

HEALTH STATISTICS-PUBLIC HEALTH INDICATORS

Metadata Referenciale në format Euro SDMX Metadata Structure (ESMS)

Metadata Referenciale

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2. Metadata update	
2.1. Metadata last certified	14.11.2025
2.2. Metadata last posted	14.11.2025
2.3. Metadata last update	14.11.2025
3. Statistical presentation	
3.1. Data description	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. 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: - 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	The statistical information covers data on Public Health Indicators respectively: - 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	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). 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. Prevalence coefficient: is the number of people affected by a disease as a proportion of the population in a given year. 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. 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. 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. The days spent on beds: are multiplying the use of hospital beds per day with the number of beds in the hospital. 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. The turnover of a hospital bed: is the number of patients who have been laid on a bed during the year. 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".

	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.
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	The statistical population refers to: • The population receiving health care, medical visits, hospitalizations, individuals with surgical interventions; • Primary and secondary health institutions; • 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	Health Statistics on: 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	
4.1 Unit of measure	Different units of measure are used in health statistics. The measuring units related to the primary and secondary hospital service are: 1. Individuals (patients) who receive health care; 2. Number of institutions (ambulance, polyclinic, health center, public hospitals); 3. Vaccinated population.
5. Reference period	
5.1 Reference period	The reference period of the statistical information on Public Health Indicators is annual. This report refers to 2024.
6. Institutional mandate	
6.1. Legal acts and other agreements	At national level, Public Health Statistics are based on: • Official Statistics Law No.17/2018; • Official Statistics National Program 2022-2026;

	• 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 collected data are considered strictly confidential and are used solely for statistical and scientific research purposes in accordance with Law No. 17/2018 “On Official Statistics” and Law No. 124/2024 “On Personal Data Protection.” Article 31 of Law No. 17/2018 “On Official Statistics” clearly stipulates that all statistical information collected by INSTAT is confidential and may be used or published only in aggregated tables that do not allow the identification of the reporting unit. Direct identification occurs when a statistical unit can be identified directly by name, address, or any officially recognized identification number. When data processing is carried out in such a way that enables the identification of the data subject, the data must be immediately coded to ensure that the subjects are no longer identifiable.
7.2. Confidentiality - data treatment	Data is published at aggregate level. Data is never published at an individual level. Albanian Institute of Statistics protects and does not disseminate data it has obtained or it has access to, which enable the direct or indirect identification of the statistical units. Albania Institute of Statistics takes all appropriate preventive measures so as to render impossible the identification of individual statistical units by technical or other means that might reasonably be used by a third party. Statistical data that could potentially enable the identification of the statistical unit are disseminated by Albania Institute of Statistics if and only if: a) These data have been treated, as it is specifically set out in the Regulation, in such a way that their dissemination does not prejudice statistical confidentiality or; b) The statistical unit has given its consent, without any reservations, for the disclosure of data. The confidential data that are transmitted to Albania Institute of Statistics are used exclusively for statistical purposes and the only persons who have the right to have access to these data are the personnel engaged in this task. Issues referring to the observance of statistical confidentiality are examined by the staff working in Albania Institute of Statistics. The responsibilities of this staff are to recommend on: which detailed level the statistical data can be disseminated, so as the identification, either directly or indirectly, of the surveyed statistical unit is not possible; the anonymization criteria for the microdata provided to users; the access granting to researchers on confidential data for scientific purposes.

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 disseminated so that all users have an immediate and equal right and all possible forms of media are used. INSTAT and statistical agencies, having in the program the responsibilities of dissemination, seek to meet every requirement of any organization or individual for unpublished data or specific analysis. The following dissemination channels are used to release the results: 1. Website – online release; 2. Written requests; 3. Health Publications; 4. Data request, section available for external users.
9. Frequency of dissemination	
9.1 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	The press release contains information on main indicators analyzed and published, about Public Health Indicators. The Press Release of Public Health Indicators is published online on INSTAT's website under the topic Health .
10.2. Publications	Users can find the publications on Health Statistics on INSTAT website organized as follows: Annual: • Women and Men in Albania; • Albania in Figures; • Statistical Yearbook; • Regional Statistical Yearbook. Dedicated publication • 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	The Sector of Health and Social Protection Statistics documents all work processes and procedures for internal use.
11. Quality management	
11.1. Quality assurance	INSTAT is committed to ensure the highest quality with respect to the compilation of statistical information. In accordance with the Statistics Law, INSTAT use statistical methods and processes in compliance with internationally recognized scientific principles and standards conduct ongoing analyses of the statistics with a view to quality improvements and ensure that statistics are as up to-date. In performing its tasks it follows the general principles of quality management from the European Statistics Code of Practice . INSTAT declares that it takes into account the following principles: impartiality, quality of processes and products, user orientation, employee orientation, effectiveness of statistical processes, reducing the workload for respondents.
11.2. Quality assessments	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.
12. Relevance	
12.1. User needs	Users of Public Health Statistics are classified as external and internal. ➤ External users are: • 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.

	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								
12.2. User satisfaction	INSTAT conducts the User Satisfaction Survey every year. The results of the survey show that the overall quality of Health Statistics has been rated at 3,80 (76 %) on a scale from 1 (very poor) to 5 (very good).								
12.3. Completeness	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 (2022-2026). The completeness rate for the “Public Health Indicators” for 2024 is 100%.								
13. Accuracy and reliability									
13.1. Overall accuracy	Information on Public Health Indicators 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	The non-sampling errors are mainly errors of the administrative data sources reported data. Data review occurs only if the relevant institutions review the data sent to INSTAT for the purpose of updating or any potential human error. If the relevant institutions review the data sent to INSTAT, these changes will be reflected in the nearest publication and brief explanatory information will be provided to users.								
14. Timeliness and punctuality									
14.1. Timeliness	The results related to “Public Health Indicators” were published on INSTAT’s website 318 days after the end of the reference period (T + 318 days). The reference period for the results on “Public Health Indicators” is December 31, 2024. <table border="1"> <tr> <td>Reference period</td><td>12/31/2024</td></tr> <tr> <td>Date of publication</td><td>11/14/2025</td></tr> <tr> <td>Timeliness</td><td>318</td></tr> </table>	Reference period	12/31/2024	Date of publication	11/14/2025	Timeliness	318		
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Timeliness	318								
14.2. Punctuality	The data on “Public Health Indicators” are published according to the release calendar. The publication of Public Health data for 2024 has been timely, with 100% punctual. <table border="1"> <tr> <td>Reference period</td><td>12/31/2024</td></tr> <tr> <td>Date of announcement</td><td>11/14/2025</td></tr> <tr> <td>Date of publication</td><td>11/14/2025</td></tr> <tr> <td>Time lag</td><td>0</td></tr> </table>	Reference period	12/31/2024	Date of announcement	11/14/2025	Date of publication	11/14/2025	Time lag	0
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Time lag	0								

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 refer to the statistical database providing a comparability of 32 years ($CC2=Jlast-Jfirst+1=32$). The data is constantly monitored to guarantee its comparability over time.
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	
16.1 Cost and burden	Health Statistics are covered by one employee at INSTAT's central offices, as part of the Sector of Health and Social Protection Statistics.
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 below: • Revision policy; • The errors treatment policy.
17.2. Data revision - practise	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. Data revisions on Public Health Indicators for the year 2024, subject of this report in table number 5 (Indicators of activity in public institutions of hospital) were carried out for the indicators: number of beds in total and bed turn.
18. Statistical processing	
18.1. Source data	The main institutions that serve as a source of information for Health Statistics are: • Data from the Ministry of Health and Social Protection; • Data from the Institute of Public Health. These resources are very important for the progress of work and for meeting the

	set deadlines.
18.2. Frequency of data collection	The frequency of data collection, from all institutions that are the source of information on Health Statistics, is annual.
18.3. Data collection	Data from the Ministry of Health and Social Protection include the primary health service at the two levels of its organization: - 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, ect). 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.
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.
18.6. Adjustment	Not applicable.
19. Comment	
Annex	