ANNUAL REPORT

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PREFACE
Compulsory Health Insurance Fund is the only public and autonomous institution, which manages and develops the compulsory health insurance scheme in Albania. CHIF finances the health services delivered by public and private providers in compliance with national health care policies.

The annual report is a publication of the Compulsory Health Insurance Fund. The aim of this publication is to inform the public and all stakeholders that provide and receive health services concerning the annual activity of the Institution.

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1. **THE FUND**

1.1 **Vision**

The vision of the Compulsory Health Insurance Fund is to create a sense of security trying to meet the needs of the population for health services. The FUND, in order to increase access and improve the quality of health care for the population, focuses on important trends related to demographic and epidemiological changes, technological developments and growing consumer expectations for access to quality and contemporary medical treatments.

1.2 **Mission**

The Fund is the only public institution, autonomous, which manages and develops the scheme of compulsory insurance of health care in Albania. Given the powers provided by law, the Fund manages the health insurance scheme, aiming to provide flexibility in the financing of health services, transparency in administration and maximum reliability of the population, in accordance with national policies of health care, aiming at universal coverage of the population. The Fund provides health insurance benefits for the population and sustainability insurance scheme, which operates on the principle of solidarity and equality.

1.3 **Legal basis**

The Compulsory Health Insurance Fund exercises its activity based on Law no. 10 383, dated 24.2.2011, "On Compulsory Health in the Republic of Albania", as amended. The Fund is organized and operates under the statute approved by the Council of Ministers, according to which: the Compulsory Health Insurance Fund is a public juridical person; autonomous, based in Tirana extends its activities across the country through local offices.

The Fund is the only autonomous public entity, which provides and manages the compulsory healthcare in the Republic of Albania. The Fund manages the scheme of compulsory health insurance, in accordance with national healthcare policies, imposed by the Ministry of Health.

Income and expenses are controlled according to law no. 10 383, dated 24.2.2011 “On compulsory insurance of health care in the Republic of Albania”, as amended, and financial legislation in force. The Fund manages its activities within available financial resources and does not go into debt.

The Fund, through its governing bodies, has the right to develop and issue decisions, instructions, orders, regulations and other administrative acts, in accordance and implementation of laws and regulations and the powers that have been given.
2. **ADMINISTRATION OF THE FUND**

2.1 **Fund organization**

The Fund is organized and functions in base of the Statute of the Fund and is chaired from the Administrative Council and the General Director. The Administrative Council consists in 7 members, who represent the interested parties in the scheme development: the contributors, the benefiters and the state. The Council elects the General Director, with hidden vote; with 2/3 of the votes of all the members of the AC. Period of the activity of the General Director is 4 years, with right of reelection or for as long as he is member of the respective organization.

2.2 **Competences of the Administrative Council:**

- Elect assign and remove the General Director for reasons provided by the law.
- Assign the members of the technical commission, according to article 10 of this law, for health packages draft process and the list of reimbursable drugs.
- Approves the service packages which are financed from the compulsory health insurance, drafted from the technical commission and send them to the Ministry of Health for approval to the Council of Ministers;
- Approves the statute, financial and economic rules, auditing and control, as well as other internal rules that it deems necessary during the Fund’s activity, pursuant of this law.
- Approves the procedure and the criteria for binding the contracts as well as contract with public and private health care providers.
- Approves the procedure of payment of Found employees.
- Approves opening and closure, also allocation of regional offices of the Found.
- Approves the annual report, financial report and the annual balance represented by the General Director;
- Approves the project budget of the Fund and prediction for three successive years;
- Approves the general number of Found employees; Recommends changes of the Law, in the compulsory health care insurance legislation and proposes to the Minister of Health.
- Decides on other issues, provided by Law

2.3 **Competences of the General Director**

- Proposes for approval to the Administrative Council the statute, economic financial regulations, procedural, audit and control, annual report and annual draft budget;
- Leads the activity of the Fund, in accordance with the statute and the regulations adopted by the Administrative Council;
- Proposes to the Administrative Council the total number of employees and approves the internal structure, job descriptions of the General Directorate and local offices, as well as regulations on the organization and the general functioning of the Fund;
- Assigns and dismisses staff and proposes to the Administrative Council their salaries;
- Proposes to the Administrative Council the policies of development of the health insurance scheme;
- Represents the Fund in legal relations with third parties, media, as well as in communication with insured persons and health service providers;
2.4 Major decisions of the Administrative Council during 2016

Among the most important administrative decisions of the Administrative Council for 2016 we mention:


» VKA No. 2, dated February 3.02.2016, “On the temporary employment of employees in the Regional Directorates of the Fund, during a quarterly period to meet the emergency needs for the distribution of the Health Charter”;

» VKA No. 3, dated 3.2.2016, “On the financing of service packages approved by the Council of Ministers decision, provided by public hospital services for 2016”;

» VKA No. 4, dated 3.2.2016, “On the proposal for a change in the statute of compulsory health care fund approved by the Council of Ministers decision no. 124, dated 5.3.2014, ‘On the adoption of the Statute of Compulsory Health Insurance Fund in the Republic of Albania’;

» VKA No. 5, dated 3.2.2016, “On the approval of the hemodialysis service concession fund contract”;

» VKA No. 6, dated 3.2.2016, “For an amendment to the Staff Regulations, in the chapter “Salaries”

» VKA No. 8, dated 3.2.2016, “On the Establishment of the Technical Subcommittee on Reimbursable Medicines and Medical Devices for 2016”;


» VKA No. 14, dated 21.4.2016, “On contracting and reward of specialist doctors contracted for absent services in Regional and Municipal Hospitals”;

» VKA no.15, dated 21.4.2016, “On the revision of the draft list of medicines reimbursed by the Compulsory Health Insurance Fund and the extent of their coverage”;

» VKA No. 16, dated 28 April 2016, “On the appointment of the person responsible for the registration, administration and processing of the self-declaration form”;

» VKA No. 17, dated 4.5.2016, “On postponing the temporary employment term of the employees to the Regional Directorates of the Fund to address emergency needs in the distribution of the health card”;

» VKA no.18, dated 16.5.2016, “On covering the expenses of Health Centers that will cope with uninterrupted health service during the touristic season”;


» VKA no.20, dated 16.5.2016, “On the approval of the list of medicines reimbursed by the Compulsory Health Care Insurance Fund and the extent of their coverage”;
» VKA No. 21, dated 16.6.2016, “On approving the financial result of the Compulsory Health Insurance Fund for 2015”;

» VKA no.22, dated 16.6.2016, “For a supplement to the total number of Compulsory Health Care Fund employees and the transition of Agencies to Regional Directorates and Branches”;

» VKA No. 23, dated 16.6.2016, “Proposal for the inclusion of the category of persons with disabilities and persons suffering from certain special diagnoses in the category of insured individuals who are exempt from direct health care payments”;

» VKA No. 24, dated 16.6.2016, “On the approval of contracts between the Fund and Pharmacies, Pharmaceutical Agencies, with the introduction of the electronic prescription for 2016”;

» VKA No. 59, dated 1.8.2016, “On temporary employment of employees in the regional directorates of the Fund for distribution of the health card during the period of implementation of the electronic prescription”;


» VKA No. 92, dated 13.12.2016, “Proposal for inclusion in the category of persons, exempt from direct payments of health services”;

» VKA No. 93, dated 13.12.2016, “On the establishment of the technical review committee of the dialysis service package”;


» VKA No. 95, dated 13.12.2016, “On the establishment of the technical review committee of the cardiology and cardiac surgery packages”;


PART ONE
3. IMPLEMENTATION OF SOCIAL HEALTH INSURANCE SCHEME

3.1 Overview of the health insurance scheme

Health insurance scheme was established pursuant to Law no. 7870, dated 13.10.1994 “On Health Insurance in Albania”. From the beginning it covered a basic list of reimbursable drugs and the payment of family doctors in the public system.

The scheme evolved gradually, with expanding the range of the covered services through shifting from undifferentiated funding to payment for health service packages.

The model of health insurance scheme in the Republic of Albania is a mix model (Bismarck and Beveridge), which is based on mandatory and voluntary contributions, as well as in funding from the state budget.

Economically active population pays health insurance, while state budget funds (which come from general taxation), cover the inactive and vulnerable population giving so solidarity access to the scheme.

Health insurance scheme is based on the model of the single payer, which is Compulsory Health Insurance Fund that manages the scheme in accordance with national health care policies.

The Fund uses methods of health services payment in order to influence the growth of access, prevention and improvement of population health indicators.

The mechanism of the health insurance scheme implementation is the annual contract with health services public and private providers for the provision of health services packages.

Health insurance scheme covers:

- **The primary health care service** *(other than community centers)*
- **Hospital service** *(except for psychiatric hospitals)*
- **List of reimbursable drugs.**

Compulsory health care insurance finances compulsory insurance services packages that include the following:

» visits, examinations and medical treatments in public primary health care centers and public hospitals;

» visits, examinations and medical treatments in private primary health care providers and private hospitals;

» drugs, medical products and treatments from contracted health service providers.

Compulsory health care insurance finances insurance services packages in public primary health care approved by the Council of Ministers initially in the public health institutions. The Fund enters into contracts and finances services packages in the private health institutions for cases that are beyond the capacity of public health medical institutions. The price of packages financed by the Fund to the same extent as in public health institutions as well as private ones.

Insured persons who benefit from these packages are exempt from co-payment. Packages covered by the private hospitals under contracts are the service dialyses package, service of cardiology, cardiac surgery, renal transplant and cochlear implants.
3.2 The principles of the health insurance scheme in Albania

Compulsory health insurance scheme aims health coverage of the population, through the following principles:

» Compulsory and voluntary insurance;
» Solidarity;
» Equal access to all citizens;
» Efficiency and quality in health care financing;
» Free choice of doctor;
» Partnership relations (purchaser-provider -beneficiary).

3.3 Categories benefiting from the health insurance scheme

Every citizen, who pays health insurance contributions or for whom the state pays is insured and benefits from the health insurance scheme. Health Card is the only document that certifies the insurance of a person in health insurance scheme. For various health services covered by health insurance scheme the insured persons can co-pay part of price.

The Council of Ministers has defined the categories of insured persons excluded from direct payments as follow:

» Children under the age of 18;
» Fully invalid, including paraplegic, quadriplegic, blind people;
» War disabled;
» Veterans;
» Persons with political former prisoner and persecuted status;
» Orphans;

Who benefit without co-payment the drugs of reimbursed packs of primary health care services and hospital care covered by the compulsory insurance scheme. As defined by the Council of Ministers, the following categories benefit without co-payment the first alternatives of drugs of reimbursement drugs list:

» Retired people;
» Detained persons and prisoners;
» Asylum seekers;
» Victims of trafficking.

According to the decision of the Council of Ministers, two other categories are excluded from the co-payments. From this change, benefit from full health coverage all persons with disabilities as well as those insured who suffer from a chronic illness according to the list approved by order of the Minister of Health.
3.4 The amount of contribution

Compulsory healthcare insurance and related contributions payments are mandatory for all economically active persons, residing permanently in Albania as:

» Employees;
» Self-employed persons
» Unpaid family worker;
» Other economically active persons.

The amount of compulsory health insurance contribution is 3.4% of the base for contributions calculation under paragraphs 1, 3 and 4 of Article 7 of Law no. 10383, dated 24.02.2011, “On compulsory health care insurance in the Republic of Albania”, as amended. For employees, the contributions are paid at a rate of 50% by the employer and 50% by the employee. The gross salary of the insured serves as a basis for the contribution calculation. Compulsory healthcare insurance covers also, the following categories of economically inactive persons, whose payment contribution is financed by the State Budget or other source as provided for in law:

» Persons who benefit from Social Insurance Institute;
» Persons who receive social assistance or disability payments in accordance with relevant legislation;
» Persons registered as unemployed -job seeker in the National Employment Service;
» Foreign nationals that are asylum seekers in the Republic of Albania;
» Children under 18 years;
» Pupils and student under the age of 25 years, provided they do not have income from economic activities;
» Categories of persons as defined by special laws.

The calculation of the contribution for self-employed workers is double the minimum wage for the purpose of the contributions calculation. The minimum wage, for the calculation of contributions for the self-employed in urban and rural areas, is defined by the Council of Ministers decision. Persons who are not included in any of the above groups are eligible to join the compulsory scheme on voluntary basis. Voluntary insured persons have the same rights and obligations as persons subject to compulsory insurance, if they meet the condition of the waiting period of 6 (six) months from the date of registration and payment of contribution up to the date that their right to benefit rises.

After the compulsory insurance or voluntary insurance period ends, persons who are not included in the categories, for which the state contributes, must register with the Fund for voluntary insurance within 3 (three) months. For late registrations, the waiting period will be 1 (one) year from date of registration and the annual contribution payment. The basis for calculation of voluntary health insurance contributions is twice the minimum wage for the calculation of contributions. Contributions are collected from tax authorities, in accordance with the relevant legislation in Albania.
4. FINANCIAL RESOURCES

4.1 Financial resources of the scheme during 2016

The health insurance scheme is funded by contributions from the state budget, health insurance contributions, and other sources. The Budget of the Compulsory Health Care Insurance Fund (FSDKSH), approved by Law no. 147/2015, dated 17.12.2015, “On the Budget of 2016”, was of the amount of ALL 36,244 million, balanced between revenues and expenditures.

During 2016, budget indicators have reflected these changes:

- with the Normative Act No. 1, dated 29.7.2015, “On some amendments to Law no. 147/2015, dated 17.12.2015, “On the budget of 2016” is added the transfer of the state budget for the hospital service with 150 million ALL.

In conclusion, in article 5 of the Law No.147 / 2015 “On the Budget of 2016”, amended, the compulsory Health Care Fund budget was determined, with a total value of ALL 35,794 million, out of which ALL 25,164 million are state budget transfers, ALL 10,630 million, health contributions and other. The state budget transfer is allocated respectively to the hospital service program ALL 17,144 million and to the primary service programs ALL 8,020 million.

This budget has been allocated, with various decisions of the Administrative Council, to the expenditure programs covered by the Fund.

Programming and realization of the budget of the Fund, according to the data of the consolidated financial statements, is presented as follows:

<table>
<thead>
<tr>
<th>Income</th>
<th>Programming</th>
<th>Factual</th>
<th>Realisation</th>
<th>Specific Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution of health insurance</td>
<td>10,452,000</td>
<td>10,544,515</td>
<td>100.9 %</td>
<td>29.5 %</td>
</tr>
<tr>
<td>State Budget Transfers to the Primary</td>
<td>8,020,000</td>
<td>8,020,000</td>
<td>100.0 %</td>
<td>22.4 %</td>
</tr>
<tr>
<td>State Budget Transfers to the Primary</td>
<td>17,144,000</td>
<td>16,948,981</td>
<td>98.9 %</td>
<td>47.4 %</td>
</tr>
<tr>
<td>Other Income</td>
<td>178,000</td>
<td>237,709</td>
<td>133.5 %</td>
<td>0.7 %</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35,794,000</strong></td>
<td><strong>35,751,204</strong></td>
<td><strong>99.9 %</strong></td>
<td><strong>100 %</strong></td>
</tr>
</tbody>
</table>

Total revenues were realized at 35,751,204 thousand ALL, or 99.9% or about 42,796 thousand ALL less than programming.

Compared to 2015, total income (including treasury hospital service) has increased by about 2.8%, income from health insurance contributions results in an increase of 12.3%, transfers from the state budget have decreased by 9.5%.
### Part One

#### 4.2 Contribution from the state budget

The state is the largest contributor of the scheme, as 69.8% of revenues come from the state budget (through general taxation).

Transfers from the state budget to the Primary Healthcare Service, which is transferred to the bank account of the fund, is used to cover the expenditures according to the objectives of the fund programmed for the value of 8,020,000 ALL, which has been totally withdrawn.

Income from the state budget for primary service is 22% of total Found income, ascertained in 2016.

The revenues determined by the state budget for the hospital service are withdrawn in the amount of 16,948,981 ALL, or 98.9% of it. Public hospitals have withdrawn by the end of the year 15,360,966 ALL, or 98.8% of the budget.

For health packages realized in non-public institutions, for the payment of the bonus for doctors...
contracted for missing services in district hospitals, as well as for decisions of the Council of Ministers for treatment of patients at home and abroad, are withdrawn 1,588,015 ALL or 99.4% of programming. Income from the state budget for hospital service is 47% of total Fund income, ascertained in 2016.

4.3 Health insurance contribution

Revenues from health insurance contributions for 2016, is in the amount of 10,542,006 ALL out of which 10,467,852 ALL are contributions collected by the tax authorities, and 74,154 ALL 87, were deposited from Social Security Bodies. Voluntary insurances collected 2,509 ALL. The realization of those incomes during 2016 is 100.9%. Income from the health insurance contribution is 30% of FUND’s total income for 2016.

4.4 Other Income

Altogether, other revenues were found in the amount of 237,709 thousand ALL from 178,000 thousand ALL programmed or were found 59,709 thousand ALL more than programming. A value of 38,209 thousand ALL came mainly from the partial reimbursement fee of 100,999 thousand ALL from the damages and penal conditions imposed by the FOND control structures in the contract subjects (doctors of health centers, hospital institutions, as well as pharmaceutical entities), 98,261 thousand ALL from bank interests (including treasury bill interest).

In 2016 compared with the previous year, the other revenues were 52,013 thousand ALL more (or 28%). Other revenues account for about 1% of FUND’s total income ascertained in 2016.

The structure of income 2016

- **22%** Transfers to the primary service
- **1%** Other income
- **47%** Transfers to the hospital service
- **30%** Contributions to health insurance
5. FINANCING OF HEALTH CARE SERVICES

Expenditures in total for 2016 were found at the value of 34,920,312 thousand ALL, or 97.6% of programming was realized.

<table>
<thead>
<tr>
<th>Nr</th>
<th>Expenditures</th>
<th>Program</th>
<th>Fact</th>
<th>Realization</th>
<th>Specific Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Drug reimbursement expenditures</td>
<td>8,776,000</td>
<td>8,425,064</td>
<td>96.0%</td>
<td>24.1%</td>
</tr>
<tr>
<td>2</td>
<td>Primary health care expenditures</td>
<td>8,010,000</td>
<td>7,785,140</td>
<td>97.2%</td>
<td>22.3%</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenditures</td>
<td>844,000</td>
<td>808,354</td>
<td>95.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td>4</td>
<td>Investments</td>
<td>250,000</td>
<td>70,817</td>
<td>28.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>5</td>
<td>Total expenditures</td>
<td>17,914,000</td>
<td>17,830,937</td>
<td>99.5%</td>
<td>51.1%</td>
</tr>
</tbody>
</table>

From this:

- **Durres Regional Hospital expenditures**
  - Program: 770,000
  - Fact: 770,000
  - Realization: 100.0%
  - Specific Weight: 2.2%

- **Hospital services expenditures (through treasure)**
  - Program: 17,144,000
  - Fact: 17,060,937
  - Realization: 99.5%
  - Specific Weight: 48.9%

**Total**

- Program: 35,794,000
- Fact: 34,920,312
- Realization: 97.6%
- Specific Weight: 100.0%

Compared to 2015, total expenditures increased by 5.6% or 1,844 million ALL more. Only investment costs result in a decrease of 59.3%. Funding for primary services increased by 14.9%, hospital service funding increased by 3.3%, reimbursement costs increased by 3.9%, and administrative costs increased by 6.3%.

### Comparison of Expenditure Execution for 2015-2016

<table>
<thead>
<tr>
<th>Costs</th>
<th>Realization 2015</th>
<th>Realization 2016</th>
<th>Difference (2016-2015)</th>
<th>In absolute value</th>
<th>In %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing of hospital service</td>
<td>17,254,252</td>
<td>17,830,937</td>
<td>576,685</td>
<td>3.3%</td>
<td></td>
</tr>
<tr>
<td>Financing of primary service</td>
<td>6,777,561</td>
<td>7,785,140</td>
<td>1,007,580</td>
<td>14.9%</td>
<td></td>
</tr>
<tr>
<td>Costs for reimbursement of medicines</td>
<td>8,109,903</td>
<td>8,425,064</td>
<td>315,161</td>
<td>3.9%</td>
<td></td>
</tr>
<tr>
<td>Administrative cost</td>
<td>760,220</td>
<td>808,354</td>
<td>48,135</td>
<td>6.3%</td>
<td></td>
</tr>
<tr>
<td>Investment</td>
<td>174,186</td>
<td>70,817</td>
<td>-103,369</td>
<td>-59.3%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>33,076,121</td>
<td>34,920,312</td>
<td>1,844,191</td>
<td>5.6%</td>
<td></td>
</tr>
</tbody>
</table>
The main part of the expenditures is hospital expenditures by 51.1%, followed by the reimbursement of medicines by 24.1% and then by 22.3% of the total expenditures. The administrative costs together with the investments account for 2.5% of the total expenditure.
5.1 Funding of primary health care

By 2016, primary health care services were financed at ALL 7.7 billion, or 97.2% of annual programming. Out of total funding ALL 6.8 billion was spent on financing health centers and ALL 949 million is the bill of basic health care service of the population from 35 to 70 years old.

During the summer season, 26 health centers were financed in tourist areas for providing uninterrupted health care. Health centers in mountainous areas have also received additional funding for emergency medicine to cope with the winter’s hardships.

5.2 Financing the hospital service

For funding hospital services from university, regional and municipal hospitals, as well as from the Fund, all 17.8 billion lek or 99.5% of the programming was spent. Out of total spending, public hospitals have spent ALL 15.36 billion or 98.8% of the funding programming available on treasury accounts, while for hospital packages in non-public hospitals ALL 1.35 billion was spent.

During 2016, hospital services were provided in several public hospitals (dialysis at the „Mother Teresa” University Hospital, Elbasan, Gjirokastra and Shkodra, cardio surgery packages at the Mother Teresa University Hospital, hemodynamic packages at the University Hospital Center „Mother Theresa”, in Shkodra and in the University Hospital „Shefqet Ndroqi“). For the realization of these packages, the hospitals were financed with a budget of ALL 1.11 billion. Also, a value of ALL 1.35 billion was found and realized by contracting with non-public institutions.

The dialysis package, during 2016, is also realized through the concession contract of the Ministry of Health. This contract provides for dialysis service in 5 regions of the country, Vlora, Shkodra, Lezha, Elbasan and Korça. During 2016, the service started in 3 regions, Vlora, Shkodra and Lezha with a value of 91.9 million lek.

In December 2016 it results that dialysis packages were offered for 100 patients more than the previous year (1036 in December 2016 from 936 in December 2015).

Compared with a year ago, 1,703 cases were more in cardiology packages, 297 more cases in cardiac surgery packages and more kidney transplants.

- The amount of ALL 53.4 million spent on hospital treatment, approved on a case by case basis by the Council of Ministers Decision (DCM), this is influenced by the number of cases that have presented the relevant documentation justifying the hospital treatment expenses.

In comparison with the previous year, the Council of Ministers’ decision on financing the hospital service provides that for special cases of lack of a specialist physician in various services of regional and municipal hospitals, the Minister of Health orders the contracting for one Specific period, of specialist doctors, as needed. These specialty doctors, besides the salary, are financially treated with a bonus of 100,000 (one hundred thousand) ALL per month. For 2016, eight such contracts have been concluded.

- The bonus for specialized doctors contracted for missing services in district hospitals was 8.1 million lekë, due to the number of contracted doctors.

During the year 2016, the Ministry of Health has also signed a concession contract “On the provision of integrated supply services of the personal set of sterile surgical instruments, the supply of sterile disposable medical material in the surgical rooms, the treatment of biodegradable waste and Disinfection of Surgical Halls “, part of which is also the contract of funding from the Fund.

The realization of this contract started at the Mother Teresa University Hospital Center in May 2016, realizing a set value of 157.8 million ALL.

5.3 Financing the reimbursement drug list

During 2016, the estimated costs of reimbursement are ALL 8.4 billion from ALL 8.8 billion programmed or ALL 351 million less. Compared to the previous year, the reimbursement costs increased by about ALL 315 million.
6. OTHER EXPENDITURES OF THE FUND

6.1 Expenditures for investments

For the year 2016, from the amount of 250 million ALL programmed for investments, are realized 70.9 million ALL, or 28.3% of the programming.

With underperforming of investment programming is the Central Directorate, which out of the programmed 245 million ALL has realized 67.7 million Lek, or 28% of the programming, affected by the failure to complete the reconstruction of the central building as well as the building of the directorate of Hospital Service at the Mother Teresa University Hospital Center. Also, the purchase of software was not realized due to the cancellation of the procurement procedure.

6.2 Administrative costs

The administrative expenditures of the Found, reach 808 million ALL, or 95.8% of the programming has been realized, of which:

- Expenditures for wages and bonuses amount to 519 million ALL or 97% of programming;
- Expenditures for social-health insurance realized in the amount of 83 million ALL, or 96% of annual programming;
- Expenditures for goods and services realized in amount of 205 million ALL, or 95% of annual programming;

The most of about 23% of these expenditures are electricity, water, internet, securing the building from a private guards, followed by maintenance software’s, buildings, etc., which account for 18% of the cost of goods and services.

6.3 Liquidity status and reserve fund

At the end of the year, the monetary situation amounted to ALL 6.86 billion, of which ALL 3.4 billion was invested in treasury bills. At the end of 2016 the monetary situation is increased by + 19.6%, or at ALL 1.12 billion, compared to the beginning of the year.
7. BENEFITS OF THE POPULATION

Law no. 10 383, dated 24.2.2011, “On compulsory insurance of health care insurance in the Republic of Albania”, as amended, enlarged the capacities of the population to benefit services, through making contracts between the Compulsory Healthcare Insurance Fund and both public and private health institutions. CHIF finances service packages as follows:

» Visits, examinations and medical treatments to primary health care centers and public hospitals.
» Visits, examinations and medical treatments to private providers of primary care and private hospitals.
» Drugs, products and medical treatments from contracted healthcare providers.
» Medical treatments in contracted public / non-public institutions;
» Full or partial refunding of the drugs depending on the category;

More specifically, insured persons either don’t pay, or make a partial payment that goes up to 50% of the price of drugs, but no more. Categories such as pensioners, fully disabled individuals, children 0-12 months, patients with CA, TBC, blind, etc., benefit free of charge the first alternative of each drug included in the list. Categories such as war veterans and invalids, benefit free of charge at a rate of 100% all the drugs in the reimbursable drugs list and all other medicines registered in the Republic of Albania.

7.1 The services package in Primary Health Care

Seven services are included in the services packages which the Fund has contracted with Health Centers which are as follows:

» Care in case of emergency;
» Health Care for children;
» Health Care for adults;
» Health Care for women and reproductive health;
» Health Care for elders;
» Mental Health Care;
» Promotion and health education;

During 2016 about 1,468,500 thousand people, went for examination for the first time to visit a doctor in hospitals centers.

Number of visits to primary care by Hospital Centers

The total number of visits made during 2016 is 6,238,261, of which 5,765,851 visits were carried out by GP and 472,410 visits by specialists.

The total number of visits to hospital city centers for 2016 is 4,124,000 visits, or (66%), while the hospital centers in rural areas or 2,114,000 visits (34%).
The trend of persons presented for the first time to visit a doctor in the hospital centers, during 2008-2016 is presented in the chart below:

![Daily average of No. visits to GP 2008 - 2016](image)

From the graphic presentation of the curve over the years, there is a growing trend, from year to year, of the average number of visits per day. Compared to the years 2008-2013, by all health centers according to geographic areas defined in the contract, for 2016 there is an increase in average daily number of visits per doctor, from 7.2% in 2008 to 10.8% in 2016. The chart below shows the trend of visits of doctors to primary health care centers during 2008 - 2016.

![Progres No. of Visits 2008 - 2016](chart)
The following chart shows visits made for 2016 compared to 2015, according to urban and rural areas.

The graphical table gives the data according to the zones expressed in (%), where the distribution of visits by areas is shown. Urban areas occupy about 66% of total visits while rural areas account for 34% of total visits for 2016. During 2016 urban areas have realized 305 thousand visits (7%) fewer visits than during 2015, while rural areas around 27 thousand visits (1%) more than during 2015.

**Distribution of visits by age-group 2016**

- 17%
- 36%
- 44%
- 3%
From the realization of visits to primary health care centers in the country, the largest percentage (%) of visits is performed by the category of patients over 60 who account for 44% of the total visits, followed by visits of the age of 15-60 with 36%, visits 1-18 years old with 17%, and visits of 1-12 months old with 3% of visits.

### 7.2 Basic Medical Control

Basic Medical Control has been extended throughout the country. Determined by Decision No. 185, date 02.04.2014 “On the Determination of the Implementation of Basic Medical Control for Citizens of Age 35-70”, (Amended by DCM No. 721, dated 12.10.2016).

Throughout the year, the implementation of the Basic Medical Treatment process for the 35-70 age groups was monitored throughout the country. Inspection and monitoring of Basic Medical Control activity for 2016 in all regions of the country has consisted in:

- The functioning of the equipment installed and the device consumable materials in check-up cabinets;
- Control procedures and documentation completion of individual interview, obtaining the blood vacuum, performing EKG, storage containers and document delivery tube with the taken samples;
- Preparation of the response from the MPF the determination of the degree of risk, referral to a specialist doctor;
- The average number of checks for each check-up cabinet;

For the year 2016 a total of 329,555 inspections were performed, of which 167,922 (51%) were conducted by check-up cabinets in urban areas and 161,633 (49%) in rural areas. 382 stationary check-up cabinets (140 in urban areas and 242 in rural areas) have been set up and functioning around the country, and around 60 health centers are covered with mobile units.

Based on the projection planned for conducting basic medical control for 2016, the country-wide indicator is realized at 69%. For 2016, 85,135 checks were carried out more than in 2015.

#### Percentage of realization of projection plan check - up January - December 2016

"Percentage of realization of projection plan check - up"
For the period January-December 2016, according to the risk level measurement, 20% of the cases were at high risk, 32% with moderate risk and 48% with low risk or no risk. About 45% of high risk cases are referred to cardiovascular diseases and 15% for endocrine diseases versus 10% referenced for 2015.

### Check-up control 2016

- **41%** age 35-40
- **32%** age 40-49
- **3%** age 50-59
- **4%** age 60-65
- **20%** age 65-70

#### 7.3 Services Packages in the hospital service

For 2016, the Found has entered into a contract with 40 public hospitals for the financing of health services provided by them. More specifically:

- 5 University Hospitals;
- 11 Regional Hospitals;
- 24 Municipal Hospitals;

In 2016, Found signed contracts for financing the health packages provided by the Council of Ministers’ Decision with 5 public institutions, 6 non-public institutions and 1 concessionary company (DiaVita ltd.), which provided the dialysis service in 3 Center (Shkodra, Lezha, Vlora).

The health packages approved by the Council of Ministers Decision and offered by public and non-public health institutions are:

- Package for dialysis service;
- Package for cardiology and cardiac surgery service;
- Package for kidney transplant service;
- Package for cochlear implant service;
Hospital activities

In the contract with hospitals in 2016, 14 indicators of performance and quality were monitored. In the total of indicators to monitor and evaluate the service sector hospital in evaluating hospital performance are: the level of bed occupancy, duration of average stay turnover of beds in hospitals, the proportion of the number of patients cured out of the hospital, and the percentage emergency hospital admissions. In 2016, the total number of admissions to contract hospitals is 271,323 patients. Total number of admissions for regional hospitals is 109,357, for university hospitals is 122,642 and 39,324 for municipal hospitals. For 2016, 63.14% of hospital admissions are done through emergency services and not in a planned way, a phenomenon visible in recent years. Regarding examinations for 2016 in regional hospitals are committed to total 639,972 imaging examinations. From total imaging examinations performed in hospitals, the largest number of examinations performed for ensured patient to the extent 78.2% and for the 21.8% uninsured.

7.4 Hospital Costs

Thanks to improvement of the system for the calculation of the hospital costs, the Fund has processed some data reported from hospitals.

Average cost per hospital case:

» Average cost per case in regional level hospitals is 37.7 thousand ALL
» Average cost per case at municipal level hospitals is 48.1 thousand ALL
» Average cost per case at University level hospitals (3 hospitals) is 40.4 thousand Lek
» Average cost per case at the University Hospital “Queen Geraldine” is 28.5 thousand Lek
» Average cost per case at the University Hospital “Koço Gliozheni” is 36.6 thousand lekë
» Average cost per case at University Hospital of pulmonary disease “Shefqet Ndroqi” hospital is 84 thousand lekë

Average Cost Chart Day / Stay in Regional Hospitals

Average cost per case in 000 ALL

<table>
<thead>
<tr>
<th>Location</th>
<th>Cost per Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berat</td>
<td>35.6</td>
</tr>
<tr>
<td>Dibër</td>
<td>39.9</td>
</tr>
<tr>
<td>Durrës</td>
<td>31.5</td>
</tr>
<tr>
<td>Elbasan</td>
<td>53.2</td>
</tr>
<tr>
<td>Fier</td>
<td>29.2</td>
</tr>
<tr>
<td>Gjirokastër</td>
<td>45.3</td>
</tr>
<tr>
<td>Korçë</td>
<td>45.1</td>
</tr>
<tr>
<td>Kukës</td>
<td>36.4</td>
</tr>
<tr>
<td>Lezhë</td>
<td>37.3</td>
</tr>
<tr>
<td>Shkodër</td>
<td>39.8</td>
</tr>
<tr>
<td>Vlorë</td>
<td>34.5</td>
</tr>
</tbody>
</table>

Percentage of projection’s plan realization
Average Daily Cost Chart / Hospitalisation in Regional Hospital

Average cost chart per case in Municipal Hospitals
One of the most important achievements of the 2016 scheme was the continuation of the implementation of health packages such as:

» Pacemakers definitive;
» Coronary Angiographers + Catheterization of the heart.
» Coronary Angioplasty (PCI);
» Surgical revascularization intervention;
» Valves intervention;
» Congenital intervention;
» Cochlear implant
» Dialysis
» Kidney transplant
» Therapy for acute renal failure

The Fund adopted a plan of approximately 2.7 milliards ALL for implementing the health packages in both public and private institutions.

» During the 2016 there were a total of 277 dialysis cases or 36,014 dialysis sessions in public hospitals and 786 cases or 108,389 in private hospitals;
» A total of 221 cases of pacemakers were conducted in public hospitals;
» There were a total of 3,968 angiography cases performed in public hospitals and 870 in non-public hospitals.
» There was a total of 1,666 angioplasty performed in public hospitals and 206 in non-public hospitals.
» 442 cases of Aortal coronary bypass in public hospitals and 228 cases in non-public hospitals.
» 240 cases of Valves intervene in public hospitals and 108 cases in non-public hospitals.
» 79 cases of congenital interventions performed in public hospitals.
» 9 cases of Kidney transplants and 0 case of therapy for acute renal failure in non-public hospitals.

Summary of Health Packages January – December 2016 in public and non-public hospitals

<table>
<thead>
<tr>
<th>Health Packages</th>
<th>Publics hospitals</th>
<th>Private hospitals</th>
<th>Concessionary Dia Vita</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialysis (December, No. of patient treated)</td>
<td>237</td>
<td>655</td>
<td>131</td>
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<tr>
<td>Coronary Angiographers</td>
<td>1,666</td>
<td>206</td>
<td>-</td>
<td>1,872</td>
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<tr>
<td>Coronary Angiographers</td>
<td>3,968</td>
<td>870</td>
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<td>4,838</td>
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<td>Pacemakers definitive</td>
<td>221</td>
<td>3</td>
<td>-</td>
<td>224</td>
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<tr>
<td>By pass Aorta-coronary</td>
<td>442</td>
<td>228</td>
<td>-</td>
<td>670</td>
</tr>
<tr>
<td>Valvular Intervention</td>
<td>240</td>
<td>108</td>
<td>-</td>
<td>348</td>
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<tr>
<td>Congenital Intervention</td>
<td>79</td>
<td>-</td>
<td>-</td>
<td>79</td>
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<tr>
<td>Kidney transplant</td>
<td>-</td>
<td>9</td>
<td>-</td>
<td>9</td>
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</table>

Realization of dialysis package in non-public hospitals

<table>
<thead>
<tr>
<th>Viti 2016</th>
<th>Amerikan</th>
<th>Hygeia</th>
<th>Aks</th>
<th>Dia Vita Shkodër</th>
<th>Dia Vita Lezhë</th>
<th>Dia Vita Vlorë</th>
<th>Total</th>
</tr>
</thead>
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<td>1 January</td>
<td></td>
<td>452</td>
<td>150</td>
<td>46</td>
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<tr>
<td>2 February</td>
<td></td>
<td>450</td>
<td>154</td>
<td>46</td>
<td>-</td>
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<tr>
<td>3 March</td>
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<td>453</td>
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<td>5 May</td>
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<td>456</td>
<td>158</td>
<td>42</td>
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<tr>
<td>6 June</td>
<td></td>
<td>471</td>
<td>164</td>
<td>43</td>
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<tr>
<td>7 July</td>
<td></td>
<td>439</td>
<td>169</td>
<td>47</td>
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<td>8 August</td>
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<td>455</td>
<td>178</td>
<td>51</td>
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<tr>
<td>9 September</td>
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<td>446</td>
<td>169</td>
<td>47</td>
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<td>10 October</td>
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<td>439</td>
<td>169</td>
<td>56</td>
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<td>11 November</td>
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<td>442</td>
<td>153</td>
<td>55</td>
<td>46</td>
<td>36</td>
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<tr>
<td>12 December</td>
<td></td>
<td>445</td>
<td>158</td>
<td>52</td>
<td>54</td>
<td>39</td>
<td>38</td>
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</table>
### Realization of dialysis package in public hospitals

<table>
<thead>
<tr>
<th>Year 2016</th>
<th>QSUT</th>
<th>Shkodër</th>
<th>Elbasan</th>
<th>Gjirokastër</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Month</td>
<td>No.Patients</td>
<td>No.Patients</td>
<td>No.Patients</td>
<td>No.Patients</td>
</tr>
<tr>
<td>1</td>
<td>January</td>
<td>139</td>
<td>55</td>
<td>68</td>
<td>35</td>
</tr>
<tr>
<td>2</td>
<td>February</td>
<td>134</td>
<td>55</td>
<td>66</td>
<td>36</td>
</tr>
<tr>
<td>3</td>
<td>March</td>
<td>131</td>
<td>59</td>
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<td>4</td>
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<td>5</td>
<td>May</td>
<td>153</td>
<td>56</td>
<td>74</td>
<td>35</td>
</tr>
<tr>
<td>6</td>
<td>June</td>
<td>157</td>
<td>59</td>
<td>72</td>
<td>35</td>
</tr>
<tr>
<td>7</td>
<td>July</td>
<td>139</td>
<td>60</td>
<td>73</td>
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<tr>
<td>8</td>
<td>August</td>
<td>126</td>
<td>-</td>
<td>74</td>
<td>37</td>
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<td>9</td>
<td>September</td>
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<tr>
<td>10</td>
<td>October</td>
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<td>11</td>
<td>November</td>
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<tr>
<td>12</td>
<td>December</td>
<td>145</td>
<td>-</td>
<td>57</td>
<td>35</td>
</tr>
</tbody>
</table>

#### 7.5 Reimbursement Drug List

The reimbursable drugs list is an important package financed by the Compulsory Healthcare Insurance Fund. Based on the FUND’s contract with pharmaceutical entities, the drug reimbursement is realized according to the reimbursable drugs list and referring to the coverage extend based on the category approved by Decision of Council of Ministers. The patient receives the service in pharmacy according to the medical prescription while the reimbursement of the pharmaceutical entities is done based on the prescriptions registered in the system.

In January 2016, The Contracting Sector followed procedures of receiving the documentation and resigned supplemental contracts of 2015 with 41 Pharmaceutical Importers, also a three parties contract appendix were signed with “Mother Teresa” University Hospital Center, with 11 Regional Hospitals and 11 Pharmaceutical Importers. In January 2016 Regional Directorates of the Fund have resigned supplementary contracts with 831 pharmacies, 99 Pharmaceutical Pharmacies, 18 Pharmaceutical Dispensers and 17 ICJE (Institutions of criminal judgments execution).

During 2016, two reimbursement drugs lists brought an expanded economic effect, from January to May 2016, the drugs list approved by Council of Minister by decision No.202 date 04.03.2015, amended by Council of Ministers by decision No. 367 date 06.05.2015. From 1 June 2016 entered into force the drug list approved by Council of Ministers by decision No.380 date 25.05.2016 as amended by DM 391, dated 01.06.2016.

The 2016 drug list contains 1,070 trading alternatives, out of which 527 are first alternatives, against 489 of the reimbursement drugs list of 2015. The list of 2016 had 42 active principles more than list of 2015, thus 322 active principles out of 280 that previous list comprised.

From Comparison of the Reference Prices 2016/2015 results in an average decrease of 6.9% of the prices on the 2016 Remittance List, or in an absolute value of about 343 million ALL. This means that even in the 2016 Refundable Drugs List, prices have been lower than previous years.
## New Drugs of the Reimbursement List 2016

<table>
<thead>
<tr>
<th>Kod drug</th>
<th>ATC code</th>
<th>Chemical nomination</th>
<th>Form</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>692</td>
<td>A10AE04</td>
<td>Insulin Glargine 300 Nj.N./ml</td>
<td>pre-filled pen.</td>
<td>endokrinologji (diabet)</td>
</tr>
<tr>
<td>675</td>
<td>B01AC23</td>
<td>Cilostazol 100 mg</td>
<td>tablet</td>
<td></td>
</tr>
<tr>
<td>693</td>
<td>B01AF01</td>
<td>Rivar oxaban 10 mg</td>
<td>f.c.tabl.</td>
<td>Shërbimit të Kirurgjisë Vazale</td>
</tr>
<tr>
<td>694</td>
<td>B01AF01</td>
<td>Rivaroxaban 15 mg</td>
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<tr>
<td>695</td>
<td>B01AF01</td>
<td>Rivaroxaban 20 mg</td>
<td>f.c.tabl.</td>
<td>Shërbimit të Kirurgjisë Vazale</td>
</tr>
<tr>
<td>647</td>
<td>B03AB05</td>
<td>Iron (III) 50 mg/ml</td>
<td>pika nga goja</td>
<td>Në hematologji</td>
</tr>
<tr>
<td>643</td>
<td>B03XA01</td>
<td>Epoetin 30 000 Nj.N</td>
<td>pre-filled syringe</td>
<td>Në hematologji</td>
</tr>
<tr>
<td>684</td>
<td>B03XA01</td>
<td>Epoetin 30 000 Nj.N</td>
<td>pre-filled syringe</td>
<td>Në hematologji</td>
</tr>
<tr>
<td>683</td>
<td>C01EB18</td>
<td>Ranolazine 750 mg</td>
<td>prlg.tab.</td>
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<tr>
<td>650</td>
<td>C03CA01</td>
<td>Furosemide 25 mg</td>
<td>tablet</td>
<td>Terapinë kardiake</td>
</tr>
<tr>
<td>676</td>
<td>C03EB01</td>
<td>Spironolactone + Furosemide 50 + 20 mg</td>
<td>capsul</td>
<td>Terapinë kardiake</td>
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<tr>
<td>696</td>
<td>C08DA51</td>
<td>Verapamil + Trandonapril 180 + 2 mg</td>
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<td>C08DA51</td>
<td>Verapamil + Trandonapril 240 + 4 mg</td>
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<td>Terapinë kardiake</td>
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<td>711</td>
<td>C09AA09</td>
<td>Fosinopril 10 mg</td>
<td>tablet</td>
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</tr>
<tr>
<td>712</td>
<td>C09BA09</td>
<td>Fosinopril + Hydrochlorothiazide 20 + 12,5 mg</td>
<td>tablet</td>
<td>Terapinë kardiake</td>
</tr>
<tr>
<td>652</td>
<td>C09DB02</td>
<td>Olmesartan + Amlodipine 40 + 5 mg</td>
<td>f.c.tabl.</td>
<td>Terapinë kardiake</td>
</tr>
<tr>
<td>653</td>
<td>C09DB02</td>
<td>Olmesartan + Amlodipine 20 + 5 mg</td>
<td>f.c.tabl.</td>
<td>Terapinë kardiake</td>
</tr>
<tr>
<td>654</td>
<td>C09DB02</td>
<td>Olmesartan + Amlodipine + Hydrochlorothiazide 20 + 5 + 12,5 mg</td>
<td>f.c.tabl.</td>
<td>Terapinë kardiake</td>
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<tr>
<td>655</td>
<td>C09DB02</td>
<td>Olmesartan + Amlodipine + Hydrochlorothiazide 40 + 5 + 25 mg</td>
<td>f.c.tabl.</td>
<td>Terapinë kardiake</td>
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<tr>
<td>698</td>
<td>C09DX04</td>
<td>Sacubitril + Valsartan 24 + 26 mg</td>
<td>f.c.tabl.</td>
<td>Terapinë kardiake</td>
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### New combination drugs, the Reimbursement List 2016

<table>
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<tr>
<th>Kod</th>
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<th>Form</th>
<th>Service</th>
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<td>Naproxen + Codein Phosphate 500 + 30 mg</td>
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<td>rheumatologji</td>
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</table>
Categories with the largest increase are as follows:

» The category “Children 1-18 years old” has an increase of 99 million leks or expressed in percentage 89.2% more compared to 2015. The number of recipes for this category in 2016 has increased by 20,112 recipes, compared to 2015.

» The “Pensioners” category has an increase of 97 million ALL or 2.6% more than in 2015. The number of recipes for this category in 2016 has decreased by 150,654 recipes, compared to 2015.

» The category “Special cases” has an increase of 84 million ALL or 14.7% more than in 2015. The number of recipes for this category in 2016 has decreased by 1,529 recipes, compared to 2015.

Categories with the largest decrease are as follows:

» “Veterans” category has a decrease of 114 million ALL or 44.9% less in comparison with 2015. The number of recipes for this category in 2016 has increased by 21,427 recipes, compared to 2015.

» The category “Active population” has a decrease of 63 million ALL or 78.9% less in comparison with 2015. The number of recipes for this category in 2016 has increased by 28,551 recipes, compared to 2015.

» The category “Unemployed, economic assistance, assistance” has a decrease of 47 million ALL or 80.8% less than in 2015. The number of recipes for this category in 2016 has increased by 29,788 recipes Compared to 2015.
8. DEVELOPMENT OF THE INFORMATION SYSTEM

8.1 Initiating the implementation of the Electronic Signature implementing the Electronic Prescription across the country.

The electronic prescription project will be implemented simultaneously with the implementation of the electronic signature system for health service providers. The system of electronic signature for citizens and health professionals of the use of electronic health services (PKI) is a system powered by the Ministry of Health. The Fund has completed within September 2016 the procedures for the relocation of Hardware and Software Infrastructure to the National Agency of Information Society, as the only certified institution for this process. After this process, they were able to generate 3 test signatures (physician, pharmacy, pharmacist) for the CHIF in the framework of the testing of the interaction of these two projects. By October 2016, a letter of information was sent to the DRF Tirana and DRF Kamëz Vorë, DRF Durrës, to collect information about the applications and the generation of Electronic Signatures, a condition for the generation and the Execution of the electronic prescription.

8.2 Initiating the implementation Electronic Prescription System across the country

The National Electronic Recipe System (e-Rx) has undergone a number of changes from the one applied in the district of Durres and this is because:

» In the major e-Rx system includes information modules such as:
  • e-Pharmacy system;
  • Reimbursable recipe;
  • Online supervision in RO of the recipe;
  • Financial module;

» In the major e-Rx system the restriction lists are reflected:
  • LBR 2016 with all the restrictions;
  • Restriction list from PHC Directory;
  • Restriction list from DRPD;

The inclusion of these restrictions will contribute for more accuracy in the implementation of medical Protocols and minimizing mistakes made by medical service providers

» In the major system e-Rx is requested not to print the prescription from the doctor;

» In the major system e-Rx all problems encountered by pilot testing are reflected and resolved;

» In the major system e-Rx every electronic prescription will be accompanied by the electronic signing process for all doctors, pharmacy's and pharmacists;

8.3 Setting up the financial system and human resources assignment

During 2016, according to the General Regulation of the Fund, the reconciliation of data between the Statistics sector and the Finance sector in the Regional Directorate of the Fund was accomplished. This task helped in the recording data of the financial and human resources, controlling, upgrading and the efficiency of the financial management system and human resources that the Fund has on its integrated platform (blade servers).
To this end, various trainings were conducted, and they were enabled to update the data in the system for the period of 2016, and corrected the data of 2015. DIAS, through technical support in cooperation with representatives of the implementing company, successfully implemented the full operation of this system within the deadline set by the head of department.

8.4 Improving the system of the application and generation of the Health Card.

From February 15, 2016, the online distribution of the Health Card has begun. This new way of applying makes it possible to equip the citizens with the Health Card through a single document, the Identity Card.

Thanks to this service it has been possible to eliminate the citizens need to be equipped with additional documents needed to be equipped with a health card.

The computerization of this service makes it possible to link and obtain real-time information in several institutions at once, the Civil Registry, the Pension Registry, the Register of Contributors, the Register of Jobseekers and the Economic Assistance Register.

All citizens who are enrolled in the Register of Patients near their family doctor can enter the government portal e-Albania and print their own Health Card without having to appear at the Fund’s counters.

Distribution of the Health Card started in December 2014 and from January 2016 to December 2016 1,325,738 cards were distributed throughout Albania, out of which 13,372 cards were generated by the e-Albania portal.

A software platform was also built to expose, exchanging data with e-service services:

» AKSHI - Consultation with the Civil Status Registry of Citizens on the basis of NID - ID Number with Web service
» ISSH - Consultation on the Pensioners Register on the basis of NID - ID number with web service
» DPT - Consultation on the Contributors Register on the basis of NID - ID Number with web service
» DPT - Consultation on the Contributors Register on the basis of NID - ID Number with web service
» SHKP - Consultation on the Register of Seekers on the basis of NID for three districts: Tirana, Durës, Elbasan - ID number with web service
9. MONITORING OF CONTRACTS WITH HEALTH SERVICE PROVIDERS

Monitoring of contracts with health care providers is a very important element of the work of Fund, so that public funding for health services will go directly for the good of the people, avoiding abuses.

9.1 Monitoring the implementation of contracts

In addition to the ongoing monitoring by the regional directorates, branches and agencies of the Fund, from the Department of Primary and Pharmacy Control for 2016, controls were conducted in 400 entities that have entered into HIF contract as follows:

» 77 Health Centers;
» 77 directors of Health Centers;
» 211 general family practitioners, contracted with HIF;
» 85 pharmacies and pharmaceutical agencies contracted with HIF;
» 27 importing warehouses that have contracts with the HIF.

At the end of the controls the following measures were recommended:

» Contract solutions for 9 pharmaceutical companies;
» Economic damage compensation to 279 entities contracted with the FUND, total 14,299,953.3 ALL;
» Administrative measure fines for 31 entities contracted with the FUND, total 242,000 ALL
» Administrative penalty measure for 52 subjects contracted with the FUND, total ALL 4,930,593.8;
» Criminal charges for two family doctors.

9.2 Monitoring the implementation of contracts by Health Centers

During 2016, 209 health centers have been thoroughly checked in the regions: Shkoder, Berat, Kukës, Gjirokastra, Tirana, and 2 Health Centers with thematic controls in the Fieri region.

Thematic controls were conducted in 2 family doctors regarding information, observations and complaints received to the Compulsory Health Care Fund.

During the period January-December 2016 were checked with total control in total:

» 77 directors of Health Centers;
» 209 family doctors;
» 2 family doctors (thematic checks);

At the end of the controls according to the Directorate’s records, the following measures have been taken:

» Compensation obligation amounting to 4,702,009.6 ALL for 211 family doctors;
» A fine of 72,000 ALL for 9 family doctors;
» Criminal conditions in the value of 10,000 ALL for 2 directors of health centers, family doctors;
» Criminal charges for 2 family doctors (for issuing fictitious reimbursement);
Thematic checks were also carried out regarding the complaints made by the contract subjects and the insured persons benefiting from health services, thus solving the complaints of the established problems.

### 9.3 Monitoring the implementation of contracts by Pharmacies and Pharmaceutical Warehouses

During 2016, for the purpose of a more effective control of the circulation of medicines with reimbursement in pharmaceuticals subjects, controls were carried out with the object of implementing the contractual responsibilities and obligations of pharmaceutical entities contracted with the Compulsory Health Insurance Fund, pursuant to the Scheme Compulsory health insurance. Existing inventory and thematic checks were carried out at the contract subjects with the Regional Directorates of the Lezha, Sarandë, Tropojë, Fier, Tirane, Shkodër, Elbasan, Korçë, Kamëz-Vorë, Dibër.

- 85 pharmacies were checked and invented;
- The total amount of economic damage, penal conditions and fines is 10,742,943.7 ALL;
- A contract for 9 pharmacies has been taken;
- A fine of 170,000 ALL for 22 ALL pharmaceutical subjects;
- Compensation for damages in value of 9,597,943.7 ALL for 68 pharmaceutical subjects;
- Penalty in the value of 975,000 ALL for 44 pharmaceutical subjects;
For the period January-December 2016, controls at the pharmaceutical warehouses were mainly concerned with the availability of medicines in the pharmaceutical market and their absence for a period of 1 (one) month, verification of the authenticity of the pharmaceutical bills supply bills And the expiration of the drugs sold.

From the Warehouse Control Department, were performed a total of 27 controls on pharmaceutical subjects as follows:

» 1 distribution warehouse;
» 26 importing warehouses;

At the end of the controls the following measures were recommended:

» Administrative measure total criminal conditions against 6 entities, totaling 3,945,593.8 ALL-, of which:
» Administrative penalty measure for the difference in the plus for 1 subject in the value of 245,593.8 ALL;
» Administrative penalty measure for incorrect declaration in the FOND against 1 subject in the value of 200,000 ALL;
» Administrative penalty measure for the lack of drugs in the market against 5 subjects in the amount of 3,500,000 ALL;
9.4 Monitoring contract enforcement by hospitals

The Department of Hospital Hospital Services and Hospital Control has conducted examinations for 2016 at the University Hospital “Mother Theresa” - Microbiological, Immunological and Pathological Anatomy Clinical Laboratories, as well as at the Gynecological Obstetric Gynecology Hospital “Koço Glozheni” as follows:

**The Economic Damage Value for University Subjects is 31,345 Lek.**

Measures for university subjects in total 12 cases:
- Organizational measures 8 cases or 67%
- Economic damage 4 cases or 33%

The University Hospital Control Division for 2016 also controlled non-public hospitals with contracts with DSHSUJS Hygeia Hospital and American Hospital 1 and 2 and its branches in Fier and Durres as follows:

**The value of the Economic Damage and Criminal Conditions for non-public entities is ALL 938,667.**

Measures for non-public entities in total 13 cases:
- Organizational measures 8 cases or 62%
- Economic damage 4 cases or 31%
- Criminal Code 1 case or 7%

» Monitoring the implementation of contracts with public hospitals

The Department of Hospital Services and Hospital Control, pursuant to the contract S / 2016 of the HSCC with the hospitals for 2016, has conducted nationwide controls and has controlled 11 Regional and Municipal Hospitals.

**The Economic Damage Value for Regional and Municipal Hospital Subjects is ALL 17,694,265.**

Measures for the Subjects of Regional and Municipal Directorates in total:
- Organizational Measure 416
- Criminal condition 366,000 ALL
- Fines (Procurement Breach) 20 cases 1,080,000 ALL
- Economic Damage 17,694,265 ALL
- Disiplinary measures, for 39 employees.
10. IMPROVEMENT OF THE FUND’S ADMINISTRATION

10.1 Audit of the regional offices of the Fund

The Compulsory Health Insurance Fund has organized an effective internal control system through which risks are identified and monitored, which has led to financial management in accordance with the legislation in force, providing a reasonable guarantee that the funds are used effectively.

For the year 2016, a total of 16 audit missions were conducted. At the end of these missions were defined 159 organizational measures, compensation measures amounting to 4,826,000 ALL, administrative measures amounting to 184,000 ALL, disciplinary measures in 106 cases. All recommendations given have been received by subjects whose implementation has started with the completion of the audit. Based on the findings of 2016, the Internal Audit Department has made it possible to improve the risk management systems, to promote controls and improve their quality, to increase the reliability of financial information, and to improve some of the guidelines and other administrative acts, thus providing an added value to the Fund.

In addition to the improvements made in the regulations, guidelines, decisions concerning internal control, a focus on audit work, were the qualitative increase of control activity in all structures.

11. COMMUNICATION AND PUBLIC INFORMATION

FONDI considers communication with the public as an important link in its work, in order to increase the transparency of the institution’s activity in meeting the needs of the population for health services. The implementation of the health insurance law, the coverage of the benefits that citizens have from the compulsory health insurance scheme, their access to the health service, the scheme’s controls by the Institution in order to improve the quality of the patient service, digitalization as well A very important process in enhancing the transparency of services - have been the focus of our communication with the public.

Looking at information as a link between the Fund and stakeholders, during the past year, we have been clearly focused on publishing any rations or information material about the services, liabilities or benefits stemming from inclusion in the health insurance scheme.

The coverage of any activity, information or announcement on the GFIS web site, www.fsdksh.gov.al has attracted citizens’ interest and the number of clicks has increased considerably, bringing the number of visitors to the site to 71,532. The viewing frequency and page views have reached 652,800. About 600 Fund’s announcements, information and materials have been published and updated on our official website, as well as on social media Facebook and Twitter.

The Department of Public Relations, through 2016, administered the Information Office for citizens where about 1635 requests for information were received and clarified and the online portal E-COMPLAINT was managed to be as close to the public as possible and to respond in a timely manner Requests for information as well as denunciation of abusive phenomena. Also in the focus of our work has been the pursuit of the implementation of the transparency program, based on the duties deriving from the Law No.119 / 2014, “On the Right of Information”.
12. COOPERATION WITH INSTITUTIONS

12.1 Inter-institutional cooperation

The Compulsory Health Care Insurance Fund cooperates institutionally with the Ministry of Health on policies, health-related strategies, health records, and other health information related to the functioning of the Compulsory Insurance Fund Health Care.

The Council of Ministers is the body that determines the institutions or other bodies that are required to provide data on a regular basis, according to the needs of the Fund. In this context, the Compulsory Health Insurance Fund cooperates institutionally with the Ministry of Finance on indicators of macroeconomic development, data on gross production and other financial information on the functioning of the Fund.

Also, in implementing its institutional activity, the Fund establishes interinstitutional agreements for the ongoing exchange of detailed information with private and public entities, by taking and analyzing their information regarding the categories of insured persons as well as other data necessary for the implementation of the compulsory health insurance scheme.

Inter-institutional cooperation was conducted with the Ministry of Innovation and Public Administration, the Ministry of Internal Affairs, the Ministry of Labor and Social Affairs, the Social Insurance Institute, the General Directorate of Taxation, the State Social Service, the National Employment Service, the General Directorate of State Civilian, and the central state authority responsible for treating foreigners on the provision of information to persons provided by the compulsory health system.

12.2 International Agreements

During 2016, the process of implementation of the General Administrative Arrangement between the Government of the Republic of Albania and the Government of the Republic of Turkey has continued with regard to social protection and completion of forms for health insurance of Turkish citizens under the agreement between the Government of Turkey and The Government of Albania in the field of social protection. A meeting was held with the Macedonian Health Insurance Fund specialists in the framework of the bilateral agreement in Tirana, which approved the implementation forms of the agreement. A meeting was also held with specialists from the Hungarian Health Insurance Fund, within the framework of the bilateral agreement on the negotiation of the forms to be applied, held on March 7-8, 2016, at the premises of the Social Insurance Institute which approved the application forms for the agreement. Two bilateral meetings were held with representatives of the Federal Republic of Germany, within the framework of the Social Protection Agreement, in April and in October.

During this year, it was assisted in the preparation of the Draft Memorandum of Cooperation with ANA regarding the establishment of the digital e-Albania portal at the General Directorate of the Fund, and draft agreements on data exchange with Some institutions implementing the decision of the Council of Ministers no. 307, dated 21.5.2014, “On the registration and identification of persons insured by compulsory health insurance”. The procedures for signing agreements with the National Employment Service, the State Social Service, the General Directorate of Taxation, the Social Insurance Institute, the General Directorate of Civil Status, the Ministry of Internal Affairs, the Ministry of Education and Sports, and the sending to Opinion of the draft agreements prepared by the Fund at the respective institutions.
13. STRATEGIC GOALS OF THE FUND

» The FUND aims to provide health services to the population through standard service packages at all levels of the health system;

» The FUND aims to continuously improve the payment methods of health service providers, to increase the efficiency and quality of health services;

» The FUND aims at strengthening the information system through the provision of online services to the service providers, the operation of electronic registers for patients, in order to increase the efficiency, transparency and delivery of services closer to the citizens;

» The FUND aims to provide health services to the entire population in line with Government policies to move towards universal health coverage

13.1 Objectives for 2017

» Further improvement the financial sustainability of the scheme, aiming at a more effective use of funding sources, strengthening cost control etc.;

» Increase the level and quality of control over contracted service providers, in order to clear the scheme from attempts to fund abuses;

» Online Health Card, project foreseen for 2017 and implemented since the beginning of the year;

» Increase the quality of service in the primary service and improve the performance monitoring of family doctors;

» Raise Awareness for the population of 35-70 age group for participation in Basic Medical Control;

» Financing hospital packages in capacities rose in other public hospitals;

» Expanding the list of reimbursable drugs for 2017;

» Expansion of the Electronic Recipe across the country, which will enable the success of the mission of CHIF for rigorous implementation of the insurance scheme for the benefit of the people;

» Implementation of the electronic signature system for doctors and pharmacists;

» Expanding public-private partnership, in terms of providing services and health packages in other regions of the country, as well as enhancing the quality of service in public hospitals;

» Financing the integrated supply service of sterilized surgical instruments at the hospitals of the country;

» Raise the awareness of the public on the health insurance system, through its continued presence in the media.