



**REPUBLIC OF ALBANIA
MINISTRY OF HEALTH**

STRATEGIC DOCUMENT
ON
REPRODUCTIVE HEALTH

2009-2015

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Acronyms

IEC- Information, Education, Communication

HCII – Health Care Insurance Institute

STI – Sexually Transmitted Infections

PHC – Primary Health Care

MDG - Millenium Development Goals

ICIM – Integrated Childhood Illnesses Management

WHO – World Health Organization

RH – Reproductive Health

AIT – Artificial Insemination Techniques

A. GENERAL DESCRIPTION OF THE STRATEGIC DOCUMENT

1. Definitions and main areas of reproductive health included in the document

1.1 Reproductive Health

The definition of reproductive health as a new concept of public health in the country relies on the WHO definition of health approved in the International Conference for Development and Population (ICDP), Kairo 1994.

Reproductive health is a state of complete physical, mental, and social well-being related to the reproductive system, its functions and processes.

It implies that people have the capacity to reproduce and the freedom to decide on the manner and time of reproduction.

Health care is a group of methods, techniques, and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems.

It also includes sexual health, whose purpose is the improvement of life and personal relations and not only advice and care regarding reproduction and sexually transmitted diseases.

The purpose of reproductive health care is for people to benefit health care and information so that they may:

- achieve surely and in good health condition their reproductive goals: **the desired number and time of children;**
- achieve **healthy sexual development and maturity** and have the capabilities for **healthy, responsible, and equal sexual relations and satisfaction;**
- avoid **harm related to reproduction and sexuality** and, when necessary, obtain appropriate counseling, care, and information.

Reproductive health care should be a continued process that involves the entire life cycle, from childhood, youth, reproductive age, until a senior age.

1. 2 Reproductive right

Reproductive and sexual health is a human right that includes these principles:

- **The right to care for reproductive health**
- **The right to self-determination on reproduction and sexuality**
- **Gender equality**

Reproductive and Sexual Rights imply the right to:

Life and survival
Freedom and safety of the person
Achievement of the highest health standard

1.3 Family planning

Family planning implies the ability of individuals and couples to have the desired number of children and their birth at the time they desire.

Family planning implies the right to access to effective, safe, affordable methods of contraception.

Contraception methods are means or methods that allow for avoiding pregnancy during a desired period (temporary or permanent).

Family planning is achieved through contraception defined as a tool capable of preventing pregnancy.

Family planning may be defined as the entirety of tools and techniques that allow us to:

- **Avoid unwanted pregnancies**
- **Give birth when we want to**
- **Regulate intervals between births**
- **Program births at the best time vis-à-vis the mother's age:**

Avoiding pregnancies before 20 years of age and after 35 years of age;

Family planning improves the health and well-being of individuals, families, and particularly women and children because it:

- avoids unwanted pregnancies, risky pregnancies (those at a very young age or very old age, pregnancies close to each other) and unsafe abortion
- prevents mother and infant deaths
- prevents HIV/AIDS and STI.

1.4 Safe motherhood

Care for safe motherhood implies that every woman should have access to a group of quality and affordable reproductive and sexual services – especially motherhood care and treatment of obstetric emergencies, with the final goal of reducing deaths and disabilities.

(Based on the declaration of the World Summit for Children, the Conference for Development and Population, the World Summit for Social Development, the Fourth World Conference on Women, and the Convention for the Elimination of all Forms of Discrimination toward women.)

The purpose of motherhood care is for: Every woman to have a safe pregnancy and birth and every infant to be born alive and healthy.

QUALITY MOTHERHOOD CARE AND SAFE MOTHERHOOD imply:

- Pregnancies that are not too early, not too close in time, not too late in life, and appropriate for the age.
- Better care for mothers and children before, during, and after birth.
- Appropriate nourishment of girls throughout their life cycle.

Safe motherhood is a social and economic investment for the country

Poor mother's health has a direct negative impact on the well-being of children for two main reasons:

- The same factors that cause mortality and illness such as pregnancy complications, bad birth and management of complications, also cause, or affect to a large extent the birth of dead infants and infant deaths. About ¾th of these deaths can be avoided if women are fed better and if they are offered quality service during pregnancy and during and after birth.
- The mother's death has serious consequences on the infant; it has a negative impact on the child's education and his/her health. As the mother has an important role in caring for the family, her poor health could have a negative impact on the well-being of the family and indirectly on that of the community and the entire country.

1.5 Child's health

The protection and continued improvement of children's health has been and remains one of the main priorities of the health system. Children are the country's investment in the future society. The foundations of good health for adults and the elderly are laid from early childhood and adolescence.

Just born infants and little children during their early years in order to survive and achieve their optimal development have basic needs for warmth, appropriate nourishment, as well as social interaction and play. They also need a safe and

supportive environment starting from the family, the community, and the entire society to support their growth and development.

The child's health implies preventive and curative interventions for the optimal health and development of the child during 0 – 14 years of age.

The reason to invest in improving children's health:

- ⊕ We have the moral and legal obligation to protect and promote the rights of children and adolescents included in the International Convention on the Rights of the Child.
- ⊕ This investment will lead to creating a healthy and developed society in the future that will bear individual, community, and social benefits. This meets the country's global engagement to achieve the Millennium Development Goals.
- ⊕ The investment will promote the country's economic development and sustainability as interventions will be targeted at the most appropriate stages of a child's development. The intervention model throughout the life cycle will lead to the use of the country's resources more efficiently and effectively.

Interventions for the child's health and development should focus on these main directions: (*relying on the European strategy of the WHO Regional Office Europe on the health and development of the child and adolescent*).

Newborn's health.

The newborn (28 first days of life) is a very sensitive phase of life regarding mortality, incapability, and morbidity that last through life.
Appropriate perinatal care (around birth) is an important model to find and address risk factors that could affect the health of the mothers and their infants.

Nutrition. Good nutrition is fundamental for healthy development. Inappropriate practices for nourishing little infants are a major cause for the start of bad nutrition in children and among important causes of deaths in little babies.
It should be said that infants that die represent only a small part or the tip of the iceberg of serious health consequences of nutritional deficits and inappropriate nourishment.

Deficiencies in spread micro-nutrients such as vitamin A, iron, iodium, and zinc represent a cause for morbidity and mortality especially in little children.

The effects of poor nutrition also last long in the life of the child leading to low performance at school and other damages to intellectual and social development.

Communicable diseases. Acute respiratory infections, diarrhea, and infective diseases are preventable and curable causes of deaths and childhood illnesses. They still represent an important weight in mortality in the country.

Furthermore, recurrence and persistence of these illnesses keeps the ill little child from learning through exploration and interaction with the surrounding world. For children of older ages, 5-6 years, illness limits their opportunities for further development and affects school attendance and performance.

Harm and violence. Often, as a result of the combination of several environmental, social, and cultural factors, particularly among vulnerable groups, harm and violence take up a significant place on the children's health, particularly that of adolescents.

Data shows that some groups of children are more vulnerable to some types of traumas and harm. For instance, poisoning, burning, suffocation, and maltreatment by custodians affect little children, whereas traffic accidents, inter-personal violence, and harm from sports affect older children of the pre-school and school ages.

Children of the lower social strata live in unsafe environments that pose the risk of harm during the childhood phase. Furthermore, causes of harm differ between the urban and rural areas. For instance, in the rural areas, they are mainly related to activities of work in gardening, farming, the use of pesticides, poisoning, etc. In the urban areas, harm to children is related to traffic, different house appliances, poisoning from chemicals, detergents, and medicaments kept at home.

Harm during childhood and adolescence pose the risk of long-term physical and psycho-social harm. Likewise, traumas and harm are often related to environmental risks, environment pollution, noises, etc.

Environmental factors that lead to harm to the health and development of the child may be accompanied by social factors such as family stress, critical events in the life of the child (change of residence, hometown, etc.). Traumas and harm from maltreatment and violence toward children are accompanied by physical, cognitive defects that are reflected during their lives as adults, in family conflicts and abuse, the use of abusive substances, drugs, alcohol, etc.

Physical Environment. Children are often sensitive and more exposed to the lack of clean water, hygiene, sanitary conditions, internal and external air pollution, and to a series of harmful chemical and physical agents. Interventions for improving the supply of drinkable water, sanitary conditions, and hygiene are estimated to reduce mortality in children of 0 to 5 years by 65%.

Psychosocial development and mental health. Attention to the health of the young is traditionally focused on physical health, although there are clear signs of an increase of mental health and psychosocial health problems. While children struggle to survive, they fight to develop mentally, socially, and psychoemotinally.

Child survival is part of Care and Development in Early Childhood. In order for the child to develop and learn normally and healthily, it is important to fulfill not only the basic needs for protection, food, and care, but also meet the needs for stimulation, love, security, and learning through exploration and discovery.

1.6 Health of the adolescent.

Adolescence is a dynamic period of physical, psychological, and social growth and development that bridges the move from childhood to adulthood, clearly standing out from these two periods.

Adolescence is the **age between 10-19 years** (WHO).

The general purpose of improving the reproductive health of adolescents includes: more responsible and equal relations between young boys and girls

- ✚ reduction in the incidence of pregnancy before maturity
- ✚ prevention and treatment of sexually transmitted infections
- ✚ improvement of the status of girls and women.

Adolescence, the second decade of life, in particular puberty, is the period of fast development when the young assume new skills and face many situations that are not only an opportunity for progress, but also a risk for their lives and well-being. This period is characterized by fast growth, major physical changes, and an enhancement of differences between boys and girls.

The fast growth that occurs in adolescence requires an increase in nourishing material. During this period, over 20% of total growth in height and 50% of the bone age in adults are achieved. Adolescent girls also need iron additions up to 50% to make up for the monthly physiological loss of blood.

Furthermore, anemia is a problem also for boys as a result of fast growth and the development of the muscular mass. The nutritional condition of young girls before pregnancy is very important and has a large impact on the progress of their pregnancy.

Adolescence is also the time of mental and psychological adjustment. The main change in this area is the development of an integrated and determined sense of identity. To some extent, this implies detachment from the other members of the family and more intensive relations with peers. So, although the family remains important for the young, they gradually try the increase of independence by determining their identity.

Adolescence is also the time when new experiences and influences are explored, which have an impact on their thinking, ideas, and actions. The behavior of adolescents during these years may lead to the exploration of sexual relations, abuse of alcohol, tobacco, and substances. The young have a tendency to create their models after TV and cinema characters. Peer pressure may lead to the start of dangerous behavior. Inadequate access to services and the lack of a supportive environment may affect their health and development.

The following are important health challenges during adolescence: *accidents, traumas/harm, sexual and reproductive health, unhealthy behavior related to the use of substances, diets, physical activity, and mental health.*

Harm and traumas, particularly those related to traffic, are among the main causes of death among adolescents, whereby mortality rates are almost twice higher in boys than in girls.

The use of tobacco is in high levels in this age group and has an increase of prevalence in girls.

Excessive consumption of alcohol among adolescents is accompanied by traffic accidents, unprotected sexual activity, and some risks to health in the later period of life.

The early start of sexual activity is accompanied by the risks to be infected with STI, including HIV, Hepatitis B, and unwanted pregnancy. Unwanted pregnancies may lead to serious consequences for young girls' lives and their infants, including risks related to unsafe abortion.

Adolescents and youth feature an increasing percentage of new cases diagnosed with HIV. Risks may be reduced through the use of condoms, sexual education, and programs that reduce the use of injected drugs.

Nevertheless, promoting good health does not only imply avoiding unhealthy behavior. Our investment for the future generations should also encourage healthy ways of living. Appropriate physical activity and a balanced eating diet in adolescence are the cornerstones for good health. Interventions to achieve these are important for reducing the overweight epidemic which is affecting 30% of the young.

Data from some research studies generally show an increase in mental health and mortality from those diseases. Adolescence is a vulnerable period with a marked increase in suicides and self-harm. Unresolved mental health diseases in the young are accompanied by mental health problems in the later phase of life.

Health policies, programs, and system should word toward achieving the following targets in improving the health of adolescents:

- developing a healthy lifestyle – appropriate diet, physical activity, oral hygiene;
- preventing risky behavior – tobacco, alcohol, or the use of other substances, unsafe sex;
- providing health services for the young including contraception, prevention of unwanted pregnancies and prevention of and care for STI, HIV, and other infective diseases;
- medical counseling for the young and services for other health problems – violence, abuse, bulimia, mental health problems;
- prevention of sexual, physical, and mental abuse;
- creation of healthy environments in school that help physical and psychosocial well-being;
- creation of supportive environments at home and communities;
- control of marketing and ads that target adolescents;
- full vaccination (e.g. rubeola, measles, hepatitis B, cervic cancer, etc.);
- prevention of harm and traumas;
- relationship and parenting education.

1.7 Gender

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| <p>✚ Sex refers to visible natural differences, based on biological characteristics related to being female or male. It refers to the physical qualities related to the body of a man, genes, chromosomes, and reproductive organs.</p> <p>✚ Gender refers to roles and economic, social, and cultural possibilities related to being female or male during a given period of time WHO, 2001...</p> <p>✚ Gender refers to toles, attitudes, opportunities, and values defined by a culture or society for women and men. These roles, attitudes, and values determine the behaviors of women and men in relations between them. They are created and are kept/preserved by social institutions such as: family, government, community, school, church, and the media.</p> <p>✚ Gender Equality implies equal status, treatment for women and men in laws and policies and equal access to resources and services inside the family, the community, and the society.</p> <p>✚ Gender equity implies equality and fairness in the distribution of benefits and responsibilities between men and women.</p> <p>✚ Gender-based discrimination refers to any difference, exclusion, or limitation made on the basis of gender roles and norms of the society, which keep an individual from achieving full human rights.</p> |
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In 1994, the Cairo Plan of Action recommends that policies and programs should:
'...improve women's access to safe family and economic resources, alleviate their responsibilities regarding housework, remove legal impediments to their participation in public life, and increase social awareness through effective programs of education and mass communication.'

The Convention for the Elimination of All Forms of Discrimination toward Women (CEDAW), notes in article 12: "*The state should take the appropriate measures to eliminate discrimination toward women in the area of health care in order to ensure, on the basis of equality between men and women, equal access to health services, including those related to family planning.*"

The different contexts in which women and men live involve situations such as social, economic, cultural, and no less political. Gender inequalities accompanying these contexts are sometimes to the disadvantage of women and sometimes to the disadvantage of men.

Being aware that women and men assume different roles and responsibilities in families and communities, the need arises to include their needs, interests, and contributions in drafting, implementing, and monitoring policies of different programs and projects also in the area of health care.

Integrating the gender perspective is very important for the health sector as it affects equal health care for all. The concept of equality in the health sector has to do more with equity and fairness in the health treatment of all individuals than with equal treatment for all.

Achieving gender equality requires at the same time the fulfillment of several conditions, including:

- Political will,
- existence of gender data and research,
- existence of a clear platform for achieving it,
- human and financial resources.

The objectives and interventions for gender equality in the reproductive health strategy take into consideration:

- **Diseases or health problems of the reproductive system women suffer from because of their sex.** In many cases, these complications may stem from receiving inadequate health care, the use of traditional medication practices, or even the use of violence.

- **Diseases or problems women as well as men suffer from, but encountered more in one group or another.** These are situations whereby women or men are more at risk as a result of biological differences, combined with unequal power

relations and unequal access to health care. The situation may become more serious when women in particular are hindered in receiving the necessary services to treat potential complications/illnesses.

- *Diseases or problems encountered in both groups, but that have a more negative impact or place more at risk one group or the other.*
- *Diseases or problems both groups suffer from, but which one group or the other is less in a position of protecting or curing against.*

Gender inequalities and women's health

Unequal power relations between women and men place the former at a social and economic disadvantage, which has a considerable impact on their health and well-being. Some of the factors that affect women's health are:

a) Social and economic factors

The greatest repercussions of these factors on women are the ones deriving also from poverty: unequal access to health care, lack of information about health problems, particularly on reproductive health, malnutrition, lack of education and of opportunities for employment, violence toward women, including the sexual one.

b) Education factors

The practice of denying female children access to educational institutions is a phenomenon that is occurring in our country particularly in the rural areas. As a result, women cannot make decisions on their health and that of other family members, especially children. Specifically, this problem makes young girls to have very little information about sexual and reproductive health, making them prone to falling prey of abuse. This could lead to long-term effects on their sexual, reproductive, and mental health.

c) Employment factors

In some cases, women are exposed to a 'triple burden,' being responsible for activities at home, the generation of income, and different activities held in communities. Although men are more inclined to die as a result of causes related to work, recently there is an increase at the global level in the number of women suffering from the same effects. Jobs that are traditionally considered female may have different physical and psychological effects on women's health. Sometimes, in the conditions of emigration, women are obliged to do the most difficult jobs, e.g. in agriculture, which increases the burden on them as well as their health problems, particularly when this is combined with a great burden of housework or when women are pregnant.

d) Environmental factors

These include inappropriate conditions of work carried out by women at the workplace, e.g. exposure to detergents used in restaurant kitchens, very difficult conditions in great plants producing confections and shoes, whereby exposure to chemicals is high, or different body deformations when they are obliged to walk long distances to bring wood or water home, or when nearby resources are no longer usable as a result of pollution or erosion.

Gender inequalities and men's health

a) Social and economic factors

Even the experience of other countries often admits that health services are more usable by men and that they have greater opportunities to use them. This is not true. There is an increasing awareness related to the fact that many men do not manage to get all necessary services, or that they show up for treatment too late. The reasons for this behavior of men are numerous and vary. Many males risk their health due to the need to display their 'masculinity.'

In general, it is thought that gender inequalities only affect women's health. On the contrary, it is necessary to also consider the fact that gender-based attitudes and behaviors could also affect men's health. Data shows that gender roles and norms as well as peer pressure have a significant impact on men's health. The effects of these stereotypes are often enhanced by the lack of services that meet males' specific needs.

b) Educational factors

Health and health care are directly related also to the individuals' level of education. The level of use of health services is directly connected to the level of education of individuals. In the conditions when school abandonment is a phenomenon noticed not only among girls but also among boys (in spite of different factors), the concern is raised not only about the low level of education of boys, but also scarce information about health problems.

c) Employment factors

In many societies, the sexual division of labor has obliged men to assume jobs that risk their health, e.g. working with dangerous chemicals, in mines, etc. Besides causing long-term diseases, these kinds of jobs also bear the risk of accidents, contributing to a great extent to job-related deaths among males.

Considering that males have a high mortality rate from acute situations, such as cardiovascular or cerebro-vascular episodes, preventive and acute treatment for them should be devoted more importance. It should not be expected that long-term treatment, which is more appropriate for women, should meet in the same way the

needs of men. It is important to increase services for the examination, prevention, and treatment of the types of tumors that are more frequent among men.

Other reasons may include the fact that men do not agree to quit their jobs to receive help, or medical services; the location or time during which health care institutions are open are not suitable for them; or they think that health centers are more for mother and child services and the service in them is not friendly or supportive toward men.

d) Environmental factors

In many societies, the gender division of labor has led men to assume jobs that may pose risks for their lives. Likewise, jobs such as those in the construction, mining, metallurgy sectors and others have an impact on the fact that they are more exposed to accidents or different professional diseases.

Considering all the factors mentioned above, it is clear that gender mainstreaming in the health sector should include other sectors because of the fact that the health sector does not function isolated.

The purpose of interventions toward gender equality in reproductive health is to:

- **Improve gender equality in the distribution of care for reproductive health**
- **Improve reproductive health by increasing the response of the health system to the special health needs of women and men**
- **Address gender problems in offering reproductive health services, particularly in the care for primary health care**
- **Mainstream gender issues in all policies, programs, and activities for reproductive health**

The strategy to promote gender equality in reproductive health involves:

- **Mainstreaming gender policies in reproductive health programs**
- **Training on gender awareness and gender equality**
- **Advocacy and lobbying for gender equality**
- **Access to gender-sensitive health information.**

1.8 Gender-based violence

For the first time, violence toward women was treated as a human rights violation in July 1993 at the World Conference on Human Rights. Gender-based violence is not considered a violation of human rights. It has assumed the significance of a public

health issue (WHO, 1997) and above all is considered a health care priority (World Medical Association, 1996; Mason, 2003).

Domestic violence or abuse is the display of an abusive behavior that the person uses in a relationship, in order to gain power and control over the partner.

It involves the following types of abuse:

- **Isolation techniques** (e.g. selfish relations, prohibition of telephone use, going out of the house, etc.)
- **Intimidation** (e.g. threatening to harm physically, to use violence, to harm children, etc.)
- **Verbal and psychological abuse** (e.g. ridiculing the name, making fun of the person, making fun of the race, disability/inability to do something, economic status, etc.)
- **Economic control** (attempts to make the partner dependant financially, refusing to give money, threatening the partner at work, etc.)
- **Causing damage** (e.g. any physical assault, limitation of access to medical care, prohibition of taking medication, etc.)
- **Sexual abuse** (e.g. forced sexual relations, accusations of betrayal, etc.)

Health care services are often the first and sometimes the only point for women and children victims of gender-based/domestic violence.

Abused victims turn to the health care system for emergency care before they turn to other social and legal institutions. This places health care employees at a unique position to identify and address domestic violence. Regarding the above, it is required to:

- *Recognize and accept the important role of the health care system in the effective enforcement of the law on domestic violence.*
- *That all health care levels consider domestic violence a health priority.*
- *Develop policies and instructions regarding the treatment of domestic violence, for all health care levels. These should include particularly the protocols for the examination and treatment of women and children who are more frequent victims of abuse.*
- *Develop advocacy with the heads and decision makers of different sectors of health care to achieve their support and engagement to address domestic violence.*
- *Draft training programs to increase capacities, professional knowledge, and methods of interpersonal behavior and communication among health care personnel regarding domestic violence.*
- *Develop local, regional, cross-sector partnerships and referral structures between the health sector and other public structures such as the police, the prosecutor's office, the courts, social services for the referral and treatment of domestic violence victims.*

Interventions of the reproductive health strategy to protect against violence will focus on these main directions:

- **Law enhancement and enforcement**
- **Changes in behavior**
- **Primary prevention** – which includes events targeting the population in general with a view to preventing the start of violence, or the change of behavior that could produce violence;
- **Secondary prevention** – which includes events targeting individuals and groups at risk, aiming at stopping the progress of violence when it appears – this is achieved by early detection or diagnosing followed by effective and immediate treatment;
- **Tertiary prevention – direct services that aim at** rehabilitating individuals with a behavior defined as violent, or affected as victims, with a view to reducing the negative effects and the prevention of the recurrence of violence.

1.9 Cancers of the reproductive tract

Throughout the world today, breast cancer and cervical cancer are the most frequent cancers among women and one of the main causes of deaths caused by cancers in general.

Given that the factors that cause breast cancer and ways to ultimately prevent it in order to reduce mortality are not known well, detecting the breast carcinoma in early phases is much more important than choosing treatment. Numerous researches have already shown definitely that the use of mamographs could reduce by 30% mortality related to breast cancer in ages between 50 and 69 years of age.

While breast cancer is higher in developed countries, cervical cancer is more spread in developing countries, making that cancer more frequent among women in these countries (WHO, Health Atlas of Europe 2002). It is the third cancer in the world and the main cause of death from cancer among women in developing countries.

Early depistation of cervical cancer has considerably reduced the illness and mortality rate from this form of cancer. The primary purpose of depistating cervical cancer is to detect and treat intraepithelial neoplasia and thus prevent the emergence of the invasive cervical cancer.

Depistation could also detect cervical cancer in early phases, thus reducing the mortality and illness rate from this disease. Since the introduction of the Pap test in 1940, the mortality rate has dropped by 75%.

The most successful and effective strategies for the treatment of cervical cancer have consisted in depistating women at high risk for dysplasia, reducing the frequency of depistation in women who have had at least one normal Pap test, and

recommendations for follow-up and treatment of women in young ages with Pap test results in abnormal average levels. The depistation of women of the age groups 30 to 40 at least once in a lifetime could have a significant impact on mortality.

The WHO states that although efforts to diminish the impact of cervical and breast cancer on health worldwide have begun, many of them, particularly those in developing countries, have not been successful. This is mainly related to the following factors:

- **lack of awareness about the problem;**
- **limited access to necessary health interventions;**
- **inability to offer mammographic and Pap test services to women who need them;**
- **ineffective use of existing resources.**

The analysis of the situation in the country regarding these two cancers showed that:

- **Epidemiological data about these two cancers shows that the number of new cases and deaths in women is on the rise for the period 1990-2007**
- **Breast and cervical cancer already represent a problem for public health in the country**
- **There is no national strategy for cancer control**
- **The treatment of breast and cervix cancers is the ultimate goal and a difficult task that requires better knowledge of what causes the disease and the ability to prevent, detect, and treat the disease**
- **There is a lack of protocols for depistation, treatment, and following of cases with preneoplastic lesions**
- **The level of awareness about breast and cervix cancer is low**
- **Health care for the breast and cervix cancer should be improved in three areas – early detection, diagnosis, and treatment**
- **There is a lack of national level standards for the examination of women through the Pap test, mamographs, and self-examination of breasts**
- **There is a lack of protocols for depistation, treatment, and following of cases with preneoplastic lesions**
- **Care services and depistating, treating, and supportive tools for these cancers are not spread throughout the country and at all of levels of care, starting from the PHC**
- **Knowledge in women and the society regarding the prevention of these cancers is deficient**
- **The best and most cost-effective method to reduce the illness and mortality rate from these two cancers is prevention.**

For this purpose, it is necessary to prepare a strategy and plan of activities regarding the prevention of these cancers in the country. The activities of this strategy should include education and the increase of technical-professional skills of staff,

surveillance, detection and following of cases, assessment and development of partnerships, and public education.

Programs for the prevention of the cervical cancer require:

- Awareness about cervical cancer among health personnel and target groups
- Opportunities for Pap test examination with high quality, or an alternative depistating method
- Presence of personnel trained in counseling women about depistation and follow-up
- Treatment for women identified as having pre-cancerous lesions
- Ensuring equipment and appliances for depistation and treatment
- Provision of independent cytological labs for cytological programs
- Ensuring a functioning health care system at all levels to follow women's health.

The role of the family doctor in preventing cancers in the reproductive tract

The role of the family doctor is very important as data shows that 80% of the population pays at least one visit to the family doctor every year.

The family doctor and personnel at the PHC health center could contribute to promoting preventive measures and the identification of women with high risk for breast cancer and cervical cancer.

The promotion of awareness regarding breast and cervix cancers, conducting depistation through mamographs, the Pap test, etc., and individual surveillance plays an important role in involving women in depistation.

The guiding principles of the strategy for the prevention and treatment of the reproductive tract cancers include:

- **Reduction of inequalities between different population groups and groups at risk**
- **Ensuring timely equal access to an all-inclusive network of services for the control, prevention, and treatment of the breast and cervical cancer**
- **Sustainability/continuity in the prevention and control of these cancers**
- **Relying on data and scientific facts/ evidence-based approach**
- **Care adjusted to the individual with the individual being the center**
- **Active involvement of communities and partnerships**
- **Recognition of and respect for cultural/social differences.**

1.10 Sexually transmitted infections and HIV/AIDS

Sexually transmitted infections are an important threat to sexual health and, therefore, reproductive health. By 2008, the review of the strategy for the action plan on HIV/AIDS is to be completed.

This strategy includes a detailed description of the situation and outlines the main directions of action in this area. Therefore, the reproductive health strategy only includes a shortened summary of the situation and main objectives for the prevention and control of STIs and HIV/AIDS.

Before the '90s, Albania was an entirely closed country, with little internal movement of the population, let alone out of the country. Before 1990, sexually transmitted infections could be considered uprooted and there were no reported cases of HIV or syphilis until 1993.

The key epidemiological element for HIV and STI in Albania is related to the unclarity of data:

- (i) Existing data do not include information on HIV or other transmittable infections by a significant number of Albanian commercial sex workers, working in or out of the country.
- (ii) Insecurity regarding the levels of prevalence of HIV and STI in mobile populations (in and out of the country), which have a great significance in Albania.
- (iii) Low level of voluntary testing for HIV and STI.
- (iv) Lack of knowledge on the real incidence and real impact of STIs on health
- (v) Lack of an effective surveillance sentinel.

The strategy for the management of STIs and HIV/AIDS is based on the following principles:

- **Response to the HIV/AIDS epidemic requires multi-sector, multi-discipline response**
- **It focuses mainly on primary prevention**
- **Resources should be distributed on the basis of the vulnerability of each group and community**
- **Each individual should have knowledge about the importance and responsibility for the prevention of HIV/AIDS**
- **All individuals and communities, including people infected with HIV/AIDS, should be guaranteed access to basic health services and other services**
- **Respect for and guaranteeing the rights and responsibilities of persons living with or affected by STI and HIV/AIDS**
- **HIV testing should be voluntary and confidentiality should be guaranteed**
- **Education, counseling, and health care programs should be adjusted to the culture and living conditions of every individual and community**

- **Interventions in the population and services should rely on a profound and accurate situation analysis and the assessment of their effectiveness**

1.11 Infertility

Infertility is a global problem in reproductive health. In itself, it does not affect the physical health of men or women, but, considering the concept of health as a situation of physical, mental, and social well-being and not just the absence of illnesses or infirmity, the psychological and social consequences of infertility cannot be ignored.

The treatment of infertility is long and costly and often not successful. The request for services that correct infertility may be obstructed by the limited resources the country has for health care. Precisely for this reason, emphasis should be on prevention. Infections represent the most important and preventable cause of infertility.

WHO provides these definitions for infertility:

- ⊕ **Primary infertility:** Cohabiting couples that have never conceived, in spite of efforts to have a pregnancy for a period of 2 years.
- ⊕ **Secondary infertility:** Cohabiting couples that have conceived before, but then are incapable of conceiving again a pregnancy for a period of 2 years.
- ⊕ **Unproven fertility:** refers to problems perceived by individuals, or couples as infertility, or concluding in infertility, e.g. in a demographic survey, while in fact, there is no real risk of the woman not conceiving. The problem may be biological, e.g. in lactating women who are unovulatory, or couples using contraception. The problem may also be environmental, due to the lack of cohabitation of the couple.
- ⊕ **Loss of pregnancy:** is the term used when the couple is able to conceive, but unable to produce life birth.

Prevalence of infertility

Infertility is a worldwide problem and its prevalence varies. Often figures are increased by factors that could boost that prevalence. Nevertheless, it varies between 3-5% and with other additional factors could go up to 30%. The level of the absence of children in married women of the ages 40-49 years old varies between 1.3 – 6.7%.

Causes of infertility

In general, infertility may be a cause in men, women, or both. In many cases, there is no cause. WHO studies emphasize the same role of men or women as a factor for infertility.

Specific causes related to women:

The most important causes related to women are:

- ❖ Malfunctioning of the tubes
- ❖ Malfunctioning of the ovaries
- ❖ Endometriosis

Specific causes in men:

These causes are related to a:

- Defect in sperm production,
- Blocking of the sperm in the transfer from testicles to preparation for ejaculation.
- Infections play a lesser role in men than in women, but a STI history in the male partner could increase the risk of a diagnosis related to infection in women.
- In cases when infertility is caused by infections, the main hidden factors are STIs and jatrogen factors, including unsafe abortion and non-hygienic conditions of birth.

Social cultural causes

These are not direct causes but serve as intermediate variables that increase the incidence of infertility or exposure to etiological factors, particularly infections related to infertility.

- Environment pollutants could especially affect men.
- Exposure to high levels of pesticides reduces sperm.
- Prolonged exposure at work to great heat could bring infertility in men as the optimal temperature for the production of the sperm is about 20^C under the normal body temperature.
- Alcohol, drugs, tobacco have been mentioned as factors for infertility.

Prevention of infertility is done by reproductive health services at the PHC.

Counseling infertile couples is very important. Couples should be calmed when pregnancy has been delayed less than 1 year. They should be given advice about the time of sexual intercourse in fertile periods. It should be emphasized that examinations should be conducted for both partners in the couple. HC employees should know where to refer these couples.

Infertility is an inability and infertile couples require moral, legal, and economic support by the society to achieve the highest standards of reproductive health. Investments in research and treatment for infertility are a benefit for the individual and the entire society.

The cost of managing infertility is determined by the percentage of patients seeking treatment for infertility (in and out of the country), its impact on the population and the quality of treatment (total society cost, multiple pregnancies, side effects, and child's health).

B. JUSTIFICATION OF WHY THE STRATEGIC DOCUMENT IS NEEDED

2.1. Reasons for preparing the strategic document

In 2007, the Ministry of Health, seeking to improve the reproductive health situation, included in its plan of activities the development and adoption of a National Strategy for Reproductive Health and the Plan of Action for the period 2009-2015.

The document relies on an analysis of the situation in the country related to care for reproductive health to meet the needs of the population for better reproductive health, especially for those categories with the greatest need – women and children.

With all positive changes in the last 20 years toward improving some of the reproductive health indicators, Albania ranks still below the European region levels. Indicators of perinatal, mother, and child mortality are very far from those of the developed countries of this region. Access to and use by the population of modern family planning methods are still low and abortion is still used as a method for family planning. The incidence of sexually transmitted infections is on the rise, particularly in the young ages. Likewise, the incidence of breast cancer and cervical cancer is on the rise. The rights of adolescents for reproductive health education and services are not fully provided. The consequences of domestic violence and gender equality affect the health of women and children.

The development of the Strategic Document for Reproductive Health aims at covering the important priority areas for reproductive health in Albania, with interventions and improvement of the situation in each of them being mainstreamed and all-inclusive. These areas are:

- *Safe motherhood*
- *Family planning*
- *Health for the child*
- *Health for adolescents*
- *Cancers of the reproductive tract*
- *Sexually transmitted infections*
- *Domestic violence and Gender equality*
- *Infertility*

Specific objectives and targets have been established for each of the priority areas. On the basis of established objectives and targets, an action plan has been developed, including some activities that seek to:

- *Improve legislation and the regulating framework*
- *Improve access to and quality of reproductive health services*
- *Train health care professionals*
- *Enhance and promote health education*
- *Improve the monitoring, assessment, and supervision system.*

2. 2 International / European Context

The plan of action of the Cairo International Conference on Population and Development in 1994 (Paragraph 7.6 I) it is requested that:

All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should include: family-planning counseling, information, education, communication and services; education and services for prenatal care, safe delivery, and post-natal care, especially breast-feeding, infant and women's health care; prevention and appropriate treatment of infertility; abortion, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions.

In 2000, the WHO launched the global strategy “***Making pregnancy safer***” based on the experience of safe motherhood interventions that aim at preventing mother and neonatal mortality.

The WHO strategy “***Making Pregnancy Safer***” (MPS) seeks to work with the health sector, focusing on effective interventions based on scientific facts that target the major causes of maternal and infant morbidity and mortality rates, by strengthening health systems and identifying actions at the necessary community level to ensure that women and their newborn babies have access to health care when they need it.

The MPS strategy is integrated with the WHO Regional Europe Office initiative ***Promoting Effective Perinatal Care, PEPC*** that seeks to reduce maternal and perinatal mortality and morbidity, ensuring the necessary medical assistance and health care for all mothers and newborn babies, emphasizing the development of primary health care and the protection and promotion of the well-being and social development of mothers and their newborn.

The PEPC strategy focuses on the very important perinatal period, which stretches from 22 weeks of pregnancy to the 7 first days after birth, considering WHO's engagement to give children a healthy start in life, to reduce maternal and perinatal morbidity and mortality, while promoting safe motherhood.

In 2000, the United Nations and the 189 member countries, including Albania, adopted the Millennium Development Goals, three of which are related directly to reproductive health:

- **Improving maternal health**
- **Reducing infant mortality**
- **Fight against STI and HIV/AIDS**
- **Gender equality**

This requires that reproductive health be at the center of plans and processes for the development of the strategy to achieve the MDG objectives, including the strategy for the reduction of poverty.

In 2001, the WHO Europe Region Office in Copenhagen developed the **regional strategy for reproductive and sexual health** in order to offer member States a strategic guide in developing and implementing policies and programs to improve reproductive and sexual health of their populations.

WHO's European Strategy **For Child and Adolescent Health and Development**, adopted by the WHO Regional Committee in September 2005, after two years of work needed for its development, reflects the moral and legal obligation to protect and promote the rights of children and adolescents. It also stresses that investments in the very first stages of life have a long-term impact on health and affect the economic development and sustainability of a healthy society in the future.

The strategy serves as:

- A document that helps countries of the region to develop their policies and programs
- A set of choices for policies and interventions based on the best scientific facts
- A stimulator for countries of the region to establish their targets and indicators for improving child and adolescent health.

WHO's document of its strategic regional approach **Making pregnancy safer**, concluded in 2007, also offers an opportunity to draw attention to the situation of maternal and perinatal health in the region and creates an opportunity to unite efforts to accelerate interventions for improving maternal and perinatal health in the European region.

The strategy was prepared in response to the request of 53 Member States of the European Region, based on their needs, and it complies with their engagements to

improve the quality of maternal and neonatal health. The strategy recommends that national strategies of member states use this strategic approach as a tool to identify deficiencies and plan interventions.

The intermediate result that this strategy aims at is: ensure safe pregnancy and birth through offering equal access to the use capable quality care for all women and their newborn, with special attention to the poor and vulnerable groups. The strategy does not depend on the health system alone, but rather requires a multi-sector approach.

2.3 The Albanian context

In the context of the two-year cooperation agreement with the WHO through activities envisioned for improving the health of mothers and children, the Ministry of Health began in 2007 the process of adopting the European strategy for child and adolescent health and development.

The main reasons for investing in improving reproductive health may be grouped in:

- **Reduction of unwanted pregnancies (not at the right time).**
- **Reduction of maternal mortality by improving prenatal care, birth care, including the management of obstetrical emergencies.**
- **Reduction of infant and child mortality by offering quality care for infants and little children.**
- **Improvement of the health of children, adolescents, and youth.**
- **Reduction of the risk of STIs and HIV/AIDS**
- **Reduction of violence toward women.**

Part of the interventions of the Ministry of Health to improve the health situation is the preparation of the national strategic document for reproductive health and the action plan of interventions for the period 2009-2015.

To this effect, through Order of the Minister No.317, dated 14.07.2008, a working group was set up to prepare the strategic document. The working group includes experts of the field from the Ministry of Health, the Institute of Public Health, and is headed by the Deputy Minister of Health.

The draft document will be discussed at round table discussions with national experts of the area and our partners WHO, UNICEF, UNFPA, USAID, and domestic and foreign NGOs operating in and with important contribution during the 20-year period in the field of reproductive health in Albania.

Likewise, the draft document and the plan of action will be sent for comments and feedback to experts of interested ministries, institutions, and academicians.

3. COUNTRY SITUATION AND THE HEALTH SYSTEM

3.1 Country's demographic profile

Albania's demographic profile is characterized by three main phenomena:

- **waves of major internal and external emigration,**
- **improvement of mortality indicators,**
- **reduction of fertility rates.**

The 2001 population census estimated that Albania's population was at 3.063 million. While Albania remains one of the countries with the youngest age in Europe, the population age structure has changed considerably during the past 15 years. The under-15 population is diminishing and the above-65 population is increasing faster than the other part of the adult population.

With 58% of the population living in the rural areas, Albania has one of the highest percentages of rural population in Europe and the highest in the Balkans.

Emigration has been a dominating social-economic fact during the last 18 years. During the '90s, about 20% of the population left the country and now lives abroad. The main flux of internal migrants left the Northern and Central Mountainous Regions heading toward Tiranë and Durrës. As a result, about 60% of the families include some members who were not born in the municipalities where the family currently resides.

International and domestic migration has some significant implications for the health sector.

- The workforce of the health sector lost a considerable number of staff members who migrated abroad.
- The greatest internal migration from the rural areas to the urban ones has left some of the remotest areas without sufficient medical personnel.
- While migration to the urban areas led to an improvement of living conditions and the use of health care for some, others ended up in periurban areas where basic services and health care services remain inadequate.
- Economic transformation and domestic migration have accelerated changes in life styles and non-protection from new risks to health, as shown by the immediate increase in the number of persons who smoke, the number of car accidents, etc.

Population growth rates and fertility rates are on the decline; nevertheless, Albania has one of the highest rates of fertility in the European region.

The population age structure has changed considerably during the past decades. INSTAT data shows that a little more than one fourth of the population is 0 to 14 years old and 46% of the general population is younger than 25 years old. About 1.1 million Albanians are less than 18 years old and about 300,000 are less than 5 years old. Less than 8% of the general population is above 65 years old and less than 3% of the population is over 75, a much lower percentage than what is observed in the neighboring countries.

Albania's life expectancy compares relatively satisfactorily with that of other countries with low to medium incomes.

Marriage is another indicator on which the country's transition period has had its impact. Although the increase of the average marriage age generally leads to the creation of more stable families, the indicator of the "dissolution of marriage" (divorce) per 100 marriages increased from 9.6 in 2001 to 14.2 in 2004.

INSTAT's research, LSMS 2002 made possible a more accurate and more profound assessment of poverty, its dimensions and spread. According to the full poverty line, one fourth of the Albanian population is poor.

Poverty has a marked geographical and regional character, with the north-eastern area being very poor. Poverty is more spread in new families.

3.2 Health system

Administratively, Albania is divided into 12 counties, which include 36 districts, 65 municipalities, and 309 communes. The health sector pursues the same subdivision at the prefecture and district level. Each prefecture includes three districts which are responsible for the administration of district hospitals, polyclinics, and primary health centers (PHC) through public health directories at the county and district level, subordinate to the MoH.

The MoH is the main provider of health care in Albania. It offers such care at the three levels of health care.

Primary Health Care (PHC)

A basic PHC system oriented toward reproductive health, the health of the mother and child, was set up before 1990 through a nationwide network of health centers and outpatient centers.

Nevertheless, in spite of this broad PHC network, before the transition period, the health care system was oriented mainly toward secondary care and continues to be such.

Primary health care is offered through a network of health centers and outpatient centers, complemented by polyclinics in the cities.

Health centers in the rural areas have limited medical technology and a small number of beds, mainly to offer maternity care. Health centers are equipped with 1 to 3 general doctors/family doctors (FD) and nurses. In the rural areas, a typical health center has one nurse and one housewife.

Polyclinics located in the cities are equipped with specialist doctors and Family Doctors – the latter have been appointed to these polyclinics to serve as the first point of contact for all patients turning to the polyclinics. Teams of primary care staff, headed by the FDs in PHC sites are supposed to act as goalkeepers for secondary care. Nevertheless, the jump from one to the other occurs often due to the belief that the quality of care is low.

Primary health care is distributed according to norms determined by the Ministry of Health. These norms determine that the mountainous rural areas have 1 Health center, one HC per 2000 inhabitants, and 1 HC per 10,000-15,000 inhabitants in urban areas, called polyclinics. In the rural areas, the HC serves as a center for all ambulatory centers of villages of a commune (we emphasize that ambulatory centers are only found in the villages). A total of 596 HCs and 1,572 ambulatory centers serve in Albania at the commune level.

Hospital Care

Secondary health care is offered by 42 public hospitals with 9274 beds and a network of specialized public polyclinics, found mainly in the urban areas. The number of beds vis-à-vis the population was 3, 2/1000 inhabitants in 2005.

Tertiary health care

Tertiary health care is offered by the university hospitals in Tirana

- University Hospital Center
- Obstetric-Gynecological Hospitals in Tirana (No. 1 and No.2)
- “Shefqet Ndraqi” Hospital of Respiratory Diseases
- National Center of Child Growth, Development, and Rehabilitation.

Stomatology services,

Stomatology service in Albania has a preventive and curative character. It is mainly private (about 70-80%), while the public sector offers free services, provided to children until 18 years old and the emergency services.

Pharmaceutical services,

The pharmaceutical services are also almost entirely private. At its base are domestic manufacturers, pharmaceutical depots, pharmacies, and private

pharmaceutical agencies as well as hospital pharmacies (the only ones offering public services).

Private services

Currently in Albania, due also the lack of tradition, encouragement and support has existed for the creation of the private health market in primary health (clinics, laboratories, pharmacies) and in hospital health through the law on hospitals.

84 medical clinics conduct private activity and part of these clinics offer obstetric-gynecology services, pediatrics, and neurology.

The number of persons licensed by the Ministry of Health totals 4404, of which 884 are medical personnel (doctors) and 1136 are pharmacy personnel. About 179 pharmaceutical warehouses, 84 medical clinics, 9 stomatology clinics, and 16 stomatology laboratories exist.

With the approval of the new law on hospitals, the licensing and opening of private hospitals is also expected in Albania.

3.3 Funding health care in Albania

Albania spends about 6% of the GDP for health care, which is under the Central and Eastern Europe average. A WB study estimates that of these, about one third comes from the central government budget, about 60 percent comes from the private service and 40 percent comes from donors.

Per capita expenses for health care in Albania (about 126 USD for 2004) are something lower than that of other countries of Central and Eastern Europe.

Reforming the Health System

The Albanian health system is presently under reform. The most important components of reform are:

- **Improvement of the quality of health services, particularly of primary health care through the rehabilitation of its infrastructure, medical equipment, management, and supervision of the work of personnel working in these services.**
- **Development of human resources.**
- **Strengthening and improvement of the national health statistics and information system.**

The Government's Long-Term Strategy for the Development of the Albanian Health System, 2007-2013, envisions substantial organizational and structural changes in the health sector. The strategy clearly defines the sector vision for the coming years and points to the important changes in the way this sector will be organized and funded, including:

- Reorienting the role of the Ministry of Health toward policymaking and sector administration as well as strengthening its regulatory and supervisory capabilities.
- Increasing support for the Health Insurance Institute as the key funder of health care services, whereby the Health Insurance Institute would enter into direct contracts with the providers of service distribution.
- Decentralization of the distribution of services, transforming insurers of hospital care into autonomous public agencies under the direction of hospital councils; insurers of primary care would in fact serve as independent insurers or groups of independent insurers.
- Review of the regional health authorities' structure, giving them a planning duty and tasking it with the direction of national programs for public health.

The just-started reform in the primary health care sector will contribute to decentralizing through considerable investment for tools, buildings and human resources through public funds and those from international partners as well as with expanding the health care insurance scheme in this sector. Modernizing primary health care through funding from one sole source and granting autonomy to health care providers will be the basis of this reform.

The main directions of this reform are:

- Increasing access to and the quality of effective health services in the PHC
- Funding the HCII through one sole source
- Drafting the basic package that will include health services to be offered for free to the population
- Establishing a monitoring system that will control offering the package services
- Reviewing the map of distribution of health services by emphasizing infrastructure and geographic spread.

The hospital system will be developed through regionalization and concentration by aiming at increasing its performance. As in the primary health care, the vision of the Ministry of Health is the incorporation of this service in the health insurance scheme in 2009.

Special importance will be devoted to human resources and building the continued education system.

The public health sector will be reformed and modernized. The institutions of this network will receive support in their programs for the prevention of diseases, particularly the complete conduct of massive vaccination, health promotions, health in schools, control of drinkable water and air, etc. In cooperation with primary

health care services and hospital services, national projects will be drafted and implemented for diseases such as tumors, heart diseases, AIDS, traumas, etc.

Special society groups will enjoy special services and/or payment discounts for medical services and the use of medications. Priority will be given to mothers and children, disabled individuals, pensioners, etc.

Special attention will be paid to chronic diseases such as cancers, cardiovascular, cerebrovascular diseases, diabetes, hypertension, etc.

Likewise, the capacities of the National Center of Quality, Safety, and Accreditation of Health Institutions and of the National Center for Continued Education will be enhanced.

3.3 Existing legal context on reproductive health

Pursuant to the Constitution, all citizens are equal before the law and nobody may be discriminated on the basis of, among other things, social status. The objective of the primary law of the country is the achievement of the highest health, physical, and mental standards possible.

Based on the **Convention on the Rights of the Child**, also signed by our country, and on the **Constitution, article 55**, children, pregnant women, mothers, enjoy equal rights before the law, as well as the right to special protection by the state, thus guaranteeing them the right to life and the right to survival and the development of the child.

The Albanian state ratified in 2003 the **Convention for the Elimination of All Forms of Discrimination Toward Women**, and in 1994 the Convention for the Rights of the Child.

The **Approval of family planning activities** by Decision of the Council of Ministers N. 226, May 27, 1992, which until that year were forbidden in Albania.

Law No. 8045, dated 7.12.1995, “On the voluntary interruption of pregnancy” envisions in article 1 respect for any human being from the very start of life. The law envisions the voluntary interruption of pregnancy upon request of the mother up to 12 weeks of the pregnancy. The law clearly states that abortion should not be considered a method of family planning.

The law prohibits any kind of propaganda, advertising, directly or indirectly, by voice or footage, of institutions, methods, medicaments, and products that cause the interruption of pregnancy, except for in scientific publications intended for doctors and pharmacists.

Pursuant to this law, the Ministry of Health has issued several instructor regulations such as:

- **Instruction No. 103, dated 22.04.1996 “On the implementation of the law on the interruption of pregnancy.”** The instruction defines the conditions to be met by health institutions, public or private, that carry out interruptions of pregnancy.
- **Unified documentation on abortions** (clinical cards, abortion records, certificate signed by the woman who does the abortion).
- **List of medical indications that require the prevention and eventually medical interruption of pregnancy beyond 12 weeks.**
- **Order of the Minister of Health No. 157, dated 23/5/2007** on “*All public and private health institutions that offer health care and services for the interruption of pregnancy, licensed by the Ministry of Health, should register individual data on any interruption of pregnancy in the medical card, the individual abortion record, and the abortion register.*

Law no. 8528, dated 23.09.1999 “On the encouragement of and protection for breastfeeding” aims at ensuring healthy nourishment for children by regulating the practices of the trade of breastmilk substitutes, relying on the International Code of Marketing Breastmilk Substitutes.

Law no. 8876, dated 4.4.2002 “On Reproductive Health,” the primary goal of which is acquaintance with and acceptance of reproductive rights and reproductive health of every individual. The law:

- Defines and guarantees the protection of the reproductive rights of every individual in the Republic of Albania.
- Regulates the organization, functioning, and oversight of all activities conducted in the area of reproductive health, in health institutions, public and private.
- Ensures the equal distribution of institutional resources to achieve the required goal, fulfillment of reproductive rights.

The law includes some articles that protect safe motherhood and the health of children and adolescents.

In its activity pursuant to Law no. 8876 “**On Reproductive Health,**” the Ministry of Health has worked to complete sub-legal acts through the preparation of regulations, instructions, and unified documentation on reproductive health services.

1-Regulations of Reproductive Health Services in Primary Health Care no 147, dated 11.04.2003, which defines the structures and services of reproductive health in the Primary Health Care; regulations for their functioning, and the duties of their staff working in these services;

2-Instruction of the Minister of Health no. 146, dated 11.04.2003 to obligatorily follow and check up pregnancy, birth, and post-birth, as well as examinations and checkups that should be done for children 0 to 6 years of age;

3-Women’s counseling center record which will serve as unified documentation to be used by all public and private health services to follow women during pregnancy;

4-Children’s counseling center record which will serve as unified documentation to be used by public and private health services to follow the growth and development of children 0 to 6 years of age;

5-Personal book of the pregnant woman which, according to article 24 of the law, is to be given to the pregnant woman free;

6-Personal book of the child's health which is given free for every newborn child, during checkups for growth and development.

Labor Code and CMD no. 397, dated 20.05.1996 "On special protection for pregnant women and motherhood." Health care is demonstrated before the child is born, after his/her birth, and afterwards. This is related to care shown for the mother.

The Labor Code includes provisions that ensure special protection for pregnant women and such protection has to do with certain categories of jobs, which require special working conditions compared to other categories of jobs.

Penal Code of the RA envisions a special section on criminal offences against health. The interruption of pregnancy without the woman's consent is punished by imprisonment up to 5 years.

Careless care by a doctor or medical personnel, cases of such carelessness leading to HIV/AIDS infection, and failure of persons obliged by law to provide medical assistance for rational reasons are also criminal offences.

The Penal Code includes the most serious sanctions for discrimination. Article 253 notes, "*differences on the basis of origin and sex by the state employee or in public service, which consists of creating unjust privileges, or the refusal of a right or benefit deriving from the law are punished by fine or imprisonment up to 5 years.*"

The **Family Code of the RA** is among the main legislative acts that guarantees the rights of juveniles. Article 3 envisions that Parents have an obligation to care for the growth, development, well-being, education, and schooling of children born from marriage or out of marriage.

Law No. 7703, dated 11.05.1993 "On social insurance" has a special chapter that deals with incomes for pregnancy, including the income for pregnancy-birth and the bonus for childbirth.

Law No. 7870, dated 13.10.1994 "On health insurance in the RA." Compulsory health insurance is a non-profit system that covers:

a) part of the price of medication in the open pharmaceutical network; b) expenses of services by the general or family doctor, the special doctor, nurses of primary health care for all the insured. Compulsory health insurance are ensured by an independent state institute – Health Care Insurance Institute (hereafter called HCII) and cover part of the main medications of the list approved by the Council of Ministers and expenses for services of the general or family doctor. The Council of Ministers determines the amount of coverage every year. The law envisions that all economically active subjects should contribute to the HCII. The state itself contributes for non-active categories such as children, school and university students, and mothers on maternity leave. This law is in the process of review.

Law “On the prevention of HIV/AIDS in the Republic of Albania” approved in 2002, amended and improved through **Law no. 9952, dated 14.7 2008.**

Article 5, item 5 of this law defines as a state policy the prevention and control of HIV/AIDS, support for the prevention and control of transmission from the mother to the child.

Article 9, Forbidden acts, considers abandonment by the parents of the infant infected with HIV/AIDS a forbidden act. Article 16 of this law defines the educational institutions' obligations, public and private, for pupils and students with HIV/AIDS. Article 18 of this Law assigns local government units the task of supporting and caring for persons with HIV/AIDS and their families by facilitating integration into communities and the society, through certain programs and services.

Article 36 deals with the prevention and control of the transmission of HIV/AIDS from the mother to the child. Article 40, item 1, defines that persons under 18 years of age, infected with HIV/AIDS benefit social welfare in money or services; whereas item 2 of article 41 indicates that abandoned children infected with HIV/AIDS and those who have lost contact with their families or the capability to work, are brought under the custody of state (residential institutions of social care) or private social services institutions.

Law no. 8167, dated 21.11.1996 “On stomatological health services”, following relevant changes, envisions the realization of stomatological, prophylactic, and medicating health services covered by the state budget. Stomatological health services have been established at school institutions with equipment provided by the Ministry of Health.

The new Law “On stomatological health services” was approved on 9.06.2008 and it provides for free medication for children of 0 – 18 years of age.

Law No. 9669 “On measures against domestic violence,” approved on 8.12.2006 by the Parliament and decreed by the President on 12.01.2007. This law represents a serious attempt by the Albanian state to address domestic violence and protection of persons from it. The law aims at establishing a system for reporting, referring, and treating victims, creating a Responsible Authority at the Ministry of Labor, Social Affairs, and Equal Opportunities and concrete responsibilities for other institutions such as the Interior Ministry, the Ministry of Health, Justice, and local government units (articles 5-9).

The reporting obligation is expressed explicitly in article 7, item 2 (c), which determines that the Ministry of Health should create the appropriate capacities for highlighting violence cases in the relevant medical documentation and health centers have the obligation to refer and orient the victim to other support point services. The MoH has prepared the sub-legal acts of Law No. 9669 dt.18.12.2006, “On measures against domestic violence.”

Pursuant to the law, the MoH has prepared:

Order No. 13, 23.1.2008, on providing domestic violence victims the relevant report;

Order No. 14, 23.1 2008 “on highlighting domestic violence cases in the register and individual record for domestic violence cases;”

Order No. 15, 24.01.2008, on medical treatment in public health institutions of victims of domestic violence.

Law No. 9970, dated 24/07/2008, On gender equality

The main purpose of this law is to protect citizens against any kind of discrimination committed on the basis of gender, guaranteeing equal possibilities and opportunities for both males and females, to achieve the highest possible standards in the area of gender equality. This will be realized especially through improving functions in the area of gender equality fulfilled by this law, and strengthening institutional mechanisms that will implement the legal framework of this area. The law provides new definitions such as that of gender discrimination, gender mainstreaming, quotas, and provides a more complete definition of sexual harassment in the workplace and other types of harassment.

4. VISION OF THE STRATEGY AND GUIDING PRINCIPLES

4.1 Purpose of the reproductive health strategy

The purpose of the reproductive health strategy is:

Fulfill the needs of every individual, especially the needs of women, children, and the young, by offering quality services which are affordable, include all components of reproductive health, in order to influence the improvement of the health situation and the reduction of morbidity and mortality.

The policy on reproductive health relies upon and matches with the policy and strategy of health care in the country, national legislation, the country's health priorities, and fully respects fundamental human rights, international conventions on the rights of women and children, ethical values, and the social and cultural differences of the Albanian society.

Given that reproductive health issues touch upon different communities at different periods of people's lives, the strategy will focus on specific interventions for the population throughout their lifespan, starting from pre-conception, childhood, adolescence, and adulthood.

In order to have good reproductive health, it is necessary to take all the appropriate measures to ensure, on the basis of equality between men and women, access to reproductive and sexual health care for all.

All employees offering reproductive and sexual health services should protect the principles of free choice and offer full information on reproductive and sexual health. They should protect and ensure the right to privacy and confidentiality of every individual.

They should also support the needs and decisions of every individual regarding reproduction, methods to regulate births, considering the specific health needs at different times of life.

4.2 The main priorities of the reproductive health strategy

- **Integrating reproductive health services at the three levels of health care**
- **Education involvement/participation of people in caring for their health**
- **Multi-sector cooperation**
- **Improving the quality of care offered by reproductive health services**
- **Involving the community and users in defining, implementing, and assessment of services, programs, and policies of reproductive health.**
- **Establishment of norms and standards for the offered services.**
- **Greater attention to the underserved population, vulnerable groups, minorities, etc.**
- **Scientific research, assessment for reproductive health issues.**
- **Strengthening legislation on reproductive health.**

Integrated services of reproductive health should address the entire live cycle and should include:

- **Services, counseling, education about family planning (including awareness about infertility)**
- **Services and counseling for pre-conception, pregnancy, safe delivery, and care after birth including education and counseling about breastfeeding, contraception, and post-abortion care**
- **Services for the health of the newborn and children**
- **Services for the prevention and treatment of STIs and HIV/AIDS**
- **Services that prevent and treat violence, gender differences, etc.**
- **Services for the management of infertility and counseling services**
- **Health services for adolescents**
- **Services about healthy nutrition**
- **Services for the prevention and detection of cancers of the reproductive tract**
- **Services for the management of post-reproductive health problems.**

The reproductive health strategic document describes:

- The objectives and necessary activities that promote the client-oriented model, ensure choice, respect, and safety of the client
- The promotion of reproductive health through practices defined after national and international standards
- Distribution of reproductive health services that meet the needs of clients at the three levels of health care
- Interventions for IEC and the change of behaviors related to reproductive and sexual health that offer client-oriented messages, targeting certain groups of the population
- Definition of systems for following and referring reproductive health services
- Ensuring the necessary equipment and tools for the offered services
- Creation of the unified information system according to specific indicators for analyzing offered services
- Monitoring and supervision of offered services
- Definition of the necessary budgets and resources for realizing the envisioned activities
- Coordination and connection of cross-sector interventions for the realization of activities.

4.3. Guiding principles of the strategy

The guiding principles of the strategy rely on the mission and vision of the Ministry of Health, whereby the main challenges rely on national health policies and strategic interventions of the health system within the period of time defined in the strategy (2008-2015).

The reproductive health strategy relies on some guiding principles:

- Reproductive health is a human right
- The model of including the entire life cycle from conception, to childhood, to adolescence, to adulthood. (life cycle approach)
- Equality/Fairness.
- Inter-sector cooperation.
- Participation/involvement of the public, community, and interest groups.
- Relying on scientific facts.

Reproductive health is a human right that implies the right of every individual to achieve the highest standard of health through offering necessary services, particularly for the health of the mother and the child. The possibility, especially for

women, children, and adolescents, to grow and develop in a family and a safe physical and social environment that offers equal access to health, represents the main goal in the country.

The model of including the entire life cycle from conception, to childhood, to adolescence, to adulthood.

Policies and programs should address health challenges in every phase of development, starting from prenatal age to adolescence to adulthood.

Risks to health are present throughout the phases of life. The life cycle approach not only includes the different phases throughout the time span of an individual's life from conception to the age of 18, but it also admits that every period of this cycle builds the foundations for health and health-related behavior during later phases of development. It also offers the model and criteria to make decisions about interventions, investments in health throughout the lifecycle.

Gender equality/Fairness.

When assessing the health situation and formulating policies and planning of services, the needs of those at a disadvantage should be taken into consideration.

Gender equality is inseparable from reproductive and sexual health. Women and girls often are vulnerable as a result of the low family and community status as well as biological differences (e.g. gender-based violence, pregnancy/delivery, risks for STI/HIV). Research shows that investing in interventions for gender equality is cost-effective.

This implies that in every intervention defined in the strategy should receive support also for resolving gender specific problems. The involvement of males in reproductive health issues is also considered an important tool to achieve gender equality.

Inter-sector cooperation

When drafting policies and plans to improve reproductive health, an inter-sector model of public health should be adopted and implemented.

Although the health sector plays the leading role in the promotion, prevention, and care, the actions of other sectors, such as education, social well-being and finance are also important in influencing the basic health determinants. The improvement and preservation of the health of the population requires multi-sector cooperation. The health sectors, particularly the Ministry of Health, have a key role to encourage and coordinate actions in all other sectors.

Participation/ involvement of the public and interest groups

Community perspectives and experience should be incorporated in the implementation of strategy interventions in order to promote community cooperation.

Their involvement will ensure that initiatives for education about and development of reproductive health services are sensitive to their needs and concerns.

Relying on scientific facts/ evidence based

Priorities and models included in the development of the strategy rely on international instructions and best practices, experiences, lessons learned and international scientific research.

4.4 Implementation of the strategy

For the successful implementation of the national reproductive health strategy, it is important to ensure:

1) Sustainable funding mechanisms:

This may be achieved through the following interventions:

- Including reproductive health in the process of development of national policies and strategies, e.g. strategies on economic development, poverty reduction, and integration
- Including reproductive health in sector health plans
- Prioritizing reproductive health services in a basic health package for PHC and hospital care
- Finding funding mechanisms that protect disadvantaged and vulnerable groups.

2) Development of Human Resources: the following main interventions are required in this area:

- Definition for all levels of service of job descriptions of the staff of reproductive health services, according to the necessary skills
- Assessment and improvement of the work environment and working conditions
- Motivation of personnel
- Promotion of policies that enable health care employees to get involved in reproductive health interventions envisioned in the action plan.

3) Offering quality services: the following interventions are necessary in this regard:

- Strategic planning, involvement of health professionals and managers to assess the quality of care and define the best way to improve it with the existing resources
- Assessment, expansion, spread at the national level of interventions proven to be effective
- Formulation, adoption, monitoring of instructions and standards on reproductive health in the public and private sectors
- Finding partners among NGOs, the private, trading sectors to maximally increase the offer and use of reproductive health services.

4) Use of services: requires the following main interventions:

- Conduct of operational and social research to find the obstacles to the use of services and the assessment of measures to overcome them
- Use of all-inclusive models/participation to work with communities, institutions of the public, private, and NGO sectors to overcome these obstacles and promote the appropriate use of offered services.

5) Improvement of the information system: the following main interventions are required to achieve this:

- Strengthening skills for the collection and analysis of data about the health situation, national determinants/indicators of reproductive health, and the functioning of health services at the local and national level.
- Establishing priorities on the basis of data, using the process of consulting with some actors, giving special attention to underserved and poor groups.

6) Mobilization of Political Will: The main interventions in this area are:

- Building strong support for investing in reproductive health, using data on the benefits assumed in public health and human rights.
- Mobilizing some groups, persons with influence in the country's political and social life (health employees, legal experts, human rights protection groups, women's NPOs, ministries, the parliament) to support the agenda of reproductive health interventions and spread it in the mass media.

7) Creation of supportive legal and regulating mechanisms: The following are necessary interventions:

- Review and, if necessary, change laws and policies in order to ensure that they facilitate universal and equal access to services, information, and education about reproductive health.
- Ensure that regulations and laws related to reproductive health meet international standards adopted by the country.

- Establish performance standards to monitor and the way to offer services as well as cooperation and complementary interventions between the public, private sectors, NPOs, and international partners and organizations.

8) Strengthening monitoring, assessment, and accountability mechanisms:
Necessary interventions in this area are:

- Establish and strengthen monitoring and assessment mechanisms based on clear plans, what should be achieved, define indicators and unified basic data to measure interventions.
- Find mechanisms to increase accountability for the implementation of interventions at the community, health institution, or district level, such as local committees, community meetings, or seminars among peers, etc.

As may be seen, the strategy will include concrete interventions to mobilize partnerships inside the country, cooperating with all the proper sectors such as education, health, justice, social well-being, that aim to bring health services closer to communities and enhance health care practices and healthy behaviors regarding reproductive health components.

The strategy will focus on interventions proven to be cost-effective and evidence based that include the entire life cycle from pre-conception, pregnancy, birth, early childhood, up to adolescence.

The strategy and plan of action will enable, especially the Ministry of Health, to determine deficiencies, needs, and priority interventions for its future investments in this area. The strategy and plan of action will establish the objectives, targets, and main directions of the interventions, based on the country's situation and resources.

Furthermore, an investment today in healthy development from the moment of conception will influence the health of the current population and future generations, as well as the country's economic boost. Working to achieve the objectives of this strategy, Albania will receive assistance to fulfill its engagement to achieve national goals and millennium goals for social and economic development of the country, as a commitment to become part of the developed countries of the European Community.

4.5 Development of the strategy and challenges for implementation

Critical factors for success in the implementation of the strategy include:

- establishment of improved reproductive health results (based on the principles of equality and fairness) as clear objectives for the health systems;
- strengthening information systems as key elements of strategic elements;
- coordination of multi-sector action between ministries, NPOs, domestic and international partners, and the private sector;

- **inclusion of children, women, youth, families, and communities in planning, distributing, and assessing plans to improve the reproductive health of these groups of populations.**

Promotion of equality for reproductive health

Effective action on inequality in the health sector requires a combination of policies in favor of the poor in all sectors. Investments made during pregnancy, birth, post-birth, early childhood, youth, and the reproductive age have a greater potential of reducing inequalities in health results. Prioritizing the health of mothers and infants could make a key contribution to breaking the cycle of morbidity and poverty.

In the context of implementing the action plan of the reproductive health national strategy, policymakers and health professionals will undertake key steps to effectively address inequality issues in health policies in order to:

- **Analyze the distribution of reproductive health results through population groups.**
- **Organize interventions to improve factors that influence unfavorable health results (such as poor nutrition, poor living conditions, etc.).**
- **Offer priority to periods of greater vulnerability in the lifecycle (pregnancy, infancy, adolescence, etc.).**
- **Invest in prevention and control of diseases related to the reproductive track, which disproportionately affect the most vulnerable groups of the population.**
- **Improve the quality of primary health care and hospital care for reproductive health.**
- **Identify appropriate indicators and targets.**

In order to analyze inequalities in reproductive health, a number of social dimensions should be analyzed – level of income (rich/poor), location (urban/rural), sex (women/men), etc. The action plan will determine the specific targets and indicators that will assess the need to reduce differences in the health status between rich and poor families.

Strengthening information for decision making

All planning, distribution, and monitoring of the strategy as well as interventions of the action plan will have to rely on credible and continued information, necessary to analyze the situation, define strategic objectives and cost-effective necessary interventions, and monitor their progress.

A more inclusive standardized model of the information system and technology on reproductive health indicators not only will improve the credibility of policymakers, but will also help empower actions undertaken on scientific basis to improve the situation.

Appropriate, accurately-collected, and credible data for a given period of time will make it possible to assess needs and the value of change. Comparative analysis between prefectures and districts will point to the respective needs and opportunities, whereas international comparison on the basis of a unified format would allow for comparisons to other countries in the European region.

Furthermore, data collection and analysis will help identify the interventions that are most appropriate for specific needs in given groups of the population.

Elements of quality in reproductive health care that should be monitored and supervised

- **Accessibility and existence of services.**
- **Technical competencies of health workers.**
- **Support for health care workers.**
- **Equipment and basic tools.**
- **Quality of client-health worker interaction.**
- **Informing, counseling, and involving clients in decision making.**
- **Promotion and protection of health.**
- **Proper care and connections for other reproductive health services.**
- **Continuity of health care and follow-up and supervision.**

Stimulating concentrated actions and inter-sector cooperation

The strategy and action plan should have the approval of all sectors of the government and society on the need for an integrated model for reproductive health, incorporated into a national strategy that addresses the country's most important priorities.

Health is a very complex issue, often determined by factors that are beyond the immediate influence of the health sector. In spite of its key and leading role, it cannot be successful alone. The following table provides some examples of the contribution of other sectors that could produce benefiting effects on reproductive health and should be involved in the action plan for the implementation of the strategy. Furthermore, impact would be more effective if all sectors and their actions are in harmony.

SECTOR	POTENTIAL CONTRIBUTION
Finance	Fiscal policy – taxes and subsidies Re-distribution of government resources for reproductive health

Education (schools)	Curricula development School environment Provision of child and adolescent friendly extra-curricular services Offering meals at school Physical activities Sports Out-of-school events
Media	Awareness about reproductive health needs, the health of mothers, children, adolescents, etc. Engagement and involvement of the public Counseling and advice Support for decision makers
Labor and Social Welfare	Psychosocial support Socio-economic support Benefits for targeted groups Residential standards
Justice	Protection of women, children Protection of the family
Environment	Standards for the environment Cities' urban planning Regulations on water and hygiene Monitoring the environment
Agriculture and Food	Standards on food Fortification of foods and supplements Marketing Price policies Educating consumers
Transportation	Design of roads Specifications of vehicles Legislation on road safety

Role of the health sector

The health sector has a key role to play in implementing the strategy and action plan not only as a provider of basic services, but also in coordinating actions that require cross-sector and the whole society's cooperation.

Adequate health care does not mean only achieving coverage of interventions and offering a given number of services, but also the quality of these interventions and services.

Central and local public health authorities will engage to invest in reproductive health in order to ensure:

- **the adoption of the all-inclusive strategy on reproductive health and the action plan;**
- **the involvement of other sectors (e.g. education, social well-being, agriculture) in the implementation of interventions of the action plan;**
- **the distribution of services necessary for the implementation of the strategy's action plan;**
- **the establishment of control mechanisms on performance evaluation;**
- **“auditing for equality” to ensure the society’s most vulnerable groups are not disadvantaged as a result of the health sector’s planning and distribution (e.g. access to child and adolescent friendly services).**

Ensuring the participation of families, youth, communities

People and the communities they live in are also resources for better health. They have knowledge, skills, time, and networks that could be strengthened as part of a broad health policy. To that end, it is necessary to involve them to build local initiatives to improve their health.

Interventions focusing on reproductive health for the improvement of life styles that seek to reach vulnerable groups such as women, children, and adolescents have a better impact as they are sustainable, long-term, and developed with the involvement of these groups.

Funding and Logistics

The budget for the implementation of the RH strategy will derive from the state budget, the Health Care Insurance Institute, payments and services, funds from bilateral and multilateral cooperation with partners such as UNICEF, UNFPA, WHO, governments of different countries, and NPO contributions.

All involved organizations, the public and private sectors, ministries, non-profit organizations are encouraged to coordinate their activities in this area for an effective use of resources.

The budget for reproductive health services will increase every year alongside the state budget for the health sector, thus meeting increasing needs to implement activities included in the action plan to fulfill strategy objectives. In the use of reproductive health resources, priority will be given to the poorest areas with the lowest development and socio-economic indicators.

The finance management system and supervision and monitoring will be continued to ensure transparency and achieve an increase in the use of reproductive health services among target groups.

Cost estimation of the reproductive health services package at every level of health care will help plan and offer these services, use the budget more rationally and effectively, depending on financial local needs and capacities for adding or removing components in such a package.

To expand reproductive health services, effective strategies will be promoted for covering costs, including social marketing, cost-sharing, and community-based services.

E. STRATEGY OBJECTIVES AND INTERVENTIONS BY PRIORITY AREA

3. FAMILY PLANNING

3.1 Problems related to family planning in Albania

- Fertility and birth rates have fallen and continue to fall considerably
- Unwanted pregnancies and abortions remain at high rates
- Use of and knowledge about all methods of contraception have grown, but they are low for modern methods.
- Unmet needs for contraception are still in high percentages in reproductive age women.
- Sexual activity among youth has increased.
- Expanding FP services at the commune level and in some cases down to the village outpatient clinic level has not always been accompanied by continued improvement of quality of services.
- Insufficient training, both university level and continued education. Inadequate knowledge among communities.
- Insufficient knowledge of the population about the effectiveness of modern contraceptive methods and side effects.
- Poor engagement of men, youth in using family planning
- Management and supervision of services is not at the right level.
- The insufficient mixed and not-well-divided system private/public/NPO/social marketing.

3.2 Overall goal for family planning

Improve the population's health, particularly of women and children, meeting the unfulfilled needs for family planning and increasing the quality of these services integrated with other reproductive health services, in order to:

- Achieve better reproductive health for every individual; improve the quality of their lives, and reduce poverty
- Support individuals and couples to decide freely and responsibly on the number and distance of children, as well as to have access to information, services, and tools to ensure this
- Reduce maternal, infant, and child mortality and morbidity
- Promote gender equality and reproductive and sexual rights
- Prevent the spread of STIs and HIV/AIDS

In order to mainstream Family Planning services with other components of reproductive health, the strategy should ensure:

- Mainstreaming Family Planning services into all three levels of health care, integrated with reproductive health services and ensuring their continuity through referral systems
- The effective involvement of the private sector, NPOs, social marketing of contraceptives into the public system of Family Planning services and RH programs
- Offering counseling on Family Planning in the pre-conception period for to increase the distance between births and offering Family Planning services in the post-delivery period
- Training health personnel on permanent and long-term contraception methods (IUD and vasectomy, etc.)
- Increasing the knowledge of clients and behavioral change toward modern contraception methods
- Expanding friendly services that offer Family Planning counseling and services for youth
- Ensuring men and boys' inclusion in using Family Planning services
- Offering Family Planning services for persons with unfulfilled needs
- Increasing the awareness of communities, central and local governments about the importance of Family Planning in every individual's health, particularly that of women and children.

Interventions to implement of these strategic directions will focus on:

- Ensuring the connection of referral and supervision between the different levels of Family Planning services (starting from the community, health center in the villages and cities, and hospital levels).

- Preparing protocols that specify the duties and responsibilities of family planning services personnel.
- Cooperation and coordination to expand family planning coverage and choices of modern contraceptive methods through social marketing, the private pharmaceutical market, and public health services to encourage their engagement and cooperation in these issues.
- Training all health workers not only on the technical and managerial aspects of contraception, but also on appropriate interpersonal communication and counseling skills.
- Increasing and expanding Information Education Communication activities on family planning, focusing on the distance and time between births and advantages of modern contraceptive methods.

Targets UNTIL 2015
<ul style="list-style-type: none"> • Increase the prevalence of using modern contraceptive methods by 30% more than the current level • Cover 100% of the needs for modern contraceptive methods through the MoH budget • Increase the percentage of services offering family planning at the Primary Health Care level to 95% • Increase the percentage of Primary Health Care personnel trained on counseling and offering contraceptive methods to 90%.

3.3 Specific objectives

Objective 1: Increase the knowledge of individuals and couples on their reproductive rights to receive information about the number and time of children and to encourage them that every child should be desired by them.

The main interventions for achieving this objective will focus on:

- The review and completion of Albanian legislation about reproductive rights mentioned in international documents and conventions
- The inclusion of the concept of reproductive rights in school curricula and extra-curricular programs for children and youth
- Mainstreaming family planning in policies and programs of primary health care and hospital care
- The organization of sensitizing campaigns in the media about reproductive rights and family planning

- Informing and educating individuals, particularly women and girls, about their legal rights to choose regarding family planning and reproductive health
- The training of health personnel offering family planning services in primary and hospital health care regarding reproductive rights.

Objective 2: Improve access to contraception services for every individual in need of them and reduce the use of abortion as a tool for preventing unwanted pregnancies.

The main interventions for achieving this objective will focus on:

- Mainstreaming health planning services in the package of primary and hospital health care
- Defining family planning services offered at different levels of the health system
- Drafting health policies that guarantee the confidentiality and anonymity of family planning services and provision of contraceptives
- Expanding health planning services and social marketing of contraceptives at the community level
- Drafting plans at the national and local level for increasing coverage with family planning services as an integrated part of health services
- Continued education of health personnel on counseling for contraception
- Encouraging the private sector to offer modern contraception methods at appropriate prices
- Equipping health centers that offer family planning services with tools and contraceptive methods according to the standard lists recommended by the WHO
- Offering free contraceptives for certain groups (adolescents, post-abortion women, population with a low socio-economic level, etc.)
- Offering contraception and counseling on family planning after abortion at the primary health care level, including emergency contraception, to help women prevent unwanted pregnancies, practice distance between births, and avoid repeated abortions.

Objective 3: Expand the network of contraceptive methods offered for every individual in need, in order to increase awareness and the request for family planning services

The main interventions for achieving this objective will focus on:

- Ensuring health policies for expanding modern contraceptive methods and the division of the market between the public and private sectors and social marketing

- Offering the choice for at least three different contraception methods, including emergency contraception at every public HC, as well as ensuring the referral system if clients want other contraceptive solutions
- Establishing a national and local monitoring, surveillance, and evaluation system on FP services at the three levels of health care
- Unifying standards for the use of modern contraceptives on the basis of scientific international data and facts regarding indications and counter-indications for the use of each method
- Periodical certification of centers offering family planning services and trained personnel at these centers
- Strengthening/improving the national logistical information system on contraceptives and ensuring information from the private market and social marketing
- Continued training of health personnel regarding the national information system on contraceptives
- Defining performance indicators on FP offered by health centers.

Objective 4: Promote, educate, counsel, inform about family planning and reduce the incidence of unwanted and dangerous pregnancies, aiming at increasing men and boys' active participation and their responsibility in taking decisions on reproductive health

The main interventions for achieving this objective will focus on:

- Informing and educating the media about the importance of family planning and contraceptives and their benefits for the health of every individual, particularly that of mother and child.
- Building partnerships with NPOs and the local community to draft and implement activities of Information Education Communication and change behaviors regarding contraception.
- Boosting knowledge about PF and contraception in the population and the involvement of different vulnerable groups and marginalized ones such as men, rural area populations, and the Roma population.
- Conducting social and cultural research to develop and identify the right messages and channels for their dissemination regarding behavioral and attitudinal change toward family planning.
- Preparing informing and educating materials for different population groups regarding the importance and benefits of family planning.
- Continued education of all health workers on interpersonal communication and counseling skills on contraception.
- Offering reproductive health and family planning services at the workplace, as part of the health service package offered therein.
- Drafting national-level specific programs with community involvement to increase men and young boys' participation in family planning practices and the division of responsibilities among them on these issues

- Conducting operational and social research to improve the distribution of health promotion services, identify social obstacles and limiting administrative policies.

4. MATERNAL HEALTH

4.1 Goal and guiding principles

Goal: Ensure safe pregnancy and birth by offering access to quality care for all mothers and their babies, with special attention to poor and vulnerable groups.

TARGETS:
<i>UNTIL 2015</i>
<ul style="list-style-type: none"> • Maternal mortality reduced to 11 deaths per 100,000 live births (MDG objective) • Prenatal mortality reduced to 10 deaths per 1000 live births • Prevalence of anemia in pregnant women (hemoglobin level under 100g/l) reduced to less than 30% of them • Percentage of women receiving prenatal care reach 95% • Percentage of pregnant women receiving at least 4 basic checkups of antenatal care reach >90% • Have rate of mothers conducting at least one checkup after birth at 85% • Rate of births assisted by capable medical personnel reach > 98% • Reduction of the rate of obstetrical complications by 50% • Rate of induced abortions reduced by 30%

Health objectives and interventions to achieve these targets will focus on the key periods of pregnancy, delivery, and postpartum:

- **pre-conception and pregnancy**
 - planned and healthily distanced pregnancies
 - early detection of pregnancy
 - supplements of folic acid
 - genetic counseling
 - pregnancies without smoking, alcohol, and drug abuse
 - appropriate nutrition, including proper take of micro-nutrients
 - anti-tetanus immunization
 - preparation for parenting
 - prevention of HIV infections and STIs
- **during pregnancy**

- access to quality antenatal care
- prevention, detection, and management of iron deficiency anemia
- prevention and treatment of infections such as STI, TORCH
- protection from exposure to dangerous substances
- early detection and treatment of maternal complications and delays in intrauterine growth
- preparation for labor activity

• during birth

- safe birth assisted by personnel capable of receiving
- early mother-infant contact and early start of breastfeeding
- prevention of mother to child HIV transmission

• during first weeks of life

- continuation of exclusive nourishment
- prevention, detection, and support for mothers with postpartum depression

4.2 SPECIFIC OBJECTIVES

Objective 1. Offering quality care for the woman around birth including care for pre-conception, pregnancy, birth and postpartum

The strategy for achieving this objective will aim at:

- Ensuring access for every pregnant woman, during pregnancy and delivery, to basic maternal care, including quality antenatal care, safe delivery and postpartum care, as well as ensuring access to the management of complications and emergencies that threaten lives and should be treated immediately.
- Knowing by every woman, families, and communities of special needs during the pregnancy period, breastfeeding, to receive the proper nutritional matter, rest periods, care during and after delivery.
- Informing and sensitizing communities about signs and symptoms of complications during pregnancy, birth, and postpartum, to plan emergency transport to the nearest health center and developing an appropriate plan for birth based on the anamnesis and condition of the woman.
- Detecting, managing, and/or referring high-risk cases and complications during pregnancy, delivery, and postpartum, by all levels of the health care system (community, health center at PHC, and hospital).
- Offering the necessary technologies for conducting prenatal diagnosis and genetical counseling.

Interventions

- Ensuring universal coverage with health services for all women during the prenatal, pregnancy, birth, and postpartum periods.
- Ensuring health care coverage for mothers at the three levels of health care, in free schemes, and HCII reimbursement schemes.
- Preparing and reviewing legislation and administrative rules for offering free maternal care.
- Increasing financial support for health services for mothers in the poor areas, rural areas, marginalized groups and those in need (Roma population, unmarried women with children, etc.).
- Adopting the antenatal care services package according to the socio-economic characteristics and needs of the different areas, with priority to northeastern and rural areas.
- Ensuring a special item in the budget allocated each year for maternal and perinatal health at the central and local levels.
- Strengthening advocacy and support between government bodies, international partners and donors about the importance of improving women's health in the country's social and economic development, promoting the involvement of the entire society in resolving this problem.
- Developing a system of incentives and motivation for PHC health personnel performance in services for mothers and children, especially in rural areas.
- Reviewing and improving Albanian legislation for the protection of the mother's health (maternal leave, women's health at work during pregnancy, breastfeeding, etc.).
- Reforming the system of services for mothers in public health, making them friendlier to gender equality.
- Defining the types of maternal and perinatal care services integrated in reproductive health services offered at the three levels of care.
- Defining the norms and standards for maternal and perinatal services offered at all levels of health care.
- Developing standard protocols for pre-conception, antenatal, and postpartum care by primary and hospital health care personnel.
- Defining the referral system and division of staff responsibilities among the levels of referral for maternal and perinatal care.
- Developing an effective human resources strategy for maternal and perinatal care (defining staff categories for maternal and perinatal care) including especially rural areas and those lacking in personnel.
- Ensuring the necessary medication, tools, and equipment to ensure maternal and perinatal care at all levels of the health system.
- Defining protocols for counseling and genetical examination of the main genetical diseases.
- Developing legislation and regulations for private obstetrical services that offer maternal care (licensing and re-licensing).
- Training (continued education) to strengthen the capacities of doctors and housewives on pre-conception, prenatal, delivery, and postpartum care.

- Involvement of general / family doctors in offering maternal and prenatal care.
- Refreshing and developing unified documentation on public and private maternal care (records, registers, books, etc.).
- Involving private health services in offering quality maternal care based on MoH-determined standards, regulations, and instructions.

Objective 2. Prevention and early detection of complications and dangerous symptoms during pregnancy, delivery, and postpartum, to be able to have all births safe and assisted by capable health personnel.

- Defining master plans for health institutions offering maternal and perinatal care on infrastructure, human resources, medical equipment, transport, and communication for all 12 regions of the country.
- Establishing the referral system in the 12 counties to detect, manage and/or refer cases with high-risk and complications during pregnancy, delivery, and postpartum, from the community to the PHC health center and county hospital.
- Defining protocols for the prevention and detection of anemia during pregnancy and postpartum.
- Offering free/reimbursable iron and folic acid for anemic women during pregnancy and postpartum.
- Defining protocols for the detection and immediate treatment of hemorrhage before and after delivery.
- Improving the quality of delivery theaters in maternity hospitals and delivery quarters at the PHC to offer safe delivery.
- Ensuring the effective management of prolonged birth/dystocia deliveries.
- Establishing an emergency transport system with ambulances at the community level for birth complication cases.
- Examining all pregnant women for anemia, as part of antenatal checkups, at outpatient clinics and women's consulting centers and HCs (to measure hemoglobin).
- Offering counseling about nutrition of women before, during and after pregnancy in lactation at health centers.
- Training health personnel offering care for pregnant women for the detection and emergency treatment of hemorrhage before, during and post delivery.
- Equipping delivery theaters in maternity hospitals and delivery quarters with necessary medication, equipment, and tools.
- Introducing the partograph at all health institutions of the three health care levels that offer delivery as an effective tool for early detection of difficult deliveries.
- Training health workers (family doctor and housewife at the health center) on the partograph to detect prolonged or dystocia birth and assess the presentation and position of the baby's head.
- Training health personnel starting from primary health care to offer active management of the third delivery phase.

- Ensuring the necessary medication for delivery assistance to be found at every health center of PHC.
- Training health workers offering maternal care to know the puerperal sepsis and manage and refer it properly.

Objective 3: Improvement of the woman's nutritional situation during pregnancy, delivery and postpartum

- Offering services and counseling on nutrition for women at the reproductive age, during pregnancy, and postpartum
- Definition of national norms, dietical guidelines on women and young girls' nutrition
- Introducing education on girls and women's nutrition in school curricula
- Strengthening nutrition services for women, included in prenatal and postnatal services integrated in the PHC basic package
- Establishing a set of national indicators to monitor mothers' nutritional conditions (anemia, overweight, lack of iodine, iron, etc.)
- Promoting healthy behavior on women's nutrition
- Defining protocols for women's nutrition before conception, during pregnancy, and postpartum
- Prevention and treatment of parasitoses by health center workers
- Training PHC staff on communication, information, education of the population on women's nutrition, especially in prenatal/postnatal periods

Objective 4: Improving quality care for safe abortion

Interventions

- Defining unified protocols on safe abortion in public and private health services
- Assessing quality / performance of public and private health services offering abortion services
- Defining indicators for performance evaluation and measurement on services offering abortion
- Introducing contemporary techniques on safe abortion and post-abortion care in all public and private health services offering abortion
- Training through continued education for doctors and other health workers on: *Clinical and technical capabilities for safe abortion; Counseling and interpersonal skills*
- Improving abortion reporting surveillance system for public and private clinics

Objective 5: Education, Communication, Information for women, families, communities on the importance of health care for women before conception, during pregnancy, birth, and postpartum

Interventions

- Conducting necessary operational research to assess social and economic factors influencing women's health and successful interventions for changing the behavior of women, families, and communities on safe motherhood care
- Organizing media and community campaigns on special needs during pregnancy, breastfeeding, intake of nutritional substances, safe birth, rest, post-delivery care
- Definition of school programs on information, education on women's health, nutrition, etc., in adolescence and reproductive age
- Defining mechanisms for involving women and communities in quality improvement processes and their participation in drafting/implementing maternal health programs
- Defining programs to involve men and youth in improving maternal health
- Conducting quality research (focus groups with women, men, other family members, interviews, etc.) to find messages and draft strategies to change behaviors that address obstacles, positive and negative maternal health practices
- Improving the quality of health care services for counseling, education, and care for safe motherhood
- Informing and sensitizing women/communities on signs/symptoms during pregnancy, delivery, postpartum, to plan emergency transport to the nearest health center/hospital and develop an appropriate plan on delivery based on the woman's anamnesis and condition
- Educating women, families, communities on special needs during pregnancy, breastfeeding, nutritional substances, rest, postpartum care, safe abortion
- Training health promotion workers on messages for safe motherhood and interpersonal communication, using the gender equality model

Objective 6: Improvement of maternal health management, supervision, monitoring, information analysis system

Interventions

- Establishing a national database system on antenatal, natal, and postnatal care based on international indicators, as part of the health information system
- Strengthening at the central (center for the accreditation of standards and quality) and the local (at the PHD monitoring-evaluation sector) level the supervision and monitoring system of health care services during pregnancy, birth and after birth
- Establishing the unified system of indicators for the evaluation of the performance of maternal care health services
- Establishing a unified system for Auditing maternal deaths according to WHO's model for reporting and auditing maternal deaths

- Training health personnel that monitors maternal care indicators on performance indicators and monitoring and supervision
- Training health information services staff on the maternal health indicators database system

5. CHILD'S HEALTH

5. 1. Areas of interventions

Effective interventions supporting child health and development should be:

- **Focused on prevention and early interventions**
- **Cross-sector**
- **Integrated**
- **Supported by children/adolescents within the family and community context, and:**
 - **Ensure gender equality**
 - **Include children with special needs and those living in different cultural, regional, socio-economic circumstances.**

The model used for this strategy and action plan covers the entire life cycle, focusing on optimal physical/psychological development, from conception to adulthood.

Around birth time

Health objectives and interventions will aim at achieving the following targets:

• during birth

- safe birth assisted by capable personnel
- early detection and management of fetal complications
- essential care and ICU for the newborn
- early mother-infant contact and early breastfeeding
- special care and management for underweight and ill born infants
- preventing mother-child HIV transmission;

• during first weeks of life

- continuing exclusive breastfeeding
- detection and fast management of illnesses in newborn infants
- close affectionate relation with main custodian/mother
- immunization
- prevention, detection and support for mothers with postpartum depression
- preventing mother-child HIV transmission;

First year of life: health growth and development during the most vulnerable period

- continuing breastfeeding combined with appropriate complementary nutrition from 6 months;
- stimulation through play, communication, social interaction;
- early formation of healthy eating habits
- access to safe food and clean water;
- protection from internal and external environmental pollutants;
- full vaccination against main childhood diseases;
- prevention, early detection, management of main transmittable diseases;
- prevention, detection, and treatment of parasite infections;
- detection and management of hearing and visual disabilities.

Early childhood: preparation to enter school

- continuing stimulation through play, communication, and social interaction;
- appropriate complementary feeding, continuation of breastfeeding for the first two years of life, maintaining a diverse diet with sufficient micro-nutrients;
- early creation of healthy eating habits;
- access to healthy feeding and clean water;
- protection from internal and external air pollutants;
- full vaccination against main childhood diseases;
- prevention, early detection, management of main childhood diseases;
- prevention, detection, and treatment of parasite infections;
- detection and management of hearing and visual disabilities;
- detection/attention to difficulties of development and learning disabilities;
- oral and personal hygiene;
- avoiding passive smoking;
- prevention of abuse and abandonment of children;
- safe environment at home and around.

Late Childhood: Healthy development with the approach of puberty

- Healthy life style – regular physical activity, good personal oral hygiene, diverse diet with appropriate micro-nutrients;
- prevention, early detection, management of mental health problems;
- detection and therapeutical management of sensory and learning disabilities;
- offering opportunities to learn, play, and socialize in a child-friendly environment;
- protection from dangerous behaviors, including smoking, alcohol, abuse of drugs, and unprotected sexual activity;
- protection from passive smoking;
- protection of children from exploitation and harmful work;
- protection of children from abuse and negligence;
- promoting a healthy school environment that facilitates physical and psychosocial well-being;
- offering a safe environment at home and the community;
- control of inappropriate child-centered marketing.

5.2 OBJECTIVES AND STRATEGIC INTERVENTIONS

TARGETS
UNTIL 2015
<ul style="list-style-type: none">• Reduce infant mortality to 10 per thousand live births• Reduce child mortality, under 5 years old, to 10 per 1000 live births• Reduce newborn mortality by ½ of the current level• Rate of exclusively breastfed children over 60%• Rate of 6-month children starting complementary nutrition at 80%• Rate of children still breastfeeding in second year of life at 80%• Reduce by 30% current level of acute respiratory diseases in children up to 5 years old• Reduce by 30% the current level of diarrheic diseases in 0-5 year children• Number of children completing routine vaccine calendar over 98%

Objective 1: Ensuring essential health care for every newborn

Interventions to achieve the objective:

- Appropriate and fast registration of birth for every newborn
- Regionalization of neonatal care at the county level by level of care
- Ensuring essential care for all newborns, including ICUs, temperature checkups, and early start of breastfeeding
- Training obstetrical and neonatal care staff on evidence-based care practices for the newborn
- Preparing protocols for every level of service regarding care for the newborn

Objective: Managing underweight newborns

Interventions

- Training health personnel on the principles and methods of essential neonatal care for LPU evidence based infants
- Ensuring a regional transport system to refer complicated cases to reference centers.

Objective 2: Establishing a national system for monitoring and evaluating health services for the mother and the newborn

Interventions

- Including perinatal care indicators in the national system of health indicators, disaggregated by social-economic status, gender equality, sex, geographic division
- Regular auditing of the quality of health care for the mother / the newborn
- Creating a national periodical certification system for health personnel offering care for the newborn through national ICU and neonatal care programs

Objective 2: Ensuring that every institution of health care for the mother and child offers effective and contemporary care for breastfeeding, implementing the 10 steps for successful breastfeeding

Interventions:

- Implementing and enforcing Albanian law on the protection and encouragement of breastfeeding
- Reviewing legislation on working pregnant mothers and after birth for supporting breastfeeding
- Encouraging all maternity services in regional hospitals to implement the WHO/UNICEF Initiative “Child Friendly Hospitals” on the 10 breastfeeding steps
- Establishing breastfeeding indicators in the system of monitoring and evaluating the work of health institutions of care for the mother and child
- Training health personnel on counseling for breastfeeding and gender issues related with it
- Accrediting health personnel on the basis of continued education curricula for managing lactation and breastfeeding
- Introducing curricula related to breastfeeding in medical schools for all categories of medical personnel (nurses, doctors, graduate)
- Forming support groups for breastfeeding mothers and counseling programs to help start and prolong breastfeeding
- Collecting breastfeeding data regarding the start, continuation of and exclusive breastfeeding through surveys, surveillance, and statistical programs.

Objective 3: Preventing malnutrition and deficits of micro-nutrients in early childhood

- Defining dietical guides on children according to needs by age and sex
- Preparing unified protocols on the regular follow-up of children’s growth and development by primary health care personnel
- Continuous monitoring and evaluation of children and pregnant women’s nutritional conditions
- Offering iron, folic acid, and iodine supplements to pregnant women and little children
- Drafting and implementing national programs on Information, Education, Communication about the importance of nutrition in child’s growth/development
- Training health care workers on nutrition and counseling on nutrition
- Including education on nutrition in school curricula.

Objective 4: Preventing overweight and obesity by ensuring health nutrition and necessary physical activity

- Drafting gender-sensitive depistation programs in schools for overweight and obese boys and girls
- Regulating legislation on the prohibition of unhealthy foods and drinks in daycare centers, kindergartens, schools, etc.
- Increasing opportunities for organizing physical activities in school curricula and extra-curricula
- Ensuring appropriate and safe premises for play and physical activities in communities
- Drafting national programs to promote healthy nutrition, physical activity, and equal opportunities for boys and girls
- Offering gender-sensitive health promotion and education to sensitize families and communities on healthy patterns of nutrition and physical activity
- Offering gender-sensitive specialized individual care and emotional support for overweight and obese children and adolescents
- Including gender-sensitive oral health education and prevention in child centers, daycare centers, kindergartens, etc.
- Training primary health care personnel on oral and dental health
- Early detection and treatment of dental caries and dental malocclusions.

Objective 5: Preventing infective diseases and preventive diseases through children's vaccination increasing vaccine coverage in children against preventable infective diseases through vaccines

Interventions

- Full timely vaccination of all children according to the national vaccination calendar
- Expanding the vaccination calendar scheme by introducing new vaccines
- Continued improvement of the cool chain system for effective preservation of vaccines
- Including marginalized groups (e.g. Roma population) in every district into the vaccination calendar
- Establishing the regular vaccine procurement and quality control in the health system
- Including community members, NPOs, and interest groups into advocacy for and implementation of the immunization calendar
- Training health care personnel (especially vaccinators) at every level of health care on immunization, logistics preparation, and reporting system
- Training staff working on the cooling chain for the effective preservation of vaccines

- Establishing a unified system for monitoring quality and the surveillance system for the population's immunization
- Implementing national vaccination programs targeting mothers, families of low social-economic status and low education level, rural communities, etc.

Objective 6: Reducing cases of main childhood illnesses that are the main cause for infant mortality and morbidity through the IMCI strategy

Interventions

- Promotion and use of the IMCI model for following and treating 0-5 years old children at all PHC services for child care
- Including IMCI in the basic PHC services package
- Ensuring medication and equipment for the integrated management of childhood diseases in the PHC package
- Offering training and re-training for all PHC personnel on IMCI clinical protocols
- Establishing a regular IMCI supervision system
- Encouraging the referral and community participation system for expanding community IMCI in communities of low socio-economic status
- Offering health education and counseling for mothers on child feeding and care for the ill child on the basis of community IMCI
- Including IMCI in continued education training curricula, and those of the university and the School of Medicine and Nursing

Objective 7: Protection and treatment of the child with HIV/AIDS

(More expanded objectives regarding children with HIV/AIDS will be part of the reviewed national strategy on HIV/AIDS)

Strategic interventions described in this strategy are:

- Inclusion of information about HIV/AIDS in school curricula
- Offering information about HIV/AIDS prevention in public and particularly for groups at risk
- Ensuring anti-retroviral medication for MCTP (mother-child transmission prevention)
- Expanding centers for counseling, diagnosing, and treatment of HIV/AIDS
- Equipping centers for counseling, diagnosing, and treatment of HIV/AIDS with reagent and lab equipment
- Training of health workers on preventing MCT.

Objective 7: Prevention and reduction of morbidity and mortality related to polluted drinkable water and poor hygiene

Interventions

- Increasing access for children and adolescents to clean, sufficient, and good-quality water
- Establishing specific national targets on children in measures for the implementation of the Protocol on Water and Health (Kyoto Protocol on the Environment, WHO)
- Improving access to safe water and basic sanitary infrastructure for all families and public buildings in which children and adolescents spend time
- Implementing community projects for sensitizing on the removal of solid waste from play areas, schools, public beaches, etc.
- Training health personnel at PHC regarding children's health and hygiene, including preventing and diagnosing the most frequent water and hygiene-related illnesses, as well as preventive measures for families and communities
- Health education and promotion on raising the awareness of children, adolescents, families, and communities on the importance of water and appropriate hygiene practices.

Objective 8: Sensitizing families and communities on children's vulnerability to environmental threats and the need to protect them from environmental risks.

Interventions

- Informing and counseling health, education, labor, agriculture sectors, local governments, NPOs, voluntary groups, on environmental risks to child's health
- Implementing scientific research programs regarding the prevalence of child illnesses related to environmental factors
- Preparing and distributing materials, books, posters, and leaflets on child's health and the environment in communities and the print and broadcast media
- Training health personnel regarding child's health and the influence of the environment by sex on exposure and sensitivity to air pollutants.

Objective 9: Offering information and specific indicators to assess the environment's impact on children's health

Interventions

- Developing national environmental indicators to assess children's conditions and health
- Increasing surveillance on children's health and the environment and establishing information exchange mechanisms at the national and local level
- Identifying, assessing, and researching major children's health problems regarding the environment and potential solutions
- Training health personnel regarding children's health and the influence of the environment, sex-specific models on exposure and sensitivity to air pollutants.

Objective 10: Promoting public policies to protect children's health from the environment and reducing illness and disabilities' risks coming from exposure to harmful chemical, physical, and biological agents

Interventions

- Protecting adults/women during their reproductive period from exposure to harmful chemical and physical agents
- Protecting children and adolescents from exposure to dangerous chemicals at home, schools, playgrounds
- Defining regulations on working conditions and types of jobs dangerous for children and adolescents
- Training health personnel on children's health regarding the environment, including prevention, diagnosis of the most frequent environment-related illnesses and counseling on preventive care for children's custodians, parents, families, and communities from a gender perspective
- Including counseling and information about environmental health in home visits and child counseling centers
- Preparing informing materials on health and the environment for primary health care employees
- Health promotion and awareness raising on gender-based effects deriving from differences and sensitivity to exposure to harmful environmental factors.

Objective 11: Preventing health and nutrition-related infections

- Developing programs and a national database to monitor microbiological pollution of foods to assess the threat to children's health
- Strengthening and implementing laws to ensure the national system of food control for infants and little children
- Introducing food safety principles in school curricula
- Educating families, children and adolescents, food industry workers, farmers, etc., on the principles of food safety for the child's health.

Objective 12: Preventing accidents, traumas, and harm at home, family, community

Interventions

- Treating health care personnel on intoxication, child safety, and offering proper help
- Opening centers/quarters for treating intoxication in children/youth under hospital health service
- Promoting gender-sensitive education of parents, families, communities, on prevention and risk reduction (individual counseling, public health campaigns)

Objective 13: Preventing injury from traffic accidents

- Promoting or strengthening legislation that forces the use of helmets (for bicycles and motorcycles) by children
- Implementing and strengthening the law on alcohol in blood and limits of its concentration
- Promotion and annual campaigns that aim at preserving speed limits with special attention to urban areas
- Promoting measures on road safety in individuals, families, communities
- Annual campaigns on awareness about the danger of driving under the influence of alcohol, drugs, etc., also considering gender differences in behavior
- Introducing child education on road safety in schools, safe walking or bicycling, addressing basic gender-based stereotypes and types of behavior.

Objective 14: Preventing problems of maltreatment and violent behavior among children and adolescents

Interventions

- Promoting educational programs to reduce maltreatment and violence in schools, families, communities
- Offering social and psychological support in health care services for children and adolescents who have been exposed to violent environments and whose mothers have experienced gender-based violence
- Including multi-disciplinary teams with social workers and psychologists in care services for children.

Objective 15: Reducing the incidence and consequences of domestic violence

Interventions

- Promoting annual promotional sensitizing campaigns for the prevention of domestic violence in families, schools, and community centers
- Drafting specific gender-sensitive programs in communities offering opportunities for children and youth's socialization.
- Involving health care system professionals in methods for detecting and assessing domestic violence, particularly violence toward children
- Adopting an integrated gender-based model for the management of children and adolescents suffering from domestic violence consequences in health care services for children
- Training health personnel on the prevention, assessment, and referral of cases of domestic violence and of violence toward children.

Objective 16: Preventing abuse and negligence toward children

Interventions

- Drafting gender-specific psychosocial programs for the protection of children and adolescent in situations where they are most vulnerable (rural communities, Roma population, etc.)
- Sensitizing campaigns in the media against domestic violence
- Strengthening legislation on abuse, violence toward children (child protection), pedophilia, and trafficking
- Drafting programs for home visits by primary health care personnel for the prevention and detection of domestic violence forms
- Training in detecting and managing domestic violence, abuse and negligence toward children for all professionals at primary health care, hospital emergency services
- Supporting pre-delivery and post-delivery through multi-disciplinary teams with social workers and psychologists for families and communities at risk
- Offering home visit programs for all mothers and newborn for appropriate follow-up and for the prevention of abandonment and negligence.

Objective 16: Promoting children's psychosocial development and mental well-being

Interventions

- Promotion of early cognitive and psychosocial stimulation of children, with special attention to groups of children with special needs and at a disadvantage
- Including instructions on following children's psycho-cognitive development, without gender differences, in growth and monitoring protocols
- Training primary health care staff on stimulating cognitive and psychosocial development, e.g. early reading to infants and small children
- Educating, counseling parents on stimulating the psycho cognitive development in primary health care
- Implementing community activities for gender-sensitive psycho cognitive development during early childhood and adolescence
- Increasing family awareness on detecting and treating postpartum depression for mothers and children and support for postpartum mothers.

Objective 17: Ensuring early detection and management of child development problems

Interventions

- Offering support programs for families, children, and adolescents affected by development disabilities and mental retardation
- Training primary health care staff / health care professionals in early detection / diagnosis of mental retardation/development disabilities in children

- Drafting instructions on the management of development disabilities and mental health retardation, for primary health care services, including criteria for gender-sensitive referral and diagnosing.

Objective 18: Offering specialized care for children and adolescents with mental health problems

Interventions

- Offering appropriate community services for children/adolescent's mental health care
- Offering specialized help by professionals trained in managing adolescents with psychiatric emergencies, including acute depression in hospital health care
- Implementing community programs for children and adolescents with mental health problems.

Objective 19: Prevention of use and abuse of substances, smoking, alcohol, drugs in children and youth

Interventions

- Strengthening law enforcement on smoking in public places
- Drafting legislation / strategies to control uprooting use, trafficking of drugs
- Strengthening/implementing legislation on children/ adolescent alcohol use
- Including information on misuse and abuse of substances in school curricula
- Building integrated health services to manage adolescents that abuse with substances, including damage reduction strategies
- Ensuring appropriate information about the effects of abuse and misuse of substances (e.g. sedatives, anti-inflammatory medication), abuse with those substances (smoking, alcohol, drugs) integrated in the health information system

6. HEALTH OF THE ADOLESCENT

Goal “Adolescents be healthy, educated, socially responsible and live and express themselves in a safe and supporting environment.”

Strategies to achieve this goal will aim at:

- **Reorienting existing health policies to create a safe, supportive, friendly environment for adolescents**
- **Drafting national programs for the health, development of adolescents**
- **Strengthening cooperation between institutions, public and private sectors, NPOs, for the implementation of political decisions and legal interventions regarding youth health**

- Raising awareness among adolescents, decision makers, and parents on the laws, existing rights, social, health, and education services important for adolescents
- Offering detailed, culturally acceptable and gender equality-sensitive information on the health and development of adolescents and distribution of such information through all channels of communication, schools, communities, etc.
- Training on life skills, age appropriate and gender equality sensitive, which enables adolescents to adapt to their health and development, including reproductive health
- Identifying and addressing the needs of disadvantaged adolescents, those in special circumstances, disabled ones, street ones, and those in rural communities
- Reviewing data, age and sex based, collection and analysis system related to special behaviors, mortality and morbidity causes, in adolescents
- Sensitizing the media on the importance of adolescents health and its use to promote positive social norms that affect adolescents' health and development, such as those discouraging the use of smoking, alcohol, and that respect gender equality.

Targets Until 2015
<ol style="list-style-type: none"> 1. Reduce mortality and morbidity in adolescent ages by $\frac{1}{2}$ of the current system in the areas: acute respiratory illnesses, malnutrition, reproductive tract illnesses, traumas, accidents, and mental health 2. Increase to 80% the rate of services offered for adolescents in primary health care 3. Increase to 70% the rate of adolescents receiving information and information, education, communication, counseling on reproductive health and those having knowledge about reproductive health 4. Reduce to $\frac{1}{2}$ of the current level the rate of deaths from traffic accidents 5. Reduce by 30% the rate of adolescents using drugs.

Objective 1: Promoting adolescents' health and well-being

Interventions

- Developing policies to promote adolescent and youth health and well-being at the central and local government level
- Offering youth-friendly services in all 12 counties of the country free of charge
- Re-orienting existing primary health care services to be youth-friendly, including reproductive health services and those for preventing and controlling STD/HIV/AIDS, abuse of substances/smoking and the use of alcohol, healthy eating
- Adopting standards for quality services for youth in the PHC services package
- Educating adolescents with life skills, including gender-specific and culturally sensitive health information, through curricula in compulsory education

- Improving adolescents' nutritional conditions, with special emphasis on meeting energy and micro-nutrient demands and needs, especially for iron and iodine by gender needs
- Continuous education of all personnel working in health services with adolescents regarding adolescents' health
- Promoting and disseminating in the media gender and culturally sensitive important health messages for adolescents
- Promoting programs with peers for youth in schools and communities
- Training service providers to deal with adolescent health and development in primary and hospital health care regarding Information, Education, Communication
- Identifying and addressing the health needs of disadvantaged adolescents, such as disabled ones, street children/adolescents and marginalized populations/groups in rural communities

Objective 2: Preventing unwanted pregnancies in adolescents and ensuring support for young adolescent mothers

Interventions

- Offering counseling and ensuring access to contraceptive services for youth
- Drafting programs to increase youth access to contraceptive services / counseling
- Offering counseling and social and psychological youth friendly support for girls with unplanned pregnancies and adolescent mothers, particularly when the family and community environment is not appropriate.

Objective 3: Preventing and managing HIV/AIDS in adolescents

Interventions

- Including HIV/AIDS information for youth in school curricula
- Ensuring access to condoms to be obtained easily in all places used by adolescents (schools, stores, sports centers, etc.)
- Expanding HIV/AIDS treatment centers, training health professionals, equipping labs, reagents, ARV and other medication for HIV/AIDS and STDs
- Offering confidential counseling for HIV/STD testing in youth-friendly services
- Strategies for damage reduction (e.g. distribution of condoms) for groups at risk.

VO. More specific objectives and interventions with HIV/AIDS adolescents are part of the reviewed national HIV/AIDS strategy

Objective 4: Encouraging families and communities to promote and protect adolescents' health needs for a safe and supportive environment, and implementing programs that ensure adolescents' active participation

Interventions

- Educating/informing both partners on adolescents' health and development
- Drafting promotional community programs on adolescents' health
- Developing the informing package that targets adolescents, service providers, parents, teachers, decision makers in a broad community on the growth, development, feeding, sexual maturity, positive behavior, including safe sex, gender equality, abuse of substances, and adolescents' rights and responsibilities.

Objective 5: Ensuring proper management and support for adolescents with chronic diseases and disabilities

- Strengthening legislation on providing psychosocial and financial support for families of adolescents with chronic diseases and disabilities
- Promoting educational activities in communities on chronic diseases/disabilities in youth
- Improving access to essential services/medicaments for adolescents with SK and PAF
- Training professionals on chronic diseases and disabilities on adolescents' special needs
- Promoting integrated work between primary health care specialists and professionals to manage adolescents with chronic diseases and disabilities.

Objective 6: Preventing overweight and obesity in youth

- Reviewing legislation on healthy nutrition for young ages in public places, restaurants, school cafeterias, etc.
- Including nutrition education in school curricula for young ages
- Increasing opportunities for physical activities in schools and communities by offering places for safe play and
- Integrating nutrition counseling and interventions in other national health programs and PHC services.
- Promoting programs for healthy nutrition and physical activity in adolescents
- Compulsory depistation on at school-entry age
- Offering individual care and support for overweight and obese adolescents.

Objective 7: Preventing the use and abuse of substances, drugs, alcohol, smoking in youth

- Strengthening enforcement of legislation on smoking
- Promoting legislation and control of illegal trafficking of illegal drugs
- Including information on substance abuse and misuse in school curricula
- Creating integrated health centers for managing adolescents who abuse substances, including damage control strategies
- Promotion, information on effects of substance abuse (pain reduction, anti-inflammatory medication) and abuse (smoking, alcohol, drugs) through primary health care and youth-friendly services

- Training health personnel on substance abuse prevention and treatment.

6. GENDER AND GENDER EQUALITY

Targets Until 2015
<ul style="list-style-type: none"> • Reduce morbidity/mortality from reproductive health diseases, sex-disaggregated, by 30% • Increase to 80% the number of health centers offering gender-sensitive services on reproductive health • Sex-disaggregated information on reproductive health indicators

Objective 1: Improving women and men's access throughout the lifecycle to appropriate, affordable, and equal reproductive health services

Interventions

- Developing reproductive health programs according to women and men's different needs
- Reducing costs for reproductive health services for disadvantaged groups
- Changing and reviewing working hours of reproductive health services at primary health care to match community needs
- Conducting studies on barriers faced by women/men in access to health care and their needs for health care
- Conducting annual depistating campaigns for examinations such as mamograph, Pap test, andrologist checkups for Prostate cancer depistation, STIs, etc., for early detection of reproductive health diseases in women and men
- Mainstreaming gender issues in planning/budgeting reproductive health services
- Improving health insurance law regarding women's benefits during pregnancy, gynecological checkups, depistation for reproductive tract cancers, and inclusion of medicaments for treating certain reproductive health related diagnoses (e.g. STI, HIV/AIDS) in the reimbursement scheme.

Objective 2: Ensuring that reproductive health policies and programs match gender differences and health needs of women and men

- Reviewing / improving reproductive health legislation from a gender perspective
- Gender-based monitoring, evaluating, analyzing of reproductive health programs and policies
- Developing “good practices” models to address women-specific issues (e.g. violence, mental health, abortion) and men-specific ones (e.g. use of contraceptives)
- Training reproductive health managers on implementing/evaluating pro-gender policies/programs and methods of reporting results

- Sensitizing campaigns in the media that promote positive images of men/women who make joint decisions and spreading gender equality in reproductive health

Objective 3: Improving reproductive health services personnel to offer men and women-sensitive quality services

Interventions

- Training health care workers to understand gender issues and needs for reproductive health for men and women during their lifecycles
- Making gender perspective part of the curricula in the School of Medicine and the Higher Nursing School
- Including gender training in continued education curricula for reproductive health staff.

Objective 4: Building capacities of the health care information system for gender analysis and planning on reproductive health problems

Interventions

- Establishing the information system for collecting, using, and analyzing gender disaggregated data on reproductive health and the situation gender analysis
- Training health personnel to use/analyze reproductive health indicators by gender.

Objective 5: Promoting, sensitizing, educating women/men/communities on gender issues in reproductive health, their social and family roles and increasing their participation in gender equality issues

Interventions

- Drafting annual promotional programs with communities on gender issues and reproductive health
- Building awareness campaigns for communities, especially in remote rural areas, on the importance of gender mainstreaming in reproductive health
- Preparing promotional materials for the media, families, communities on reproductive and sexual health, fitting the special needs of women and men.

7. VIOLENCE

Goal: Preventing and protecting gender-based violence victims, especially women and children

Targets: Until 2015

- All legislation, programs, services, reproductive health institutions should have reviewed, adopted and undertaken changes pursuant to law no 9669, dated 18 12 2006 “On measures against domestic violence” to ensure the prevention, detection, treatment, referral of violence victims.
- Increase by 50% of the current level domestic violence victims’ access to health services
- Include domestic violence indicators in the health information system
- Increase awareness/behavioral change to not accept domestic violence.

Objective 1: Review and strengthen sub-legal acts pursuant to law no. 9669, dated 18 12 2006 “On measures against domestic violence”

Interventions

- Reviewing and completing sub-legal acts pursuant to law no. 9669, dated 18/12/ 2006 “On measures against domestic violence” according to health sector obligations for the implementation of this law
- Defining operational policies and procedures to detect, treat, and refer domestic violence victims in cooperation with other responsible county authorities
- Reviewing and improving current policies, programs, and legislation on reproductive health, focusing on early prevention, intervention on domestic violence and adopting changes for enforcement of the law
- Including violence-related issues in public health and reproductive health plans and programs at the central and local levels
- Definition by Public Health Directories of the annual county budgets related to activities for county health services to detect, prevent, and treat violence.

Objective 2: Defining support structures in all three health care levels to detect and prevent effects for violence victims

Interventions

- Defining responsible county-level health authorities to implement sub-legal acts
- Creating support services including social workers and psychologists at primary health and hospital care levels
- Improving and coordinating work with reproductive health services at the three levels of care regarding prevention, treatment, and referral of victims of violence
- Reproductive health services at primary health care offering counseling and information on domestic violence
- Drafting protocols, instructions for health and support personnel regarding prevention, detection, treatment, and referral of domestic violence
- Developing a unified supervision model at the local and central level to detect and treat domestic violence.

Objective 3: Improving the capacities of health care and support personnel working at reproductive health services for preventing and treating domestic violence

Interventions

- Drafting and implementing curricula for health care staff on detecting and assessing domestic violence and abuse, especially toward women and children
- Training health center multi-disciplinary teams (health worker and social worker, psychologist) on detecting and evaluating domestic violence and abuse, especially toward women and children
- Introducing domestic violence training in continued education programs
- Establishing criteria for staff performance evaluation on violence prevention, and treatment
- Defining the unified training package for health and support personnel on domestic violence prevention and treatment.

Objective 4: Health promotion, education, awareness on domestic violence prevention and treatment

Interventions

- Drafting and implementing annually, in all 12 counties, of awareness campaigns for behavioral change and education of the population on preventing domestic violence
- Drafting community level projects on awareness and its involvement in detecting and treating domestic violence in vulnerable groups
- Including the national day for the prevention of domestic violence into the annual health promotion calendar.

Objective 5: Health institutions' establishing the unified system of collecting and processing information on violence

Interventions

- Developing the health indicators set on domestic violence to measure progress in preventing and treating it
- Defining the system, mechanisms, and ways for collecting and reporting domestic violence indicators by the health information system
- Increasing and improving capacities of the health information sector employees on collecting and processing data on violence.

8. CANCERS OF THE REPRODUCTIVE TRACT

The main **goal** of this strategy will be

Improving women's reproductive health by preventing, diagnosing, and treating reproductive system cancers, especially breast and cervix cancers, to reduce morbidity and mortality from them.

Main objectives:

- Establishing a national program whose goal it is to reduce the incidence and mortality of women that develop breast and cervix cancers, regularly depistating women in general, and women at risk in particular.
- Increasing opportunities for early detection of breast and cervix cancers in the target population.
- Health education and promotion on all aspects of breast and cervix cancers: prevention, medication, treatment, psychosocial support, rehabilitation, in order to increase women's awareness to seek preventive health care for these cancers.
- Developing the health infrastructure and reference systems for depistating, diagnosing, and treating breast and cervix cancers, starting from the primary health care level on to other services matching population needs.
- Improving knowledge, skills, and practices of health service employees of all levels of care on breast and cervix cancers, with regard to preventing, depistating, diagnosing, treating, rehabilitating, improving the patient's quality of life and psychosocial support, including death, management of pain, and issues of survival.
- Continuously collecting, monitoring, and evaluating information from public and private health services and national programs regarding the number of new cases, treated cases, and deaths from the breast and cervix cancers, and their analysis.

Targets
Until 2015
<ul style="list-style-type: none"> • Keep breast cancer standardized mortality rates at the 2006 level (22 / 100 000 – estimate) • Reduce cervix cancer standardized mortality rates by 5% compared to the 2006 level (5.5 / 100 000 – estimate) • Offer coverage with prevention and treatment services for reproductive tract cancers in all 12 counties • Establish the national program for the control and prevention of cervix cancer.

Objective 1: Establishing a national program whose goal it is to reduce the incidence and mortality of women developing breast and cervix cancers

The program to reduce the incidence and mortality from cervix and breast cancers should aim at achieving the following goals

- Increasing women's awareness about these two cancers and their encouragement to get screened
- Treating women with high level lesions, referring those with invasive cancers, and offering supportive and palliative care for more advanced cases
- Collecting service statistics that allow program monitoring and assessment.

Interventions:

- Coordinating services for reproductive tract cancer prevention with other programs that offer health services for women, e.g. maternal health programs, family planning, etc.
- Educating the public on the importance of preventing these cancers
- Reaching women in more difficult areas with social economic problems to increase access in prevention and screening services
- Educating and training professionals at all levels of care to prevent the cancers, including communication skills
- Screening, case management, ensuring the quality of screening tests for breast and cervix cancer in primary and hospital health care services
- Establishing a system of surveillance for detecting, following, and assessing the cancers
- Creating a coalition and partnership between institutions that offer public and private services of prevention and treatment of the cancers, donors, national and international partners, and the civil society
- Reviewing and removing legal obstacles that prevent the expansion of depistating and preventing services related to these two cancers in young girls and women of a reproductive age

Objective 2: Improving access to and the quality of preventive, depistating, and treating services on reproductive tract cancers

Interventions

- Drafting and implementing clinical protocols and standards diagnosing and treating reproductive tract cancers
- Improving/expanding cytological services for screening reproductive tract cancers
- Offering equipment and tools to PHC institutions to depistate for reproductive tract cancers (mamograph, Pap test).

Objective 3: Health education and promotion on reproductive tract cancers, particularly breast and cervix cancer; about prevention, medication, diagnosis, treatment, psychosocial support, rehabilitation, in order to raise awareness on preventive health care

Interventions

- Health education, information, counseling, and promotion to encourage women to overcome obstacles for depistation (including fear of cancer diagnosis, lack of access to depistation health services, financial and social obstacles in the family, etc.) and to realize the benefits and importance of early detection of these two cancers
- Raising public awareness about reproductive tract cancers as a priority problem for public health
- Creating support services that meet the unique needs of women affected by the breast and cervix cancer
- Health education and promotion by PHC services about reproductive system organs and their illnesses
- Building a support network/community for women with breast and cervix cancer.

Objective 4: Developing a health infrastructure and reference systems for depistation, diagnosis, and treatment of reproductive tract cancers, starting from primary health care on to other services

Interventions

- Building national depistation, diagnosing, and treatment standards for reproductive tract cancers
- Defining depistation services that should be offered at the three levels of primary, secondary, and tertiary health care levels, which should be accessed by all women in need
- Ensuring quality of health services for screening and following reproductive tract cancers
- Defining the ways to finance necessary expenses for services that offer depistation, diagnosing, and treatment of reproductive tract cancers

Objective 5: Improving knowledge, skills, and practices of health care workers of all levels of care regarding reproductive tract cancers toward prevention, depistation, diagnosing, treatment, rehabilitation, improvement of patients' quality of life, psychosocial support, and palliative care.

Interventions

- Training a broad network of health care workers from the PHC-FM, nurses, radiologists, lab workers, cytologists – on their role in early detection and diagnosing of breast and cervix cancers
- Training obstetricians / gynecologists on receiving cytology for the Pap test.

Objective 5: Continued collection and monitoring of public and private health care services on the number of cases, new cases, treated cases, deaths from breast and cervix cancers and their analysis.

- Establishing a regular surveillance system to evaluate the current magnitude and gravity of these cancers, potential evolution, offer information on the prevalence and

trends of risk factors, monitor the effects of prevention, early detection/screening, treatment, and palliative care

- Establishing a local, regional monitoring system to collect data through the national register for cancers
- Defining national standards and formats to ensure timely and quality collection of data in the register for cancers.

Objective: Encouraging, supporting, developing cooperation between different actors, including policymakers, health care workers, volunteer associations, media, business groups, toward awareness about reproductive tract cancers

Interventions

- Promotional activities in the media to sensitize about depistation practices among all women; offering depistation for hard-to-reach population groups (women in rural areas or facing socio-economic problems)
- Organizing conferences, training courses, scientific meetings about breast and cervix cancers problems with select interest groups (media, business groups, NPOs, etc.).

9. SEXUALLY TRANSMITTED DISEASES AND HIV/AIDS

Goal

- Reduce the incidence and prevalence of STI/HIV/AIDS
- Reduce risky behaviors by improving knowledge and awareness about protective practices toward STIs and HIV/AIDS
- Reduce the risk of HIV transmission and preventing a HIV epidemic through an effective management of STIs.

Targets

Until 2015

- Keep HIV/AIDS prevalence in the general population under 0.1% till 2015
- Keep HIV/AIDS prevalence in high risk populations under 1% till 2015
- Establishment of the national STI surveillance and control system

Objective 1: Promoting effective management of STIs

Interventions

- Review the regulatory, institutional, and legal framework to increase the efficaciousness of existing capacities' reaction to the growing STI problem
- Empower the STI reporting, surveillance, and referral systems as an integral part of the second generation surveillance system
- Offering STI services at the three levels of health care
- Adopting the syndromic model for STI management at the PHC

- Strengthening outpatient services of the THUC infective diseases clinic and defining standards for STI prevention, control, and management
- Encouraging laboratory research for STI pathogens, research on sexual behaviors, and operational research on adapting diagnosing methods and treatment to local needs.

Objective 2: Improving quality / coverage of preventive/curing services of STI management in the general population

Interventions

- Training health personnel for STI management
- Building capacities for PHC personnel for STIs' syndromic management
- Routine depistation at antenatal care clinics for gonorrhea and syphilis
- Raising public awareness about promoting early detection of syndromes and early demand for STI treatment
- Strengthening existing centers and expanding centers offering STI prevention, control, and management at the central, regional, and local levels
- Establishing / expanding network of laboratories equipped with STI services
- Developing a well-equipped monitoring and evaluation system for STI services
- Including STI and HIV indicators in the accreditation and performance evaluation processes of health care services
- Ensuring continuously essential and affordable medication for STI patients at health centers and ensuring their rational use
- Developing and implementing specific policies for treating persons with STI.

Objective 3: Expanding appropriate effective non-stigmatized interventions among vulnerable populations most exposed to STIs

Interventions

- Building, implementing, and evaluating programs appropriate for the culture of the Albanian population regarding awareness and knowledge about and adopting safe sexual behavior
- Sensitizing the general population and particularly women, youth, and vulnerable groups regarding better use of existing services for diagnosing and following STIs
- Offering preventing and curing services for STIs for high-risk groups (clients/partners, commercial sex workers, etc.), respecting human rights and dignity
- Offering protective, affordable, and accessible tools, e.g. condoms, for every group at risk wishing to obtain them
- Ensuring that STI interventions reach groups at risk (clients/partners, commercial sex workers, etc.)
- Peer education programs for interventions in groups at risk.

Objective 4: Increasing social awareness on the use of protective practices and STI services; increasing behaviors on STI care requests

Interventions

- Developing and promoting materials for changing behaviors on care related to STI prevention and education and practices for requesting treatment
- Including the mass media in communication about changing population's behaviors regarding STI
- Raising awareness through partners for joint STI treatment.

10. INFERTILITY

The goal of strategic interventions on infertility is:

Offer safe, equal, accessible services for all couples unable to conceive, in order to reduce the incidence/prevalence of infertility in men and women of a reproductive age

Targets

- **Develop by 2012 the national system for registering and reporting infertility causes**
- **By 2015, public health services of the third level offer specialized treatment of infertility and in vitro fertilization techniques**

Objective 1: Increase access to/quality of health services on infertility

Interventions

- Offering preventive and counseling services at the PHC level on infertility
- Integrating infertility services with reproductive health services at the three levels
- Offering specialized services at the secondary and tertiary levels for examinations and specialized treatment regarding infertility
- Establishing protocols for infertility management at the regional/national level
- Establishing instructions and standards on the number and type of treatment to be offered at each health care level regarding infertility
- Establishing two national centers at tertiary level health services on the treatment of infertility through a defined referral system at the regional and national levels
- Offering the necessary equipment for assisted reproduction techniques at infertility treatment centers
- Supervising practical application of national clinical standards on infertility management
- Defining financing intervention mechanisms for infertility examination and treatment.

Objective 2: Strengthening and improving institutional capacities for diagnosing and treating infertile couples

Interventions

- Training health personnel at PHC on the causes of infertility, primary prevention, and procedures for evaluating causes at the PHC
- Training second and third-level specialist level on managing infertility and techniques of assisted reproduction.

Objective 3: Improving the national system of data collection on cases of primary and secondary infertility to define the incidence and prevalence of infertility

Interventions

- Collecting data and causes contributing to male and female infertility
- Conducting research on prevalence/etiology of primary/secondary infertility
- Conducting research on the magnitude of infertility, results of assisted reproduction technology
- Including the main indicators for evaluating infertility in the national system of performance monitoring and evaluation.

Objective 4: Improving/enhancing infertility legislation enforcement

Interventions

- Reviewing and strengthening legal acts on assisted reproduction
- Developing national standards on infertility management, including assisted reproduction technologies
- Establishing a national system of medical assistance to enable infertile couples with poor social-economic level to receive appropriate treatment at reduced costs
- Defining instructions on critical legal and ethical issues related to quality at public and private health services that offer AIT

Objective 5: Increasing population awareness on the causes of primary and secondary infertility

- Drafting and developing campaigns for behavioral change and communication (BCC) on issues related to infertility prevention and treatment, to encourage preventive practices, reduce stigmatization and social exclusion toward infertile women and men
- Promoting by health care workers of healthy sexual and reproductive behaviors among youth
- Drafting public and community information campaigns to encourage preventive practices, reduce stigmatization and social exclusion for sterile women and men.
- Conducting research on cost-effective treatment of infertility and experiences of couples with AIT.