eds. (2004). Accessing health care: responding to diversity. Oxford, Oxford University Press

[6] Wagstaff, A., E. van Doorslaer., (1991). "On the Measurement of Horizontal Inequity in the Delivery of Health Care." Journal of Health Economics 10: 169-205.

[7] Braveman, P. & S. Gruskin (2003). "Defining Equity in Health". Journal of Epidemiology and Community Health. 57: 254-258.

between individuals ranging from gender, genetic background, social class, and up to the level of income and education levels.[8]

Use of health care services can't and should not be equal between individuals. People who are sick should receive more health care services than those who enjoy good health. In this respect, equality raises the issue of social justice.

The second difference should be made between equality in health and health care rates and capital equity that finances the system. Participants in the health system such as patients, health services providers, taxpayers, etc., have different attitudes and perspectives towards equality. Many of them try to look equality in terms of funding and in this case a difference has to be made in the distribution of costs among those who currently receive health services and the largest group of all those who pay for them.[9] But when we talk about equity in health care, we are focused only on achieving equality in health level, as well as in obtaining health care services.

There are two grouped concepts: the concept of "weak" equity in health care and the concept of "strong" equity. The weak concept of equity presupposes that everyone has the right to health care, and focuses on the request of a basic minimum of health care services. Such a notion is similar to the view supported from a study of WHO on ethical problems in medicine, which concluded that equal access "is required from all the citizens who are able to provide an appropriate level of health care without undue financial burden ".[10]

The concept of strong equality, however, presupposes that in relation to health status, individuals positioned in society on an equal basis, should be treated equally and in this case we have (horizontal equity) and individuals positioned in society unequally should be treated equally and in this case we have (vertical equity). Also, the concept of "strong" equity suggests that there should be equal access to health care services, i.e. the ways in which patients change their geographical residence or socio-economic status should not lead to systematic changes in their use of health services or treatment.

Three interpretations of horizontal equity in health care that are often discussed in the literature are: equal access for equal needs; equal utilization for equal needs; and equal health outcomes.[11]

The interpretation that considers the goal of equality associated with equitable health outcomes for each individual is very simple and beautiful at first glance. But, bear in mind that the health condition of each individual is affected by a number of different

[8] International Conference on Primary Health Care (1978). Declaration of Alma-Ata.

[9] Robert B & Leanna S, The Measurement of Equity in School Finance (Baltimore: The Johns Hopkins University Press, 1984).

[10] President's Commission, op. cit. note 6, Vol. 1, p. 4.

[11] Oliver, A. & E. Mossialos (2004). "Equity of access to health care: outlining the foundation for action". Journal of Epidemiology and Community Health 58(8): 655-8

phenomena, which the theory recognizes as determining factors of health. Many of them affect other areas not directly related to health and thus it happens that this purpose falls beyond the scope of health policy.

Interpretation, which refers to equal access, is based on the assumption that individuals are given equal opportunities to access services, for example by not defining fees for health services across the country, or distribute financial resources equally across regions.

The purpose of equal usage for equal needs implies a set of conditions and depends on a wide and variable network of demands and supplies. Unequal usage should reflect not only differences of inappropriate or improper use of the service, but also differences related to the fact that exploitation is affected by personal characteristics of each individual such as individual preferences, expectations and beliefs. Therefore, inequality observed in usage can't be entirely unfair.

However, in accordance with Donabedian's assertion that "evidence of approach is the use of the service and not merely the presence of an object", it is argued that the usage represents the approach implemented. [12]

Even if different indicators of access can be measured, for e.g. the waiting time, availability of resources, as well as the presence of the complaints of users, access can be rarely observed and measured. Usage of the service, on the other hand, which is also a function of supply and demand factors, can be observed directly. Thus, the principle of the most studied equity up to date according to the Canadian context is that of equitable utilization for equal need, the need measured by the health status.[13]

Legislation concerning health care

Specific elements of health care in Albania are arranged via different legal acts. The main health care services are regulated by specific laws such as the law on drugs, hospitals and the mental health etc. The legal acts that regulate public health issues comprise a significant group of legal acts including the laws about care for pregnant women, food safety, the fight against smoking, protection from ionizing radiation, etc.

In this study we will focus on an analysis of the Law no. 10107, dated 30.03.2009 "On health care in the Republic of Albania", which regulates the health care system in Albania.

This law defines the main principles and legal framework for arrangement, organization and operation of health care system in the Republic of Albania. It ought to be applied

[12] Donabedian, A. "Models for Organizing the Delivery of Health Services and Criteria for Evaluating Them" 103-154, October 1972

[13] Birch and Abelson, 1993, 629-53; Is reasonable access what we want? Implications of, and challenges to, current Canadian policy on equity in health care.

by all natural or legal persons, Albanian or foreigners, who operate in the health care system.

The law stipulates that health care in the Republic of Albania is guided by the following principles:

- The right to health care is a fundamental right of the individual;
- The principle of guaranteeing equal rights to health care based on non-discrimination;
- The principle of the health care system operation based on efficiency and quality of service, safety and equal treatment of the patient;
- The principle of participation of different stakeholders, patients, consumers and citizens;
- The principle of giving account to the citizens.

As we already see, these principles embody the Constitution predictions from the formal point of view, primarily when declaring the right to health care as a key right of the individual, as well as when guaranteeing the equal rights based on non- discrimination. Article 55 of the Constitution provides for the right to health care as a fundamental right of a socio-economic character. It clearly affirms the state's duty to ensure health care for the citizens and the right to health insurance for all in accordance with the law. The article also specifies that citizens should not be discriminated, but should be treated on equal basis. It underlines that "citizens enjoy equally the right to health care guaranteed by the state" and it considers the right to health insurance as the right of everyone.

It is also observed that the law considers the health service quality and efficiency by guaranteeing the patient's safety and equal treatment as a principle, on which the all healthcare performance should be based. In this way the law takes into account another international standard, which has its origin in the Universal Declaration of Human Rights[14], and confirms the constitutional social objective that the state takes care to insure the highest possible health, physical and mental standard[15].

The question that arises when analysing the legitimacy of the implementation of human rights is the protection rate of each individual and the role of the state in this case. It is a well-known fact that the legal standards regarding human rights are ineffective and condition not only the state but also the actions of other individuals. This means

[14] The Universal Declaration of Human Rights, Article 25: "Everyone has the right of living adequate for the health and well being of himself andf his family including food, clothing, housing and medical care and necessary social services, and the right to security in the event of sickness, unemployment, diability, widowhood, old age and other lack of livelihood circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection ".

[15] Article 59 of the Albanian Constitution

that the state will use legal instruments to prevent, avoid and limit the consequences, and condemn any violation of these rights and freedoms. So, individuals have not only rights and freedoms, but also duties to behave in a certain way as long as they should respect the rights and freedoms of others. In continuation of this argumentation, we see that the law defines that the state responsibilities are divided from the rights and responsibilities of local government and the responsibilities and rights of citizens.

The state exercises its own activity to insure health care and promises to arrange provision, supervision and administration of health care services. The state protects the principle of solidarity in health care financing and providing.

Ministry of Health develops the strategy of the health care system, which includes relevant health policies, programs and national health treatment protocols. The Minister of Health is at the helm of policies, organization and supervision of the health care system, develops policies for continuing professional education of human resources in health care and is responsible for identifying and coordinating all the inter sector issues relating to public health.

Pursuant to the enforced legislation on local government and health-care law, local governments are responsible for establishing and maintaining a healthy environment within their territorial jurisdiction; administration of health care service facilities, which are owned by them; involvement in politics implementation and participation in the bodies of the leading health institutions within their jurisdiction; provision of financial contributions to health institutions within their jurisdiction.

Municipalities and communes exercise administrative control of health activity in the territory they administer, in accordance with the legislation in force and in coordination with the Ministry of Health. In coordination with the Ministry of Health, they take measures to provide primary health care services to the population within the jurisdiction of commune or municipality.

In this way the principle of participation of various stakeholders including patients, consumers and citizens is materialized by defining duties and powers both for state structures as well as for local ones elected by the people.

On the other hand, the description of the specific rights and obligations of the citizens in the implementation of the right to health care is especially important.

In the field of health care each citizen is responsible for:

- Preservation and improvement of the personal health and that of the community;
- Observance of the other's right concerning health preservation and improvement, prevention of disease, as well as rehabilitation after treatment;

- Avoidance of such behaviours and activities in public spaces, which, according to studies conducted for this purpose, are dangerous for the health of others;
- Providing assistance regarding health care services financing through compulsory health insurance contributions and determined direct payments.

Under this law, citizens enjoy the right to use health care services that are part of compulsory benefits or basic health package, provided by institutions and public health providers in compliance with the legislation in force; the right to be informed about the preservation and improvement of health in order they make rightful decisions regarding their health and their families health; the right to be informed by health care providers for medical services peculiarities, ways how to use them, on their rights as citizens and patients, patient card and medical errors, as well as their implementation. The confirmation of the right to give their consent for health care to be provided is particularly important. We think that this right known differently as the right of consent, is not sufficiently processed by the Albanian health care legislation and presents significant problems currently.

Another right of the citizens is the right to participate actively in accordance with the legislation in force in the programming and implementation process of health care activities, especially in terms of respect for the rights of the patient. Pursuant to the principles set out in Article 2 of the Law, we note that its Article 9 sets out a concrete mechanism through which the principle of equal rights and access to healthcare has to be applied. Concerning the primary health care service, this article requires that primary health care is organized in such a way that everyone living within the territory of the Republic of Albania has the opportunity to use primary health care providers, has the right to choose a primary health care contact and register at the selected contact of the primary health care providers.

Article 29 of this law sets out that the health care services can be provided in health institutions (hospitals, clinics, health centres) and places determined and approved by the Ministry of Health and specifies the obligation of the state (in this case the Ministry of Health), to take care of setting up a network of institutions, which must be physically accessible and available for use by all citizens. In view of accessibility, we have drafted the map of health institutions distribution, which takes into account the data related to the number of population for each centre. This is also an indicative of equality in health care access. If we want to see that how are the principles of this law implemented in practice, we have to use data that show the number of people covered by any health centre.

The unequal distribution of family doctors, but also of other staff in primary health care, affects access to health care benefit in quality and quantity to the population,

reflecting at all its health indicators in the region[16]. Constantly there was and there is a debate on how to ensure quality health care for all Albanians. Quality and equality are considered together as the key concepts of the WHO strategy "Towards Unity for Health". But on the other hand, they are closely related to health personnel, and especially with those who serve in primary health care.

So far no comprehensive studies have been conducted on this issue. Thus, it is of great interest to study human medical resources available in primary care and to identify possible inequalities in the distribution of general practitioners and family in Albania. In this perspective, ensuring a more fair distribution of health personnel in primary care is considered a very important issue [17].

We believe that the health centres distribution map throughout the country has room to be revised. It is also necessary to revaluate the workload rate of family physicians with patients that they have to treat. Existing rates have been established nearly 20 years ago and do not take into account the rapid demographic developments of the population during the last two decades.

Moreover, Article 9 stipulates that primary health care is provided without limitation in spite of disease, age, sex, economic condition, or categories of patients. Primary health care meets the needs for basic medical treatment, nursing care, prevention and rehabilitation, when treatment and examination techniques provided by other levels of care are not needed.

We observe that the provision of the above mentioned article generally specifies that the primary health care service is offered without restrictions, which means that it requires non-discrimination of citizens. If compared with the reasons of discrimination provided for in article 18 of the Constitution, we may say that the law specifies a smaller number of causes that can lead to discrimination, for example, it doesn't have any provision for racial or ethnic discrimination. We have noticed a vacuum concerning legislation on health, something that has led sometimes to problems in reporting to the EU bodies[18].

We emphasize that the provision of health care without limitation avoids injustice but do not necessarily lead to avoidance of inequality. Social health injustice (inequalities) are defined as: "inequality in which the result (outcome) is unnecessary and avoidable, as injustice". For example, changes in health care access among socio-economic groups can be interpreted as an inequality, as well as well as an injustice (inequity), while differences in physical abilities between elderly and younger ones

[16] ACHO 2003: Shikimi i shëndetësisë në nivel vendor: rezultatet e një vlerësimi cilësor me palët e interesuara në Shqipëri. Raporti përfundimtar

[17] Albana Adhami, Phd thesis:The evaluation of geographical distribution of family doctors and other medical staff in primary health care in Albania, Medical journal of University of Tirana

[18] An example is the abstence of reports on rome population in this field

will not considered as inequality/injustice (ineqiuty), as this physical abilities can not be avoided[19]. In general, the differences due to biological variations, fully informed decisions to participate in high-risk behavior, and fate, are not considered injustice (inequities)[20]. While health disparities across socio-economic groups can be described as unfair, because it often reflects an unfair distribution of social determinants of health[21].

Occupational health service, or the so-called work medicine, constitutes one of the most important provisions that involve the simultaneous and combined application of two human rights: the right to work and the right to health care. This is a typical example of the combination of the rights of a socio-economic character, which theoretically are always related to each other and affect the process of multidisciplinary legal measures implementation.

Professional health care includes preventive and safety measures, advisement of employers, employees and their representatives to observe demands for creating and maintaining a safe and healthy environment in the interest of the work performance and compliance of the job position with employee skills, taking into account their health, physical and mental state. It also includes the identification and assessment of risks in the workplace, supervision of the factors in the work environment and work practices, which could affect the health of employees. The law provides for coordination of the work of relevant state institutions responsible for the implementation of specific components such as the Ministry of Health and the Ministry of Social Welfare and Youth with a view to reduce the number of accidents and professional diseases at work.

We would like to underline that the Albanian legislation has to be further improved concerning the job medicine with the intention it complies with the relevant EU directives. The Council of Ministers approved recently a set of bylaws that regulate health at work, something that indicates that the above assertion has now become a necessity.

So the law has to specify not only health care for all the citizens, but also provision of the highest possible quality of this service meeting so an important social target set out in the Constitution for achieving the highest possible standards concerning physical and mental health. There are no theoretical definitions about the highest standard of health services and practically definition of such a standard is absolutely impossible. This is due to the fact that medicine is coping with challenges on continuous basis and the medical science and technology are undergoing a quick evolution. On the other

[19] Marmot M. Social determinants of health inequalities. Lancet. 2005; 365 (9464): 1099-104.

[20] Whitehead M. The concepts and principles of equity and health. Int J Health Serv. 1992;22(3):429-45

[21] Braveman PA. Monitoring equity in health and healthcare: A conceptual framework. J Health Popul Nutr. 2003;21(3):181-92.

hand not all the states are able to respond to such kind of quick development in the field of medicine.

Article 21 of the Law specifies that the health care providers while delivering the health care services behave in compliance with professional and ethical standards set forth by the Minister of Health and orders of professionals[22]. Health Minister adopts rates and standards of health care services. According to our observations, the work in this direction is still in its initial phase and only some specific acts are issued up to now, which refer to standards of some services met as part of some specific objectives and not as part of a strategy oriented towards standardization. We come across just a different situation in terms of treatment protocols, which reflect a unified service, an enhanced health service quality and compliance with appropriate scientific levels. Development of treatment protocols is a continuous task of health professionals, while the Ministry of Health is responsible for their approval and monitoring.

It was determined that the quality and safety of health care in accordance with standards is a professional and ethical obligation of the health care. All healthcare institutions create necessary programs and mechanisms to implement the national strategy on quality drafted by the Ministry of Health. The purpose of quality management is to measure, assess and improve care to the patients and develop and implement effective programs in terms of managing the disease, clinical protocols and medical guidelines.

Accreditation mechanisms play the role of preserving the quality of health care and delivering a qualitative health care to the patient. The law specifies that all medical institutions must be periodically accredited by the National Centre of Quality, Safety and Accreditation in order to evaluate how much they have met their standards, which are predetermined and announced by the Ministry of Health. The Council of Ministers establishes the rules and processes of the health care institutions accreditation.

Another mechanism that brings about growth of health services quality is ongoing education mechanism.[23] The law stipulates the obligation of the Ministry of Health to draft programs for mandatory continuing professional education. Health care professionals are obliged to attend professional education training on continuous basis in order to improve their professional knowledge and skills, something that will lead to enhancement of the health care quality. If a health institution doesn't train its staff on regular basis as determined by the Ministry of Health, contracts, employment processes and other privileges accorded to it are terminated. Healthcare institutions are subject to sanctions if they employ specialists who do not meet the requirements provided for in this article. Healthcare institutions have to enable continuing professional education of health professionals.

[22] Law no. 123/2014 "On Medical Chamber in Republic of Albania"

[23] Law no. 10 107, datë 30.3.2009 'On health care in Republic of Albania", article 33

The principle of the family doctor as a gatekeeper is one of the principles on which the health service organization and operation in Albania is based. This means that the patient must enter the gate of the family doctor in order to benefit any kind of service, except for emergency care service.

The contact of the citizen with primary health care service provider or the family physician constitutes the starting point of the process of health care services reception. The reference system is also applied meaning that the patient is referred to other levels of health care. The Minister of Health defines ways of how this system is already operating. The reference system in itself is an indicative of equality of treatment. It sets the rules to be followed by all those who need health care. Punitive measures are equally taken against all those that fail to implement these rules. The question that arises is whether this system is functional and can be easily used from the population, or otherwise sets up administrative obstacles that artificially impede access to health services? Practical cases indicate a tendency to ignore the system of reference. Major evidence of this phenomenon is that demands for receiving services in the hospital, especially in the University Hospital Centre are numerous and patients go to these hospitals directly without getting first the recommendation from the family doctor or specialists of the regional hospitals. We think that this phenomenon has to be monitored and analysed more profoundly.

Excluding emergent medical cases, the law clearly defines priority to the right to live, which is a fundamental human right. So practically speaking, medical emergency cases divide life from death, so administrative procedures can't be pursued in such cases. However, the rules provide for that after the patient comes out of an emergent condition, he/she has to return to the referral system levels, even in case they only need that the family doctor just follow up the treatment schemes recommended by hospitals.

So, we would like to underline that while the map of the health centres distribution with data on the number of people registered at each health centre helps people to access health care institutions and indicates all the people can access the health centres on equal basis, the referral system indicates that people receive equal health care treatment.

If we look at provisions about health information, we will see a greater number of problems and shortcomings concerning human rights implementation. Given that the Ministry of Health has established and maintains a unique system of health information, based on European standards of health information, the provision[24] states that all institutions that collect health data are obliged to give to the Ministry of Health access to this kind of information, but they have to preserve their confidentiality. According

[24] Law no. 10 107, datë 30.3.2009 'On health care in Republic of Albania", Article 30

to the law, the health system data are created via data collection and identification of the health documentation that may be either possessed by the health institution, or the patient. This provision also specifies that health professionals are responsible for the accuracy of the data recorded in the documentation and medical records, while healthcare institutions are responsible for preserving confidentiality.

As it is already observed, this provision specifies the obligation and responsibility to preserve confidentiality while it doesn't clearly specifies duties to protect the personal data of each patient. The medical documentation about the patient contains sensitive personal data that must be especially protected and are not revealed even for administrative and statistical purposes without taking the patient's consent first. Being an important framework law, we are of the opinion that its provisions concerning these issues should contain more details and specify all the legal guarantees for the protection of personal data.

The provisions of the law that address health care in emergency cases are also significant. The health emergency condition is any unexpected situation that endangers the citizen's life, integrity and health, or interferes with the functioning of health care institutions. In such cases, the situations are faced according to specific scenarios that need injection of big amounts of funds.

The Minister of Health compiles and keeps an updated plan on health emergency, which contains measures to be taken under such a situation, according to the guidelines of the World Health Organization. All health care institutions, public or private, cooperate with one another as defined in the National Health Emergencies Plan and behave in line with their own plans on health emergencies, adopted in cooperation with the Ministry of Health. Something that attracts a special attention is that the plan specifies that during a health emergency condition, the citizens' rights has to be observed in order that the effectiveness of the undertaken measures and the welfare of the population are not compromised.

Health care service provided by health care institutions to foreign nationals residing in the Republic of Albania, is based on relevant international agreements, or on the principle of reciprocity. If international agreements or the conditions in which the principle of reciprocity is applied are not in place, foreign citizens receive health care services, according to the provisions of this law and the law on health care funding. Foreign nationals, who need health care, under emergency medical conditions, receive the same health care as all the nationals of the Republic of Albania. In case a foreign national dies in a health institution, the head of this institution shall immediately notify the official representative of the country in question.

Conclusions

We observe that our legislation is generally based on the spirit and principles of the constitution as regards the main principles of human rights.

- The law has to include provisions, which specify prohibition of racial and ethnic discrimination. There is a vacuum in the health legislation concerning these issues, something that has practically caused numerous problems. This deficiency is observed even in reporting to EU bodies. As long as the legislative amendments are not materialized yet, this standard can be applied basing on the Constitution and the law "On protection from discrimination".
- Confirmation of the right of patients to give their consent for health care to be provided. We are of the opinion that this right differently known as the consent right is not processed appropriately from the legislation on Albanian health service and considerable problems are still faced in practice.
- Provisions of the law concerning the health information need to be revised. Obligations and responsibilities to preserve confidentiality are already set out, while obligations to protect the patient's personal data are not specified clearly.

Implementation of the principles specified in the health care legislation has to be somewhat improved both in terms of administration and organization as follows:

- We suggest that the map of health centres distribution all over the country has to be revised. It is also necessary to reassess the workload rate for special groups of physicians.
- The process of drafting a strategy for the rates and parameters standardization of health care services has to be more active and efficient.
- It is necessary to get a feedback concerning ways of how the reference system is operating, in order to set up a system that operates duly and that can be easily utilized by all the people.

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