

Transitional challenges of Medicine and Surgery in Albania



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Data on the State of Art of Medicine and Surgery in Albania, are given in this short survey. From recent epidemiological data, conditioned by high rate of migration and territory problems, to problems arising from lack of technological supports and important changes in medical education. An analysis that we could do from the observatory of our Medical School, and international one, based on a strict collaboration among an international professor staff, mostly coming from Italian Universities, particularly the University of Rome, "Tor Vergata", co-founder of the "Catholic University Our Lady of Good Counsel" (UCNSBC). The integration between academics in UCNSBC and health personnel in health care offers some interesting opportunities in research. The recognized limited technological supports create the possibilities to adjust and ameliorate health care services, with the aim of a more convenient distribution of the available resources.

KEY WORDS: Academic education, Albania, Epidemiology, Health education

Presentazione

La sponda orientale dell'Adriatico è strettamente legata all'Italia non solo nel nostro subconscio e per motivi banalmente e semplicemente geografici, ma soprattutto in considerazioni delle concrete e significative reminiscenze storiche, dato che l'Adriatico è stato nel secolare passato un importante tramite di collegamento tra la penisola italiana e l'intera area balcanica. Il mare Adriatico non ha rappresentato un ostacolo di separazione, ma al contrario un vivace mezzo di contatto e di unione tra le due opposte sponde.

Non si può dimenticare l'influsso e la presenza della Serenissima Repubblica di Venezia sull'intera antica costa

Dalmata, già secoli addietro sede di imperatori romani, e dove secoli ancora anteriori furono lo scenario delle guerre civili di Roma ancora formalmente repubblicana tra le legioni di Caio Giulio Cesare contro Pompeo Magno e poi tra quelle di Ottaviano, non ancora Augusto ed imperatore, e Marco Antonio contro Bruto.

I legami politici e dinastici si rinnovarono in epoca moderna con il matrimonio della principessa Elena, figlia di Nicola I Mirkov Petrović-Njegoš primo Re del Montenegro, che andò sposa al Re d'Italia Vittorio Emanuele III divenendo la Regina Elena, e negli anni del governo fascista, dal 1939 e per pochi anni il re d'Italia fu successore del Re Zog I quale Re anche di Albania.

Si tratta di storie anche queste ultime ormai significativamente remote anche se relativamente recenti, ma non vanno dimenticate in ragioni degli innegabili stretti rapporti tra la penisola italiana e gli abitanti della costa balcanica frontiera, reso concreto soprattutto per la vocazione mediterranea dell'Italia, non solo storica ma anche culturale e con coinvolgimento antropologico. Non si può dimenticare infatti come nuclei di comunità albanesi, profughe dalle loro terre per sfuggire al dominio ottomano, si trasferirono

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a partire dal XV secolo nella parte meridionale della penisola – in Abruzzo, Molise, Campania, Basilicata, Puglia, e Sicilia, ma specialmente in Calabria, dove ancora oggi molti toponimi ne ricordano il consolidamento dell'antica presenza, mentre in molte comunità risuona ancora il linguaggio albanese delle origine e vigono consuetudini particolari.

Oggi, dopo il lungo periodo postbellico delle due guerre mondiali e quindi con l'eliminazione del suo governo totalitario, i contatti con l'Albania si sono riaperti ed ampliati su nuove basi, alla ricerca di quelle collaborazioni finalizzate al pieno reinserimento del paese delle aquile nel contesto mediterraneo più avanzato.

A questo progetto di proficua collaborazione l'Italia dimostra ampiamente il suo genuino desiderio di contribuire.

Un elemento rilevante di questa collaborazione dell'Italia è rappresentato dalla fondazione ormai risalente a dieci anni fa di una Università a Tirana, sul territorio ereditato per lascito di Santa Madre Teresa di Calcutta - la "Università Cattolica di Nostra Signora del Buon Consiglio" - ove è viva l'attività di collaborazione culturale, didattica, scientifica e pragmatica, tra medici e docenti dei due paesi, di cui è doveroso sottolineare l'ambito della Chirurgia, che vede alla sua direzione come Capo del Dipartimento chirurgico il romano prof. Francesco Rulli.

*Per testimoniare questo tipo di interesse culturale e per illustrare questa importante istituzione la rivista **Annali Italiani di Chirurgia** si vuole fare informatrice e portavoce con questo articolo delle sfide attualmente all'orizzonte della sanità in Albania, dichiarandosi aperta alla più ampia collaborazione.*

Il Direttore
Prof. NICOLA PICARDI

Introduction

The vision of a medical school residency program ranges from establishing overseas rotations to developing didactic and research experiences. In this field, the Medical School "Catholic University Our Lady of Good Counsel" and its campus in Tirana gives to professors and students the opportunity to develop a modern concept of health education which is focused in international as well as local health challenges.

After more than 10 years of experience of our Medical School, results are evident in terms of exchange of experience and research opportunities. The main advantage this school can offer is mostly related to its international "teaching environment", due to academic personnel, that comes from Albanian and Italian universities.

In this regard, our Medical School is an active observatory of knowledge and evolution in the medical field, which aim to sustain Albanian progress.

In this article we describe synthetically the present and future challenges of Albanian health system.

Despite the twenty years from the fall of communism era, and the dramatic changes occurred to the country, its population still remains amongst the youngest in Europe where the 0 to 14 years old age-span represents one fifth of the total population ^{1,2}.

According to official data the birth rate is constantly decreasing during the last 20 years, particularly in relation to fertility rate ³. Below are listed only some of the relative reasons:

High migration rate for population in reproductive age;
Increase of average age for both women and men;
Increasing usage of family planning methods in general population.

The decreasing rate of birth cohorts altogether with the emigration of adult population explain the diminishing growth of Albanian population which is associated with the phenomena of population ageing. Despite all, the



Tirana Catholic University "Zonja e Keshillit te Mire" (Our Lady of Good Counsel)



Trauma Hospital of Tirana



Main square of Tirana

Albanian population is still a young population where the average age is 32.8 years old; 32.3 years for males and 33.3 for women ⁴.

Morbidity and mortality in Albania

Although the mortality in Albania during the recent twenty years has been kept around 5 per 1000 inhabitants, significant variations have occurred to the cause of death structure. According to INSTAT source, relative to mortality for the year 2007, more than half were attributed to cardiovascular diseases (52%); while the

oncologic diseases and unintentional injuries were recorded in 17% and 7% of the population respectively. These three groups are held responsible for almost 75% of total number of deaths in the country ^{2,4}. Each group has been subject to a continuing increase during the recent years, where the cardiovascular diseases from 37% were up to 52%, oncologic diseases from 11% up to 17%, while unintentional injuries didn't show any significant increase except the period from 1997 till 1999 ⁴. In fact in 1997 Albania was characterised from a dramatic social and security instability following the fall of pyramid/financial schemes while in 1998 during the Kosovo crisis more than half a million of Kosovars fled to Albania in the biggest humanitarian crises ever occurred in Europe since the end of World War II.

The opposite trend is verified for infective, respiratory and digestive diseases (respectively from 2% down to 0.5%, from 13% down to 4% and from 4% down to 2%), which confirms the epidemiological transition observed in the Albanian population.

Currently there are some priorities related to health services in the country:

1. Child and mother health

Pretty high number of voluntary abortions, which is not appropriately documented in official statistics, shows the still remaining gap for the extension for family planning services to the Albanian (especially rural) population ⁴.

2. Prevention of infectious diseases

In parallel with increase of morbidity and mortality from non-infectious diseases, due to the epidemiological transition, the infectious disorders still represent a public health threat for country population. The high incidence of diarrhoea might be related to unhealthy environmental conditions, while the successful implementation of vaccination strategies is supported from the strong decrease of the relative diseases (i.e. tetanus, diphtheria, measles and rubella are in the elimination phase, while polio has been eliminated for longer than a decade now).

HIV and TBC infections are increasing where their current incidence is respectively 0.7 and 18 new cases for 100,000 inhabitants. Hepatitis of type A, because of its faecal – oral transmission, follows the pattern of diarrhoeal disease, while the current incidence of hepatitis B (8 new cases for 100,000 inhabitants) classifies Albania as an endemic country for this disease. On the other side, it should be mentioned that HepB incidence is drastically decreased in children since 1994 when the mandatory vaccine-based prevention has been introduced.

Several preventing strategies, in accordance to Ministry of Health, aim to achieve the following objectives: (i) population health education; (ii) improvement of envi-

ronment conditions (in regard to working or living conditions); (iii) increase the access to health services (with a particular attention to vulnerable groups); (iv) update and improve practices and attitudes of health personnel in regard to so called “neglected” diseases ⁵.

3. Prevention of chronic degenerative diseases

The current and documented unhealthy life-style might be considered the most relevant risk factor that explains the recent increase of cardiovascular and oncologic diseases as well as traffic incidents/injuries. Cigarette smoking holds a “place of honour” as an additional risk factor for these diseases. Based on Demographic Health Survey (DHS) carried out in 2008, 43% of males and 4% of females are smokers where amongst females this trend is growing because in urban areas it is as bigger as double then in rural areas ⁴. A similar tendency can be observed on consumption of alcohol because males have higher incidence then females, and the consumption rate is proportional related to rural areas, less education level and lower wealth quintiles.

4. Nutrition (malnutrition and obesity)

Albania is currently facing with two relevant problems of public health, which are nutrition in relation to the poverty (malnutrition) and nutrition in relation to consumption industrial nutriment (unhealthy foods). Malnutrition still represents a concerning issue for health of children under 5 years of age. According to DHS, the prevalence of stunting (short height for age) is 19% in children under 5 (-2 Standard Deviation), while 11% fall in below -3SD. On the other side, obesity is becoming an additional health problem for adult population (older then 15 years old): according to Body Mass Index (BMI) 30% of women are in overweight range (BMI 25 – 29.9) and 10% are obese (BMI >30). These figures are similar to men (45% overweight and 5% obese)

In the light of the above epidemiological description, and according to the analyses of our Faculty Observatory Unit, it seems interesting having a “snap shot” of the medical and surgical context through a short interview done to one surgeon and one paediatrician to whom have been administered similar questions on their challenges in medical practice.

Therefore we have submitted few synthetic questions to the President of Albanian Association of Trauma and President of National Paediatric Association, who actively collaborate with SICUT (Italian Society of Trauma), and we would like to share them with the readers of Italian Annals of Surgery. We present their opinions hereafter.

Dr Myftar Torba, President of Albanian Trauma Association

Q1. Do Albanian surgeries cover all the sub-specialities as oncology, bariatric, endocrine and so on?

A1. *In my best knowledge, yes. Of Course not in every hospital but University Hospital Center “Mother Teresa”, Trauma University Hospital, and some big hospitals cover all the sub-specialities.*

Q2. What about transplantation in Albania?

A2. *In general, this service in Albania Public health is not provided. While, private health service carry out since many years now Renal Transplantation. Liver transplant has been done only in two cases, also in private health service.*

Q3. Do geographic and territorial peculiarities influence your surgical activities, (eg in the trauma care)?

A3. *I think, geographic and territorial peculiarities do not influence our surgical activities.*

Q4. Lack of advanced technologies and devices. How is lived by the surgeons?

A4. *The lack of advanced technologies and devices make surgeons to have technical difficulties in diagnosis and treatment of patient, to use more traumatic surgery instead mini-invasive surgery, and extend the surgical intervention time, then to have more post operative complications, not to perform operations that could be done with more available devices*

Q5. What is the common sense of Albanian surgeons about guidelines and “safe surgery”?

A5. *Many times, due to lack of full cover cost of hospital service, limited financial funds, the lack of advanced technologies and devices, the lack of continuous training and unified protocols on “safe surgery” for medical staff and patients has failed.*

Prof. Anila Godo, President of Albanian Association of Paediatric.

Q1. Are medical sub-specialities fully represented and functional over the Albanian territory?

A1. *No. Not all the medical sub-specialities are realized in the primary and secondary medical services of the different regions of Albania. There are some medical sub-specialities represented and functional only in the University Medical Center “Mother Theresa”, in Tirana. So, in this unique tertiary national center, there are some unique national services. For example: neurosurgery, cardio surgery, pediatric oncology, pediatric cardiology, and also other services which are unique over Albanian territory.*

Q2. Which is the relationship between public and private (eg. foreign) health services? And how do they cope with the health demand of the Albanian population?

A2. *The foreign health services in Albania actually represent a joint between foreign and Albanian companies. The most of people employed (nurses and doctors) in these private health services are Albanian*

staff. There were efforts from many time to establish one efficient collaboration between those two sectors, with the purpose to realize one agreement (financial contract) which means the state could pay, through health insurances, the private structure for the services which are missing or are insufficient in the public sector. This was realized only for some time and for some services like kidney transplant, renal dialysis. So, considering the competitiveness and complementary benefits, we do hope and wish a closer and more efficient relationship between these two sectors for the future.

- Q3. What is the impact of the unbalanced geographical distribution of various medical sub-specialties on health services?
- A3. *A lot of people with those health problems, which could not be resolved in their medical regional structures, are recommended to be transferred in UHC "Mother Theresa", for the appropriate diagnose and treatment. This is not convenient for them and their families, which means more expenses, more time lost and more sacrifices for them. We all are conscious that the best health policy would be, to offer to the people, the medical services, as close to them as possible. On the other hand, the centralization of so many medical services in the UHC will overload the activities, damaging their quality as it is offered to the patient.*
- Q4. Are recognized international protocols for the treatment of hematologic and oncologic diseases fully applied in Albania?
- A4. *Yes. In the three services of our UHC, where the patients with hematological neoplasm or solid tumors are followed, there are fully applied the recognized international protocols. So, our doctors are completely able to realize the European and international standard in the management of the different types of neoplasm. The problem is another one; because as it is well known, the budget for the oncology is very high, for one countries like Albania, there are a lot of difficulties to cover all the needs of those diagnoses. So, it often happens that the patients are obliged to provide themselves the medicaments, by buying privately in the pharmacies, with one financial bill over their possibilities and with the doubt about the safety of those medicaments, which normally are "not for sale" in the ambulatory pharmacies but only in those of the hospitals*

Conclusions

This is a summary of the current challenges of medicine in Albania as it is analysed from Observatory of the Faculty of Medicine in University of Our Lady of

Good Counsel. It should be emphasized that cooperation in educational and scientific fields, being experienced in our university, seems to produce interesting short term results.

The integration between academics in UCNSBC and health personnel in health care services offers particular research opportunities that in different cultural heritages might create a synthesis in teaching, research and health care environment. The highly technological medicine in a limited resources context creates the possibility to adjust the quality of health care services^{6,7}. At a time of shortage of economic resources that now haunts even the EU countries, this collaboration could help to identify a "third way" for developing a service that retrieves the capabilities of a system and to distribute more conveniently available resources. One example is repair of groin hernia, the most performed surgical operation worldwide, in low- or medium- income countries has been showed that low cost mesh can be used with excellent clinical outcomes⁸. These kind of results may induce a less commercial approach in the use of devices for medicine and surgery.

Riassunto

Una sintesi dello stato attuale della medicina e della chirurgia in Albania ai nostri giorni è l'oggetto del presente contributo. Dati raccolti recentemente dagli epidemiologi della Università Cattolica "Nostra Signora del Buon Consiglio" (UCNSBC), rappresentano l'introduzione proponendo le peculiarità locali caratterizzate dall'alto tasso di emigrazione e dalle caratteristiche del territorio. Vengono poi brevemente analizzate le problematiche relative alla mancanza di tecnologie innovative. L'analisi è condotta dall'osservatorio singolare che consente la nostra realtà universitaria, considerato che UCNSBC è a tutti gli effetti una Università internazionale per la coesistenza di docenti Italiani ed Albanesi. Da questa integrazione scaturiscono scambio di idee e rivalutazione di una medicina che, anche se povera di strumenti innovativi, cerca di utilizzare le modeste risorse nel modo più moderno con l'obiettivo di fornire una assistenza comunque qualificata.

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