

HEALTH STATISTICS

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	21/05/2020
2.2. Metadata last posted	24/07/2019
2.3. Metadata last update	21/05/2020
3. Statistical presentation	
3.1. Data description	<p>Health statistics contain data on indicators and main activities of the health, social and Cause of Death in Albania.</p> <p>Statistics of Causes of Death</p> <p>INSTAT, analyzes and publishes data on causes of deaths. Death Causes Statistics include all data on deaths recorded in a given year, whose classification is based on the International Classification of Diseases ICD 9 in full compliance with the World Health Organization WHO. According to the ICD 9 classification all diseases are coded from 1 to 999 and grouped 17 major disease groups. Death groups are also caused due to natural causes, suicide killing, accidents, etc., according to age group, prefecture as well as grouped causes by location (home, health institution). A cause-of-death classification according to demand is also made under subgroups or specific diseases whose weight is high in total deaths over a year. These statistics are important for users to study and identify frequent cases, and help preventive health policies</p>

	<p>for illness.</p> <p>Public Health Statistics</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, women's consultants, child consultants, maternal mortality, 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.)
<p>3.2. Classification system</p>	<p>Public Health (Primary and Hospital) Statistics and Death Causes are based on International Classification of (ICD-9) The major diseases of the International Classification of Diseases, Causes of Death and Trauma (ICD-9) consist of:</p> <ul style="list-style-type: none"> I - Infectious & parasitic diseases (001-139) II - Neoplasm (140-239) III - Endocrine, metabolic, immunity, nutritional diseases (240-279) IV - Blood, blood-forming organs (280-289) V - Mental disorders (290-319) VI - Nervous system & sense organ diseases (320-389) VII - Circulatory system diseases (390-459) VII - Respiratory system diseases (460-519) IX - Digestive system diseases (520-579) X - Genitourinary system diseases (580-629) XI - Pregnancy, childbirth, puerperal (630-676) XII - Skin & subcutaneous tissue diseases (680-709) XII - Musculoskeletal system and connective tissue (710-739) XIV - Congenital Anomalies (740-759) XV - Certain diseases of early infancy (760-779) XVI - Symptoms, sign, and ill-defined conditions (780-799) XVII - Injury and poisoning (800-999) XVIII - External of injury and poisoning (accidents) (E800-E999) <p>Albanian version of this classification can be retrieved in the link ICD-9 .</p>
<p>3.3. Sector coverage</p>	<p>The statistical information covers data on health statistics respectively: primary care, hospital service, women's counseling, child counseling, vaccination coverage, infectious diseases, disability, cause of death.</p>
<p>3.4. Statistical concepts and definitons</p>	<p>Disease is the frequency of diseases in a population. It is measured by:</p> <p>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</p>

new cases that appear in a sensitive population over a given period.

Prevalence coefficient is the number of people affected by a disease as a proportion of the population in a given year.

Usage of bedding per day: It is the average day of the year that a hospital bed has been occupied with a patient.

Day beds realize: It is the multiplication of bed occupancy in days, the number of beds in the hospital.

Turn of a Bed: It is the number of patients who have been laid on a bed during the year.

Cause of Death: It is a disease, illness or trauma that has caused or contributed to death, as well as the circumstances of the accident or the violence that caused these trauma

Death: means the enduring disappearance of all signs of life at any point after a live birth (termination of vital functions without animation). This definition does not include fetal death.

Maternal mortality: It is the death of a woman who happens during her pregnancy or within 42 days after her termination, whatever the prolongation or localization, of any cause or burden of burden or aid provided for the burden but not accidental, or unexpected.

Mortality: Expresses the deaths as a component of population change.

Incidence coefficient: is the number of reported cases of a disease

Mortality Rate (or crude mortality rate) is the number of deaths per 1000 inhabitants in a given year.

Death rate by cause: Shows the number of deaths attributable to a specific cause per 100,000 inhabitants in a given year.

Maternal Mortality Rate: is the number of deaths of women due to pregnancy or complications at birth for 1000 live births of that year.

Infant Mortality Rate (IMR): is the number of deaths of children under one year in a given year per 1000 live births of that year.

Neonatal Mortality Rate: is the number of deaths of children under 28 days in one year for 1000 live births of that year.

The Perinatal Mortality Rate is the number of fetal deaths of children under 28 weeks of pregnancy (late fetal death) plus the number of deaths of children under 7 days per 1000 live births of that year.

Abortion Report: The number of abortions per 1000 live births in a given year.

Abortion coefficient: Shows the number of abortions per 1000 women aged 15-44 years in a given year.

	<p>Specific mortality rate: Mortality coefficients can be obtained for a specific age group to compare mortality at different ages or mortality rates for the same age over time. Comparisons can also be made between countries or areas.</p> <p>The specific mortality rate by cause: Every death has a cause, at least for statistical purposes even if that cause is "unknown". Baseline mortality rates by cause are usually expressed in deaths per 100,000 because for many causes of death the incidence rate is very low.</p>
3.5. Statistical unit	There are health service units that provide services with or without sleeping facilities (hospitals, health centers, polyclinics), patients, number of deaths, number of persons with disabilities in a given year.
3.6. Statistical population	The statistical population refers to the population receiving health care, medical visits, hospitals, health care institutions and personnel providing health services, persons with different abilities. INSTAT processes the deaths of residents in Albania according to data from death acts generated by the certificate completed by the Doctor.
3.7. Reference area	Data on health statistics cover the entire territory of the country. Aggregated data are at country level and prefecture level.
3.8. Time coverage	Data is available: <ul style="list-style-type: none"> • From 2010 onwards for the primary service, • Due to the deaths the data were available from 2012.
3.9. Base period	Not applicable.
4. Unit of measure	The data are published in absolute numbers, crude death rate and in percentage.
5. Reference period	The reference period of the statistical data on Health Statistics is annual. This report refers to 2019.
6. Institutional mandate	
6.1. Legal acts and other agreements	At national level, health statistics are based on: <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 Services. • Memorandum with the General Directorate of Civil Status. • Memorandum with the Institute of Public Health. • Memorandum with FSDKSH
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	In accordance with Article 34 of Law no. 17/2018 on Official Statistics, official statistics are distributed so that all users have immediate and equal rights, all available media formats, INSTAT and agencies are used, having distribution responsibilities in the program, requiring meet any requirement of any organization or individual for unpublished data or specific analyzes. Channels from which users can get the results are as follows: <ol style="list-style-type: none"> 1. Website - online release 2. Written requests 3. Publications of Health 4. Data request, session available for external users
9. Frequency of dissemination	Dissemination of health care data and cause of death is done on an annual basis through the publications mentioned above.
10. Accessibility and clarity	
10.1. News release	The press release contains information about Health statistics on main indicator, Causes of death. The Press Release of the Health statistics is

	published online on INSTAT's website under the topic Health Statistics .
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"> • Men and Women, • Albania in figures, • Statistical Yearbook, • The regional statistical year, <p>Dedicated publication:</p> <ul style="list-style-type: none"> • Causes of death statistics
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 bases at micro level are not published 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 on Health Statistics, which contains a comprehensive set of recommendations on the compilation of the Health statistics indicators. Also the Methodological notes are published at INSTAT website.
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, 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.

11.2. Quality assessments	The source of data on health statistics is mainly an administrative source. Data is compared with data from previous years to see if there is data coherence or major changes.
12. Relevance	
12.1. User needs	<p>Users of 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 in-put for their work. <p>The main purpose of producing health statistics 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 2019 are around 6,712 clicks.</p> <p>During 2019 INSTAT conducted a survey to measure user satisfaction from INSTAT publications. The survey results show that the overall quality of Health Statistics is rated 3.89 (77.8%) on a scale of 1 (very poor) to 5 (very good).</p> <p>The results of User Satisfaction Survey are published in the link below.</p>
12.3. Completeness	<p>INSTAT produces Health Statistics in full compliance with the International Classification of Diseases, Causes of Death and Trauma (ICD-9). INSTAT transmits to Eurostat a questionnaire on health statistics. There are 66 indicators in total in this questionnaire, out of which INSTAT currently fulfills 15 indicators.</p>
13. Accuracy and reliability	
13.1. Overall accuracy	Information on "Health Statistics" is collected from administrative sources and the data are final.
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 to Causes of Death are published 142 days after the reference period (T + 142 days), in accordance with the publication calendar.</p> <table border="1"> <tr> <td>Reference period</td> <td>12/31/2019</td> </tr> <tr> <td>Date of publication</td> <td>5/21/2020</td> </tr> <tr> <td>Timeliness</td> <td>142</td> </tr> </table>	Reference period	12/31/2019	Date of publication	5/21/2020	Timeliness	142		
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Date of publication	5/21/2020								
Timeliness	142								
14.2. Punctuality	<p>The publication of the data is performed in accordance with the health statistics calendar that INSTAT compiles and publishes each year. Publication of Health statistics has been timely in 100% of publications made over the years.</p> <table border="1"> <tr> <td>Reference period</td> <td>12/31/2019</td> </tr> <tr> <td>Date of announcement</td> <td>5/21/2020</td> </tr> <tr> <td>Date of publication</td> <td>5/21/2020</td> </tr> <tr> <td>Time lag</td> <td>0</td> </tr> </table>	Reference period	12/31/2019	Date of announcement	5/21/2020	Date of publication	5/21/2020	Time lag	0
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15. Coherence and comparability									
15.1. Comparability - geographical	Data on Health are comprehensive; they are produced at country level and by prefectures.								
15.2. Comparability - over time	Health Statistics (Public Health) start since 1993. Causes of deaths statistics date back to 1993, there is a disconnect from 2009-2011. From 2012 -2019 data are published on the web and INSTAT database.								
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	The staff involved in the preparation of Health Statistics at the Social Statistics Development Sector is: 1 employee at INSTAT headquarters.								
17. Data revision									
17.1. Data revision - policy	<p>Revision policy of Population Statistics is done in accordance with general revision policy and errors treatment policy introduced by INSTAT in the links 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	If stakeholders that send information on Health Statistics 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.
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. • Data from Compulsory Health Insurance Fund. • Data from the General Directorate of Civil Registry. <p>These resources are very important for the progress of work and for meeting the set deadlines.</p>
18.2. Frequency of data collection	The data collected from all institutions that are the source of information on health statistics are Annual.
18.3. Data collection	<p>Data on health indicators are mainly administrative. The main sources of information are:</p> <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> <p>Data from the Compulsory Health Insurance Fund, being the only public institution that funds health services from public and private providers, include data on health care funding schemes.</p> <p>Data from the General Directorate of Civil Status include data on deaths recorded during a year in Albania, information based on the deaths filed by the doctor.</p>
18.4. Data validation	Health data were subjected to logical and mathematical checks. With methods of verification of administrative data we can mention: 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.
18.5. Data compilation	Not applicable. Coverage is all-inclusive at country and prefecture level, data is administrative and statistical information is always available on time, so data evaluation is not necessary.
18.6. Adjustment	Not applicable.
19. Comment	
Annex	