

Health Statistics - Public Health Indicators

Reference Metadata in Euro SDMX Metadata Structure

(ESMS)

INSTAT

Reference Metadata

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1. Contact	
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2. Metadata update	
2.1. Metadata last certified	17.09.2021
2.2. Metadata last posted	17.09.2021
2.3. Metadata last update	17.09.2021
3. Statistical presentation	
3.1. Data description	<p>Health Statistics on Public Health Indicators contain data on the health care primary service and secondary hospital service, and the tertiary one, with annual frequency.</p> <p>INSTAT, publishes the data of the main health indicators in the country. The data are mainly administrative source and contain information for the two major public health groups:</p> <ul style="list-style-type: none"> – Primary service, which reflects information on the activity of health centers, number of visits, women's consultants, child consultants, vaccination coverage, etc. – Secondary hospital and tertiary hospital service, which provides information on the number of hospitals, the number of patients entering and leaving during the year, the number of operations and the use of the

	hospital bed (average stay, bed rate per year, etc.).
3.2. Classification system	Not applicable.
3.3. Sector coverage	<p>The statistical information covers data on Public Health Indicators respectively:</p> <ul style="list-style-type: none"> – primary service such as the activity of health centers, ambulances, polyclinics, the activity of the women's consultant, the children's consultant, the vaccination coverage; – secondary hospital service regarding the number of hospitals and beds in relation to the resident population as well as indicators of activity in public institutions of hospital service
3.4. Statistical concepts and definitions	<p>Primary health care centers: are all healthcare institutions that provide healthcare for outpatient patients, which are equipped with at least one medical staff doctor or nurse (does not include dentist service).</p> <p>Morbidity: is the frequency of diseases in a population. It is measured by: Prevalence that is the number of all cases of disease in a population, at a given moment (instantaneous frequency), or during a given period, regardless of the onset of the disease and regardless of the number of new or old cases reported in the community of observed objects. Incidence that is the combination of new cases that appear in a sensitive population over a given period.</p> <p>Prevalence coefficient: is the number of people affected by a disease as a proportion of the population in a given year.</p> <p>The hospital: is an institutional residence equipped to provide 24-hour medical care, hospitality and rehabilitation to patients who may need medical or surgical assistance.</p> <p>Hospital beds: are beds for accommodating patients, who are formally admitted to an institution for treatment or care and who stay for a minimum of one night. These include: beds in all hospitals, including general hospitals, mental health and substance abuse hospitals, specialty hospitals, regardless of whether the bed is occupied or not.</p> <p>Usage of hospital bed per day: is the number of average days of the year during which a hospital bed is occupied with patients. The days spent on beds are multiplying the use of hospital beds per day with the number of beds in the hospital.</p> <p>The days spent on beds: are multiplying the use of hospital beds per day with the number of beds in the hospital.</p> <p>Hospital bed by sex: is the ratio of the number of patients leaving the hospital, grouped by sex, in one year to the number of the population of that year, grouped by sex.</p> <p>The turnover of a hospital bed: is the number of patients who have been laid</p>

	<p>on a bed during the year.</p> <p>Mental health: is a level of psychological well-being. It is "the psychological state of someone who works at a satisfactory level in terms of emotional adaptation and everyday behavior".</p> <p>Community mental health centers and supported homes: offer day-to-day specialized services mainly from psychologists and are spread in six areas: Tirana, Vlora, Elbasan, Shkodër, Korçë and Gramsh.</p>
3.5. Statistical unit	The statistical unit is considered health service units that provide services with or without sleeping facilities (hospitals, health centers, polyclinics, ambulances, women and child consultant) in a given year.
3.6. Statistical population	<p>The statistical population refers to</p> <ul style="list-style-type: none"> • the population receiving health care, medical visits, hospitalizations, individuals with surgical interventions • primary and secondary health institutions • and personnel providing health services.
3.7. Reference area	Data on Public Health Indicators cover the entire territory of the country. Aggregated data are at country level and prefecture level.
3.8. Time coverage	<p>Health Statistics on:</p> <ol style="list-style-type: none"> 1. The activity of institutions with beds are available since 1999. 2. The activity of woman counselor, child counselor, activities of ambulances, health centers and polyclinics are available since 1999. 3. Vaccination Coverage are available since 1993.
3.9. Base period	Not applicable.
4. Unit of measure	<p>Different units of measure are used in health statistics. The measuring units related to the primary and secondary hospital service are:</p> <ol style="list-style-type: none"> 1. Individuals (patients) who receive health care 2. Number of institutions (ambulance, polyclinic, health center, public hospitals) 3. Vaccinated population.
5. Reference period	The reference period of the statistical information on Public Health Indicators is annual. This report refers to 2020.
6. Institutional mandate	
6.1. Legal acts and	At national level, Public Health Statistics are based on:

other agreements	<ul style="list-style-type: none"> • Law no. 17/2018 "On Official Statistics". • The National Statistical Program for the period 2017-2021 • Memorandum with the Ministry of Health and Social Protection, • Memorandum with the Institute of Public Health.
6.2. Data sharing	INSTAT transmits some indicators to EUROSTAT regarding Health Statistics (enlargement questionnaire)
7. Confidentiality	
7.1. Confidentiality - policy	The data are considered confidential and used only for statistical purposes and scientific research in accordance with Law no. 17/2018 ON OFFICIAL STATISTICS, as well as Law no. 9887, dated 10.03.2008 "Protection of Personal Data". Article 31 of the Law on Official Statistics clearly states that all statistical information collected by INSTAT is confidential and may be used or published only in summary tables that do not identify the source unit of information. Direct identification is called when a statistical unit is directly identified by the name, address or any officially recognized identification number. When data processing is carried out in such a way as to enable the data subject to be identified, the data must be coded immediately so that the entities are no longer identifiable.
7.2. Confidentiality - data treatment	Data is published at aggregate level. Data is never published at an individual level.
8. Release policy	
8.1. Release calendar	Notifications about the dissemination of statistics are published in the release calendar, which is available on the website. The announcements and delays are pre-announced in this calendar. In the case of delays, the date of the next publication and the explanation of the reasons for the delays are specified.
8.2. Release calendar access	The calendar of publications is available on the INSTAT website.
8.3. User access	<p>In accordance with Article 34 of Law no. 17/2018 on Official Statistics, INSTAT disseminates statistics on INSTAT website and other media for simultaneous access, respecting professional independence and in an objective, professional and transparent manner in which all users are treated equitably, reaching any requirement of any organization or individual for unpublished data or specific analyzes. Channels from which users can get the results are as follows:</p> <ol style="list-style-type: none"> 1. Website - online release 2. Written requests 3. Health Publications 4. Data request, section available for external users

9. Frequency of dissemination	Dissemination of Health Statistics on Public Health Indicators is done on an annual basis through the publications mentioned above.
10. Accessibility and clarity	
10.1. News release	<p>The press release contains information on main indicators analyzed and published, about Public Health Indicators.</p> <p>The Press Release of Public Health Indicators is published online on INSTAT's website under the topic Health.</p>
10.2. Publications	<p>Users can find the publications on Health Statistics on INSTAT website organized as follows:</p> <p>Annual</p> <ul style="list-style-type: none"> • Women and Men in Albania 2020, • Albania in Figures, 2019 • Statistical Yearbook, • Regional Statistical Yearbook, 2020 <p>Dedicated publication</p> <ul style="list-style-type: none"> • Public Health Indicators • Causes of deaths
10.3. On-line database	Data on Health Statistics are published in the official website of INSTAT, under the section Database .
10.4. Micro – data access	Data on Health Statistics are not made available at the micro level due to confidentiality reasons. Aggregated data is the only type of data that is provided to external users. This data are given to the users, in case these data are not confidential based on Article 31 of Official Statistical Law No.17/2018.
10.5. Other	Users can submit specific requests for data through the INSTAT website in a dedicated section for Contact .
10.6. Documentation on methodology	The methodology of the Health Statistics is based on Eurostat manuals and regulations, which contains a comprehensive set of recommendations on the compilation dedicated to these statistics. There is a section on the INSTAT website regarding the Methodology on Health Statistics.
10.7. Quality documentation	Social Statistics Development Sector documents all processes and work procedures for internal use.
11. Quality management	
11.1. Quality assurance	INSTAT is committed to quality assurance in the production of official statistics. Pursuant to the Law "ON OFFICIAL STATISTICS, no. 17/2018,

	<p>INSTAT uses statistical methods and processes in accordance with internationally accepted scientific principles and standards and conducts ongoing analyzes in order to improve quality and provide updated statistics. In carrying out its tasks, INSTAT follows the general principles of quality management, in accordance with the European Statistics Code of Practice (Code of Practice). INSTAT for Quality Assurance is guided by the following principles: impartiality, quality of processes and statistical products, user orientation, employee orientation and the effectiveness of statistical processes and reduction of interviewers workload.</p>
11.2. Quality assessments	<p>The source of data on Public Health Indicators is mainly an administrative source. Data is compared with data from previous years to see if there is data coherence or major changes.</p>
12. Relevance	
12.1. User needs	<p>Users of Public Health Statistics are classified as external and internal.</p> <ul style="list-style-type: none"> • External users are: <ul style="list-style-type: none"> ○ Institutions of Public Administration; ○ Universities; ○ Businesses, ○ General public and other stakeholders; ○ National non-profit organizations; ○ Some key indicators are sent to Eurostat • Internal users are within INSTAT who use Health Statistics as input for their work. <p>The main purpose of producing health indicators is to provide more complete information due to the social relevance of these statistics, to the needs of the public concerned, as well as to health studies and reports.</p>
12.2. User satisfaction	<p>Page Views (Hits) about Health Statistics in 2020 are around 10,301 clicks.</p> <p>During 2020, INSTAT conducted the user satisfaction survey. The results of the survey shows that the quality of Health Statistics was rated 3.63 (72.6%) on a scale of 1 (very poor) to 5 (very good).</p> <p>INSTAT organizes every year User Satisfaction Survey.</p>
12.3. Completeness	<p>The completeness of the data is judged by comparing the quality and quantity of indicators covered by INSTAT with those required in the Official Statistics Program (2017-2021).</p> <p>The completeness rate for the “Public Health Indicators” for 2020 is 100%.</p>
13. Accuracy and reliability	
13.1. Overall accuracy	<p>Information on Public Health Indicators is collected from administrative sources and the data are final.</p>

13.2. Sampling error	Not applicable, because it is an administrative source.								
13.3. Non - sampling error	Data revision only occurs if the relevant institutions revise the data sent to INSTAT for update effect or any potential human error. If the relevant institutions revise the data sent to INSTAT, then in the most recent publication INSTAT will reflect these changes and provide brief clarification information to the users. Non-sampling errors are treated based on the Error Treatment policy .								
14. Timeliness and punctuality									
14.1. Timeliness	<p>Results according “Public Health Indicators” are published 232 days after the reference period (T + 232 days), in accordance with the publication calendar.</p> <table border="1"> <tr> <td>Reference period</td> <td>12/31/2020</td> </tr> <tr> <td>Date of publication</td> <td>8/20/2021</td> </tr> <tr> <td>Timeliness</td> <td>232</td> </tr> </table>	Reference period	12/31/2020	Date of publication	8/20/2021	Timeliness	232		
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Timeliness	232								
14.2. Punctuality	<p>The data on "Public Health Indicators" are disseminated according to the publication calendar. The publication of "Public Health Indicators" of 2020 has been delayed for 29 days due to delays on data arrival by data providers.</p> <table border="1"> <tr> <td>Reference period</td> <td>12/31/2020</td> </tr> <tr> <td>Date of announcement</td> <td>7/22/2021</td> </tr> <tr> <td>Date of publication</td> <td>8/20/2021</td> </tr> <tr> <td>Time lag</td> <td>29</td> </tr> </table>	Reference period	12/31/2020	Date of announcement	7/22/2021	Date of publication	8/20/2021	Time lag	29
Reference period	12/31/2020								
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Time lag	29								
15. Coherence and comparability									
15.1. Comparability - geographical	Health Statistics are comprehensive, they are produced at country level and by prefectures.								
15.2. Comparability - over time	Public Health Indicators date back since 1993. From 1993 - 2020 data are published on the website and INSTAT statistical database, providing a comparability of 28 years ($CC2=Jlast-Jfirst+1=28$).								
15.3. Coherence - cross domain	Not applicable.								
15.4. Coherence - internal	The internal consistency of the data is checked before being finalized. There are also checked the relation between the variables and the coherence in the various series.								
16. Cost and burden	Health Statistics are covered by 1 employee at the INSTAT headquarters, part of the Social Statistics Development sector.								
17. Data revision									
17.1. Data revision - policy	Revision policy of Public Health Indicators is done in accordance with general revision policy and errors treatment policy introduced by INSTAT in the links								

	<p>below. The same revision policy is applied in transmissions to Eurostat as well. For more information refer to:</p> <ul style="list-style-type: none"> • Revision policy • The errors treatment policy
17.2. Data revision - practise	<p>If stakeholders that send information on Public Health Indicators to INSTAT will report changes in the information provided, this data will be updated and published in the forthcoming publication accompanied by an explanatory note to the user.</p>
18. Statistical processing	
18.1. Source data	<p>The main institutions that serve as a source of information for Health Statistics are:</p> <ul style="list-style-type: none"> • Data from the Ministry of Health and Social Protection. • Data from the Institute of Public Health. <p>These resources are very important for the progress of work and for meeting the set deadlines.</p>
18.2. Frequency of data collection	<p>The frequency of data collection, from all institutions that are the source of information on Health Statistics, is annual.</p>
18.3. Data collection	<p>Data from the Ministry of Health and Social Protection include the primary health service at the two levels of its organization:</p> <ul style="list-style-type: none"> – Primary service, which reflects information on the activity of health centers, women's consultants, children's consultants, mother's mortality, etc. – Secondary hospital and tertiary hospital service, which provides information on the number of hospitals, the number of patients entering and leaving during the year, the number of operations and the use of the hospital bed (average stay, bed rate per year, etc.) <p>Data from the Institute of Public Health include data mainly on preventive measures and control of diseases such as vaccine coverage, infectious diseases (AIDS etc.), family planning and abortion types occurring over a year in the country.</p>
18.4. Data validation	<p>Health data were subjected to logical and mathematical checks. With methods of verification of administrative data we can mention:</p> <p>Checking for completeness of data, consistency over time, arithmetic corrections (should not be too high), summary controls, time series control if there are large deviations etc.</p>
18.5. Data compilation	<p>Not applicable.</p>

18.6. Adjustment	Not applicable.
19. Comment	
Annex	