

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	24/07/2019
2.2. Metadata last posted	
2.3. Metadata last update	24/07/2019
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 9/10 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 for illness.</p> <p>Public Health Statistics</p> <p>Instat, publishes the data of the main health indicators in the country. The data</p>

	<p>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)</p> <p>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</p>	<p>Disease is the frequency of diseases in a population. It is measured by:</p>

and definitions

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.

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.

Native Death: 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 coefficient (or gross mortality coefficient) is the number of deaths per 1000 inhabitants in a given year.

Causal Cause Coefficient: Shows the number of deaths attributable to a specific cause per 100,000 inhabitants in a given year.

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

Infant Mortality Coefficient (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.

Specific mortality coefficient: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.

	The specific coefficient of mortality 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.
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 entire resident and non-resident population: the population receiving health care, medical visits, hospitals, health care institutions and personnel providing health services, persons with different abilities. Persons dying in a given year according to the certificate completed by the Doctor in a given year.
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	Different measurement units are used in health statistics: absolute number, standardized deaths and gross deaths. Indicators in percentage are: <ul style="list-style-type: none"> • Hospital Service • Maternal Death • Abortions • Vaccination • Infectious Diseases
5. Reference period	The reference period of the statistical data on Health Statistics is annual. This report refers to 2018.
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". • 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 data to EUROSTAT regarding hospital services.
7. Confidentiality	
7.1. Confidentiality - policy	<p>Data is strictly confidential and is 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" .</p> <p>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.</p>
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	Results are published 205 days after the reference period (T + 205 days), in accordance with the publication calendar.
8.2. Release calendar access	The Publications Calendar is available on the INSTAT website.
8.3. User access	<p>In line with the article 34 of Law No.17/2018 “On Official Statistics”, dated in 17.04.2018, disseminates statistics on INSTSAT website and other media for simultaneous access, respecting professional independence and in an objective, professional and transparent manner in which all users are treated equally.</p> <p>The following dissemination channels are used to release the results:</p> <ul style="list-style-type: none"> • Website – online release • Written requests • Publications of Health • Data request in this 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. The Press Release of the Health statistics is published online on INSTAT's website under the topic Health statistics .
10.2. Publications	Users can find the publications on Health Statistics on INSTAT website organized as follows: Annual: <ul style="list-style-type: none"> o Men and Women, o Albania in figures, o Statistical Yearbook, o The regional statistical year, Dedicated publication: <ul style="list-style-type: none"> o Causes of death statistics, o Public Health 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	<p>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 nationally accepted principles and standards, and conducts ongoing analysis 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, statistical process effectiveness and reduction of respondents' load.</p>
11.2. Quality assessments	<p>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.</p>
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; ○ general public and other stakeholders; ○ Non-profit national organizations; ○ Some key indicators are sent to Eurostat, JHAQ. • Internal users are sectors within INSTAT who use Health Statistics as input 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>Hits (Page Views) about Health Statistics in 2018 are around 5.278 clicks. INSTAT during 2018 conduct the User Satisfaction Survey. Referring to the question: “How do you rate the overall quality of Health Statistics?” using a scale from 1 to 5 (1=very poor, 2=poor, 3=adequate, 4=good, 5=very good), users rated the quality of the data with an average of 3.32 or 66.4%. The results of User Satisfaction Survey, 2018 are published on INSTAT website.</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. No surveys are conducted on "Health Statistics".
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 with based on the Error Treatment policy .
14. Timeliness and punctuality	
14.1. Timeliness	The reference year refers to the calendar year and the data are final. The publication is strictly in line with the dates published for all publications on the INSTAT web site.
14.2. Punctuality	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.
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 -2018 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	<p>The staff involved in the preparation of Health Statistics at the Social Statistics Development Sector is: 1 employee at INSTAT headquarters, as health data are provided by administrative sources.</p>
17. Data revision	
17.1. Data revision - policy	Revision of the data are made in accordance with general revision policy and the errors treatment policy set by INSTAT.
17.2. Data revision - practise	If local authorities 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, because INSTAT does not have a survey for health statistics.</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</p>

	<p>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	<p>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.</p>
18.5. Data compilation	Not applicable.
18.6. Adjustment	Not applicable.
19. Comment	
Annex	